

# ANNUAL REPORT 2016–2017

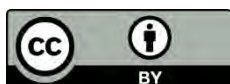


## Communication objective

This annual report details the administration of the *Mental Health Act 2000* and the *Mental Health Act 2016* and associated activities and achievements for the 2016-2017 financial year to inform the Minister for Health and Minister for Ambulance Services, the Queensland Parliament and members of the public.

## 2016 – 2017 Annual Report of the Chief Psychiatrist

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<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/about>

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To:

The Honourable Cameron Dick MP

Minister for Health and Minister for Ambulance Services

Dear Minister

It is with much pleasure that I present the 2016–2017 Annual Report of the Chief Psychiatrist. This report is provided in accordance with section 307 of the *Mental Health Act 2016*.

Yours sincerely

Dr John Reilly

Chief Psychiatrist

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# Message from the Chief Psychiatrist

Welcome to the first Annual Report of the Chief Psychiatrist.

Queensland's new mental health legislation, the *Mental Health Act 2016* (Act) commenced on 5 March 2017, repealing the *Mental Health Act 2000*. The Act legislates the role of Chief Psychiatrist, replacing the role titled Director of Mental Health under the previous legislation. I am pleased to be appointed as Chief Psychiatrist under the Act by Governor in Council for a three year term of office which commenced on 1 August 2017. This is a time of extensive change.

The primary role of the Chief Psychiatrist is to protect the rights of involuntary and voluntary patients in authorised mental health services and to ensure compliance with the Act. This role is independent from government, which allows performance of its functions, powers and responsibilities under the Act with impartiality. The Chief Psychiatrist also issues statutory policies which are binding on persons performing functions under the Act, such as doctors and authorised mental health practitioners. These policies support the Act by providing more detailed direction on how the key objectives of the Act are to be implemented throughout the state.

Each year in Queensland nearly 100,000 people are seen in the public mental health system with nearly two million clinical encounters in the community and 24,000 admissions to specialist mental health inpatient units. Only a small proportion of people who have very serious mental illness, approximately 21 per cent, require involuntary treatment to ensure their own or others safety. When needed, it is essential that the best treatment is provided in the least traumatic and restrictive way and that patients and their families have every opportunity to understand and exercise their rights.

Queensland's new mental health legislation provides an improved legislative framework for the treatment and care of involuntary patients, thereby better aligning mental health services in Queensland with contemporary mental health practice and international human rights obligations. It introduces a number of key reforms including legislating the use of advance health directives as an alternative to involuntary treatment, legal representation at no cost to the patient at certain Mental Health Review Tribunal hearings and the establishment of Independent Patient Rights Advisors to assist patients and their support persons in exercising their rights under the Act. In addition, it represents a significant step forward in advancing the rights and protection of involuntary patients and the safety of the community.

I commend the work of the Office of the Chief Psychiatrist and the wider Mental Health Alcohol and Other Drugs Branch (MHAODB) and network of Hospital and Health Services in continuing to administer Queensland's mental health legislation while undertaking the additional work involved with the implementation of the new Act. Their hard work and commitment has ensured the new Act is implemented effectively around Queensland.

In addition, I acknowledge the significant contribution of a wide range of key stakeholders including other government departments, non-government agencies, statutory authorities, consumers, families, carers and the community in reforming Queensland's mental health legislation.

I would particularly like to thank Associate Professor John Allan, who has provided expert leadership throughout the development and implementation of the new Act. This built on work undertaken by Dr Bill Kingswell, previous Director of Mental Health, in revision of the legislation. Associate Professor Allan was appointed as the Director of Mental Health on 1 July 2015, and is now Executive Director, MHAODB.

I also acknowledge the leadership and expertise of Associate Professor Ed Heffernan, Dr Suneel Chamoli and Associate Professor Neeraj Gill, who also fulfilled the statutory responsibilities of Director of Mental Health/Chief Psychiatrist during 2016-2017.

Due to the commencement of the Act, the 2016-2017 Annual Report includes information on the administration of the *Mental Health Act 2000* and the Act, and provides an overview of the recent legislative reform, safety and quality improvements and future initiatives.

I look forward to continuing to work with stakeholders to ensure the Act operates effectively and that the intent of its reforms are achieved.

Dr John Reilly  
Chief Psychiatrist



# Reforming Queensland's Mental Health Legislation

The *Mental Health Act 2016* (Act) was passed by Parliament on 18 February 2016 and commenced on 5 March 2017, repealing the *Mental Health Act 2000*.

The Act represents one of the most complex legislative frameworks in the health portfolio. It deals with a myriad of complex issues that have been the subject of extensive consideration throughout the course of the review and implementation of the Act over the past four years.

This section of the report provides a brief overview of these processes and activities.

## Review and development

Development of the Act was based on a comprehensive review, commencing in June 2013 with the public release of Terms of Reference which framed the directions of the legislative reform. Further community input was sought through release of a Discussion Paper outlining the policy proposals in May 2014 and a consultation draft of the Mental Health Bill in May 2015.

Significant contribution was made by stakeholders throughout the review process. This included participation in meetings, workshops and forums held across the state at key points, as well as receipt of over 300 written submissions. The range of stakeholders engaged in the process was extensive with valuable input received from mental health consumers and their carers, mental health and general health service providers, victims, legal and health professional organisations, the judiciary, a broad range of government and non-government agencies, statutory bodies and officers, and members of the wider community with an interest in mental health care.

## Implementation

Collaboration with stakeholders was equally important in the implementation of new legislation to ensure all were ready for its significant reforms. While led by the Department of Health, the success of implementation was largely attributable to its partnership with Hospital and Health Services and collaboration with other government agencies and statutory bodies/officers directly impacted by the new legislation. Consultation with consumers and carers was equally critical in ensuring the operation of new initiatives was effective and addressed the intent of the Act's principles.

Key accomplishments to ensure readiness for commencement of the Act are summarised below.

## Resources for consumers and support persons

A range of resources were developed to assist consumers, families, carers and other support persons to understand the legislative requirements including their rights under the Act. This included development of a Statement of Rights, brochures and forms relating to advance health directives and nominated support persons, and associated explanatory material.

Hospital and Health Services had a lead role in facilitating awareness and understanding amongst consumers and support persons at the local level. In addition, Queensland Aged and Disability Advocacy and Queensland Advocacy Incorporated were funded to deliver consumer and carer education relating to advance health directives across the state.

Resources for consumers and support persons can be accessed at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/resources/patient-rights>.

Key publications such as the Statement of Rights and advance health directives brochure are also available in languages other than English at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/resources/translated>.

## **Education and training**

As the Act impacts across a range of sectors including health, police, ambulance and justice, significant work was undertaken by relevant government and non-government agencies to meet staff education and training needs.

Within the health sector, over 3000 clinical staff participated in training on the Act targeted to specific groups and needs. A comprehensive competency-based eLearning package was developed for authorised doctors and authorised mental health practitioners to ensure understanding and compliance with statutory obligations. In addition, the Queensland Centre for Mental Health Learning was engaged to develop specific training for clinicians in assessment of capacity and to facilitate the development of advanced health directives with patients.

Education and training resources are publicly available at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act>.

## **Information system enhancements**

The Consumer Integrated Mental Health Application (CIMHA), a statewide mental health database, is the designated patient record for the purposes of the Act. Extensive enhancements to CIMHA were needed to ensure alignment with the new legislation and to capture information required for monitoring and reporting purposes. A key feature is the development of a module for recording advance health directives and appointed substitute decision-makers. Importantly, this information is now also available to general health services through The Viewer, a web-based application that sources key patient information from a number of Queensland Health enterprise clinical and administrative systems.

Improving business efficiency was a key objective in the system redevelopment. Some of the more significant enhancements include enabling an interface between CIMHA and the Queensland Courts and Mental Health Review Tribunal (Tribunal) information systems, and the creation of 'intelligent' forms and templates to improve accuracy and reduce data entry burden.

Training for mental health service staff was conducted across the state to support implementation of the system enhancements.

## Chief Psychiatrist policy, practice guidelines and operational resources

The Act enables the Chief Psychiatrist to make policies and practice guidelines that are binding on anyone who performs a function under the Act including, for example, authorised mental health service administrators, authorised doctors and authorised mental health practitioners. A comprehensive suite of policies and practice guidelines were developed in consultation with key stakeholders in the lead up to commencement. Operation of the Act also required an extensive range of forms and templates (e.g. appointment and delegation documents for statutory functions) to be readily available on commencement.

The Chief Psychiatrist's policies and practice guidelines are available at:  
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/policies-guidelines>

Forms approved by the Chief Psychiatrist and links to Mental Health Court and Tribunal forms can be accessed at:  
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/forms>

## Connecting care to recovery initiatives

*Connecting care to recovery 2016–2021* provides the framework for future action and investment for the state-funded mental health alcohol and drug system over the next five years. Strengthening patient's rights under the Act is one of five priorities under *Connecting care to recovery* and includes three key service initiatives. The timely roll out of these initiatives was critical for commencement of the Act.

Discussed in further detail in the next chapter of this report, these initiatives include:

- establishment of a network of Independent Patient Rights Advisers (IPRAs), with a statewide coordinator and 28 IPRA positions at public authorised mental health services across the state
- significant expansion of Court Liaison Services for adults and children, with 32 additional clinical and administrative positions to support new Magistrates functions under the Act
- establishment of a system to provide legal representation for specific Tribunal hearings, at no cost to the consumer, through Legal Aid Queensland.

*Connecting care to recovery* is available at:  
[https://www.health.qld.gov.au/data/assets/pdf\\_file/0020/465131/connecting-care.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0020/465131/connecting-care.pdf)

# Highlighting key *Mental Health Act 2016* reforms

The Act includes several key differences from the repealed *Mental Health Act 2000* which aim to better align with, and support, good clinical practices, including increased recognition of patient rights; greater acknowledgment of the significant role that family and support persons play in a patient's recovery; and increased safeguards around seclusion and mechanical restraint. Importantly, the Act introduces regulation and reporting on the use of physical restraint and the appropriate use of medications, such as sedation.

These reforms are directed at the three main objects of the Act, namely:

- to improve and maintain the health and wellbeing of persons who have a mental illness and who do not have the capacity to consent to be treated
- to enable persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of committing an unlawful act or to be unfit for trial, and
- to protect the community if persons diverted from the criminal justice system may be at risk of harming others.

The Act states that these objects are to be achieved in a way that safeguards the rights of people, is least restrictive of a person's rights and liberties, and promotes the recovery of a person with a mental illness and their ability to live in the community without the need for involuntary treatment or care.

The Act also incorporates two sets of principles which guide its significant reforms; one set applies to persons who have, or may have, a mental illness and the other applies to victims of an unlawful act committed by a person with a mental illness or intellectual disability. Any person undertaking a function under the Act must adhere to the principles.

Key features of the Act that better align the legislation with contemporary mental health service delivery and support improved outcomes for consumers, families and carers and the community are highlighted below.

## **Strengthening the rights of patients**

Ensuring the protection of patient rights is a paramount consideration under the Act and extensive safeguards are provided throughout. Key patient rights reforms introduced by the Act are described below.

### **Presumption of capacity**

The Act provides the framework for treatment and care of persons with a mental illness without their consent. A Treatment Authority, which authorises involuntary treatment, can only be made if the person lacks capacity to consent and the absence of treatment is likely to result in serious harm or deterioration in the person's mental or physical health.

Importantly, the Act affirms that a person is presumed to have capacity to make decisions about their healthcare, and has the right to consent or not consent to healthcare. Further, the Act provides that, if the person has the capacity to make

decisions with the support of someone else, the person is taken to have capacity to make healthcare decisions.

## **Advance health directives**

The Act actively promotes the use of advance health directives as an alternative to involuntary treatment. This reform supports a recovery-oriented approach by giving individuals greater control over future healthcare by enabling them to determine and consent to treatment and care when they have decision-making capacity.

The Act provides that a person must be treated under an advance health directive if their treatment and care needs can reasonably be met under the directive. Where this is not possible and an involuntary patient order is made, the views, wishes and preferences expressed in the directive must be taken into account by an authorised doctor in deciding the treatment and care to be provided.

Other alternatives to involuntary treatment promoted in the Act include consent for treatment and care provided by a parent (for a minor) or a substitute decision-maker for healthcare (for an adult) e.g. a guardian appointed by the Queensland Civil and Administrative Tribunal or an attorney appointed by the person. Similarly, a Treatment Authority cannot be made if the person's treatment and care needs can reasonably be met under these arrangements.

For more information see:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0033/444984/ahd-less-restrictive-ways-fact.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0033/444984/ahd-less-restrictive-ways-fact.pdf)

## **Independent Patient Rights Advisers**

Providing patients with information and assisting them to understand their rights is incumbent on all health practitioners operating under the Act. The appointment of Independent Patient Rights Advisers (IPRAs) is a significant system reform that further ensures and supports patients to understand and exercise their rights.

The Act requires each chief executive responsible for public sector mental health services to employ an IPRA in an independent role dedicated to ensuring patients and their support persons receive the information and assistance required. IPRAs play an important role in liaising between clinical teams, patients and support persons. Patients, family, carers and other support persons can request to speak to an IPRA at any time.

IPRAs are engaged either through direct employment within the HHS or contract arrangements with a non-government organisation. As at 30 June 2017, 27 of the 28 IPRA positions were occupied with one position in Townsville pending recruitment.

A Statewide Coordinator for IPRAs is a new position reporting directly to the Chief Psychiatrist created to provide support and leadership for the statewide network of IPRAs. The Coordinator took office in June 2016.

Further information is available at:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0023/444920/role-of-ipras-fact.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0023/444920/role-of-ipras-fact.pdf)

## **Legal representation at Mental Health Review Tribunal hearings**

The Mental Health Review Tribunal (Tribunal) provides a fundamental safeguard for patient rights through independent review of involuntary patients under the Act. Patient rights are now further supported in this forum through the appointment of a legal representative for particular patients.

The Act requires the Tribunal to appoint a lawyer to provide legal representation (at no cost to the patient) where the Tribunal is hearing a matter relating to a minor, an application to perform electroconvulsive therapy, a fitness for trial hearing, or a forensic patient review where the Attorney-General is legally represented. A patient may elect not to be represented if the patient is an adult and has capacity to make the decision.

Queensland Health has entered into a contract with Legal Aid Queensland to provide legal representation at Tribunal hearings. Representation is provided directly by Legal Aid Queensland or by private firms or community legal centres contracted by Legal Aid Queensland.

Further information is available at:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0022/640336/FAQ\\_Legal\\_Representation.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0022/640336/FAQ_Legal_Representation.pdf)

## **Supporting the role of family and support persons**

Family, carers and other support persons play a critical role in supporting patients when they are unwell, and throughout all stages of treatment, care and recovery.

The Act's principles establish that support persons are to be involved in decisions about treatment and care to the greatest extent practicable and subject to the patient's right to privacy.

While this principle applies broadly, the Act also makes provision for a patient to nominate one or two people to be involved in their treatment and care if they are, or become, an involuntary patient under the Act. The patient's nominated support person/s receive all notices required to be given to the patient under the Act, can discuss confidential information with the treating team, and can support or represent the patient at Mental Health Review Tribunal hearings.

In any circumstance (i.e. regardless of whether the patient is a voluntary or involuntary patient), the Act actively promotes communication with the patient's support persons. Where the Act requires health practitioners to explain or discuss a matter with the patient, the practitioner must also explain or discuss the matter with the patient's support person/s. If the patient has a nominated support person, the discussion must occur with the nominated support person. Otherwise, it must occur with one of the patient's family, carers or other support person.

For more information see:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0025/444940/rights-of-family-fact.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0025/444940/rights-of-family-fact.pdf)

## Reforming arrangements for patients charged with an offence

The vast majority of people with mental illness have no involvement with the criminal justice system. For those that do, the legislative framework must balance their individual rights with the protection of the community.

The Act delivers major reforms in achieving this balance. The *Mental Health Act 2000* mandated psychiatrist reports for all involuntary patients charged with an offence, regardless of the nature of the offence or the patient's wishes. A two tiered system now operates to enable an expert report to be prepared by a psychiatrist for a serious offence, or the Court Liaison Service where the matter is before the Magistrates Court. In addition, the Act introduces additional options for the Mental Health Court when deciding arrangements for a person's ongoing treatment and care including making a new type of order called a Treatment Support Order.

### Psychiatrist report for a serious offence

The Act provides that an involuntary patient charged with a serious offence (i.e. an indictable offence other than one that must be heard by a Magistrate) may request a psychiatrist report at no cost to the patient. The request can also be made by a nominated support person, an attorney or guardian, a lawyer or a parent of a minor. The request is made to the Chief Psychiatrist who may direct that a psychiatrist report be prepared.

The report provides the psychiatrist's opinion on whether the patient was of unsound mind at the time of an alleged offence or is unfit for trial, and is intended to assist the patient and their support persons with decisions about further action e.g. whether to make a reference to the Mental Health Court.

In addition, the Chief Psychiatrist may, on the Chief Psychiatrist's own initiative, direct that a psychiatrist report be prepared and/or refer a matter to the Mental Health Court if satisfied it is in the public interest.

As at 30 June 2017, the Chief Psychiatrist had directed 14 psychiatrist reports. Of these, 12 resulted from a request and two were made on the Chief Psychiatrist's own initiative. Four reports were provided, all of which were within the statutory timeframe.

For further information about psychiatrist reports for persons charged with a serious offence see:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/636491/FAQ\\_Request-Psych-Report\\_Serious-Offence.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/636491/FAQ_Request-Psych-Report_Serious-Offence.pdf)

### Magistrate Court decisions and Court Liaison Service

A key legislative reform in the Act is the introduction of explicit powers for Magistrates to dismiss a simple offence where the person charged was, or appears to have been, of unsound mind at the time of the alleged offence, or is not fit for trial. Magistrates also have the authority to refer an indictable offence to the Mental Health Court.

Fundamental to this initiative is the expansion of the Queensland Health Court Liaison Service. This service is staffed by experienced mental health clinicians and is available to both adults and children.

While the Court Liaison Service previously provided assessments relating to a person's mental health care needs, it is now also able to provide medico-legal reports on unsoundness of mind and unfitness for trial and thus plays a critical role in assisting Magistrates in their decisions. Specialist mental health advice about an individual's clinical needs is provided to Magistrates in a number of other jurisdictions, however Queensland is the first to provide medico-legal reports.

As at 30 June 2017, Court Liaison Services had conducted 701 assessments and provided 178 medico-legal reports in this new role.

For further information about the role of the Court Liaison Service in the Magistrates Court see:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0021/640335/FAQ\\_Court\\_Liaison\\_Service.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0021/640335/FAQ_Court_Liaison_Service.pdf)

## **Mental Health Court decisions**

The powers and functions of the Mental Health Court remain largely unchanged under the Act. The Court continues to provide a specialist function within the Supreme Court for deciding issues of unsoundness of mind and fitness for trial and, where relevant, determining whether a Forensic Order is made for the person. Two key changes relate to the Court's decisions in relation to the making of a Forensic Order.

Firstly, the Act introduces provisions that give the Court discretion to determine a non-revocation period of up to 10 years when it makes a Forensic Order. The Court may apply a non-revocation period in relation to a prescribed offence which includes the offences of murder, attempted murder, manslaughter, rape, attempted rape and grievous bodily harm.

In addition, the Act provides that the Court may make a Treatment Support Order. Similar to a Forensic Order, a Treatment Support Order is made by the Court to authorise involuntary treatment. However, a Treatment Support Order provides a lesser level of oversight than a Forensic Order. As with a Treatment Authority, a person on a Treatment Support Order is to be treated in the community, unless the person's treatment and care needs cannot be met that way. The Act also makes provision for the Mental Health Review Tribunal to make a Treatment Support Order on the revocation of a Forensic Order.

For further information about the Mental Health Court see:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/444961/mental-health-court-fact.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0028/444961/mental-health-court-fact.pdf)

## **Safeguarding the use of restrictive practices**

Consistent with the objectives of the Act in relation to safeguarding the rights of people with a mental illness, and promoting their recovery, comprehensive safeguards and oversight measures have been included in the Act for restrictive practices.



The introduction of alternative means to the use of involuntary treatment, such as through advance health directives, is combined with clear authorisation criteria, mandatory reporting requirements and clinically focused reduction and elimination plans. Additionally, the Chief Psychiatrist is required by the Act to issue policy and guidelines on the use of seclusion, mechanical restraint and physical restraint. These guidelines embrace the national and state priority of eliminating seclusion and mechanical restraint and are mandated for authorised mental health service staff.

In addition to increasing regulatory oversight for seclusion and mechanical restraint, the Act introduces, for the first time, safeguards and reporting measures for a broader range of restrictive practices, namely physical restraint and the use of medication.

## **Supporting and protecting the rights and interests of victims**

As identified above, the Act includes a set of principles that apply to a victim of an offence and other individuals who have suffered harm as a result of the offence.

While a process for victims to receive information relating to a forensic patient applied under the *Mental Health Act 2000*, reforms have been made by the Act to improve these processes. Significantly, approval to provide the information is now given by the Chief Psychiatrist rather than the Mental Health Review Tribunal (Tribunal). The information notice provisions equally apply if the patient is subject to a Treatment Support Order and timeframes have been included to ensure the timeliness of decisions. Information provided to victims has also been expanded to include a brief statement of the Tribunal's reasons for an increase in the patient's treatment in the community.

A further significant change is in the confidentiality arrangements that apply for the victim. In particular, the patient is not informed of a Chief Psychiatrist's decision to provide information to the victim and the patient does not receive a copy of a victim impact statement submitted to the Mental Health Court or Tribunal. However, information may be disclosed at the request of a victim unless the disclosure would adversely affect the health and wellbeing of the patient.

In addition, the need for victims to repeatedly resubmit victim impact statements at each Tribunal hearing has been removed. The Mental Health Court registrar is now responsible for providing the statement to the Tribunal and the Tribunal must have regard to the statement in the review of a Forensic Order or Treatment Support Order. The victim may however submit a new statement if they so choose.

From 5 March to 30 June 2017, the Chief Psychiatrist received three information notice applications relating to Forensic Order or Treatment Support Order patients. Two applications were approved and one was pending decision at 30 June 2017. A further four applications related to classified patients; all of which were approved by the Chief Psychiatrist. All decisions were made in the statutory timeframe.

As at 30 June 2017, there were 127 victim information notices in place in relation to patients subject to a Forensic Order or Treatment Support Order. A further 11 information notices applied for classified patients.

For more information relating to the rights of victims see:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/topics/victims>

# Promoting service quality and safety

During 2016-2017, a range of significant service quality and safety initiatives were progressed which reflect the collaborative work between Queensland Health and key stakeholders and a strong commitment to continuous improvements and positive outcomes for patients, family, carers and the community. This section identifies new initiatives and updates on key initiatives discussed in previous annual reports.

## Suite of mental health clinical documentation

The core suite of mental health standardised clinical documentation was reviewed in 2016 by an Expert Panel, who recommended changes to the forms for consideration by the Chief Psychiatrist. The Panel's recommendations were informed by their clinical expertise, targeted literature reviews, feedback from clinicians and information about standard forms used in other jurisdictions in Australia. As part of the work to revise the forms, a User Guide was also developed to provide instruction for clinicians and facilitate high quality, comprehensive clinical records for consumers of public mental health services.

The revised core suite of mental health clinical forms along with the supporting User Guide were released in March 2017 to coincide with the commencement of the Act and are available at:

<http://qheps.health.qld.gov.au/mentalhealth/resources/clinicaldocs.htm>

## Environmental safety

In October 2016, the Office of the Chief Psychiatrist, in collaboration with a working party of senior clinicians, released a suite of guidelines to assist services to identify, assess and manage environmental safety risks in mental health and alcohol and other drug inpatient units. The suite of guidelines includes:

- *Recognising and managing potential environmental hazards in Queensland public mental health alcohol and other drug inpatient units 2016*
- *Managing ligature risks in Queensland public mental health alcohol and other drug inpatient units 2016 (revised guideline).*

An evaluation of the implementation and effectiveness of the suite of environmental safety guidelines has been conducted. The evaluation included stakeholder consultation comprising face to face interviews, focus group peer discussion and surveys to identify if a systematic approach to the assessment and management of environmental safety risks is utilised by Queensland Health services. A final report on the findings of the evaluation will be completed by December 2017.

## Guideline for the administration of electroconvulsive therapy

In March 2017, the Office of the Chief Psychiatrist released the revised guideline on the Administration of Electroconvulsive Therapy (ECT). The guideline has been updated to align with the commencement of the Act and to ensure contemporary best practice for the safe and effective delivery of ECT.

The review of the 2012 guideline was undertaken by a working party led by the Office of the Chief Psychiatrist and comprising senior clinical representatives of the Statewide Electroconvulsive Therapy Committee from across Queensland public and private mental health sectors. The guideline outlines service requirements, standards and contemporary treatment for the administration of ECT in Queensland.

The guideline is intended as a reference document to support the development of local practices, procedures and work instructions.

The Chief Psychiatrist policy issued under the Act requires all services performing ECT to adhere to the guideline.

The guideline is available at:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0028/444763/ect\\_admin\\_guide.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0028/444763/ect_admin_guide.pdf)

## **Sexual health and safety guidelines**

In September 2016, the Office of the Chief Psychiatrist released the Sexual Health and Safety Guidelines for Mental Health, Alcohol and Other Drug Services. The guidelines are relevant to all consumers accessing public sector mental health, alcohol and other drug services, across all age groups and settings. The guidelines have a focus on promotion of sexual health, and the identification and mitigation of risks to sexual safety, as well as guidance to ensure a sensitive and appropriate response to consumer disclosures of recent or historical sexual assault.

The guidelines are available online at:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0030/426828/qh-gdl-434.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0030/426828/qh-gdl-434.pdf)

## **Suicide Risk Assessment and Management in Emergency Departments**

Implementation of the Suicide Risk Assessment and Management in Emergency Department settings (SRAM-ED) training program across Queensland continued in 2016-17. The SRAM-ED program aims to improve the capability and capacity of staff working in emergency departments to safely and effectively recognise and respond to people with suicidal behaviour.

As at 30 June 2017, 2823 individuals have participated in some aspect of SRAM-ED training (eLearning and/or face-to-face training). Additionally, the 200 SRAM-ED facilitators across the state have reported delivering training to 1309 local clinicians.

## **Review of sentinel events**

The report, *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services*, along with the Queensland Health response to the report, was published in September 2016. During 2016-17, 37 of the report's 63 recommendations have been implemented, 25 commenced, and one deferred due to its dependence on the completion of other implementation activities.

Implementation of the recommendations has been achieved through the development of new resources and tools, the revision of existing resources and the

undertaking of specific projects. An implementation progress report will be published by December 2017.

Key documents relating to the review can be found at:

<https://publications.qld.gov.au/dataset/mental-health-sentinel-events-review-2016>

## Promoting a least restrictive environment

The Mental Health Alcohol and Other Drugs Branch and the Mental Health Alcohol and Other Drugs Statewide Clinical Network continue to collaborate with Hospital and Health Services to drive ongoing service reform in reducing absence without approval events and promoting a least restrictive, therapeutic environment in adult acute mental health inpatient units (acute units).

Work is being undertaken to further strengthen management of the risk of absences without approval, including through exploration of a structured approach to assessing individual patients' risk of being absent without approval.

In December 2016, the Statewide Clinical Network hosted a second statewide forum for senior clinicians and managers in acute units to promote and share lessons about evidence-based and innovative practice in achieving a less restrictive environment in inpatient settings. These forums highlighted interest in a range of empirically supported approaches to reducing the use of restrictive practices, such as sensory modulation, peer support programs and the Safewards model.

## Memoranda of Understanding

Queensland Health has several Memoranda of Understanding with other government agencies in place to provide for cross agency information sharing in specified circumstances in the treatment and care of persons with a mental illness.

Two key Memoranda of Understanding were significantly revised during 2016 and were prescribed in the *Hospital and Health Boards Regulation 2012* (HHB Regulation), commencing 25 November 2016. These were the Memorandum of Understanding between Queensland Health and the Queensland Police Service for Mental Health Collaboration and the Memorandum of Understanding between Queensland Health and Queensland Corrective Services for Confidential Information Disclosure.

Both Memoranda of Understanding were subsequently revised in line with the commencement of the Act. It is anticipated that the revised versions will be prescribed under the HHB Regulation in late 2017. Until then, the 2016 versions of the Memoranda of Understanding remain in place and can be accessed at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/guidelines>

## Review of interagency agreement on safe transport of people with a mental illness

A review of the *Safe Transport of People with a Mental Illness: a Queensland Interagency Agreement between Queensland Health (including Queensland Ambulance Service) and Queensland Police Service 2014* is underway. The Agreement was implemented throughout the state in 2014 and was developed with the Queensland Ambulance Service and the Queensland Police Service. The

Agreement clarifies the roles and responsibilities of the agencies, and provides a framework for local agreements and protocols that support safe mental health patient transport.

The 2017 review will bring the Agreement into alignment with the Act and the relevant Chief Psychiatrist policies. The review will also expand the Agreement to include Retrieval Services Queensland and the Royal Flying Doctor Service.

The Agreement is available at:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0023/444902/mh-pat-trans-aggr-jul-14.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0023/444902/mh-pat-trans-aggr-jul-14.pdf)

## **Interagency working group—young people in correctional facilities**

An interagency working group was established in 2016 to identify barriers to service provision for young people in detention and develop strategies to enable support services to be provided as needed. The strategies will primarily focus on improving information sharing and collaboration between agencies, with a view to improving outcomes for the health and well-being of young people in correctional facilities and reducing the likelihood of recidivism.

Work undertaken by the group in 2017 (including a survey of frontline agencies) identified strong support for the establishment of interagency guidelines for information sharing and collaboration. The first draft of the guidelines is under development.

Membership includes the Mental Health Alcohol and Other Drugs Branch, Prison Mental Health Service; Queensland Corrective Services; Department of Justice and Attorney-General; Department of Communities, Child Safety and Disability Services; Office of the Public Guardian; the Department of Education and Training and the Child and Youth Mental Health Service, Children's Health Queensland.

## **Guideline for information sharing between mental health staff, consumers and others**

The Queensland Health guideline, *Information sharing between mental health staff, consumers, family, carers, nominated support persons and others*, was updated in 2017 in line with the Act and recent changes to the *Domestic and Family Violence Protection Act 2012*. In addition, further guidance is provided on information sharing and providing advice and support to families who may be at risk in accordance with recommendation 15 of the report, *When mental health care meets risk 2016: A Queensland sentinel events review into homicide and public sector mental health services*.

The guideline is an important resource for delivering patient centred approaches to care, including the meaningful engagement of carers, family and significant others. The guideline highlights the fundamental importance of information sharing to protect the health, safety and well-being of consumers and others and includes information on the legislative framework under which relevant confidential information can be shared.

The guideline can be accessed at:

[https://www.health.qld.gov.au/data/assets/pdf\\_file/0026/444635/info\\_sharing.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0026/444635/info_sharing.pdf)

## Engaging our interstate partners

On 10 February 2017, Queensland and Victoria executed a Ministerial agreement for planned interstate transfers and the apprehension and return of persons who are subject to the civil provisions of the *Mental Health Act 2000 (Qld)* and the *Mental Health Act 2014 (Vic)*. The Agreement commenced on declaration by notice in the Queensland Government Gazette dated 10 February 2017, as required under the *Mental Health Act 2000*.

The Agreement allows for a person who is subject to involuntary provisions of the Queensland or Victorian mental health legislation to be transferred to an authorised inpatient facility in the other state. In addition, the Agreement provides that an involuntary patient under the Queensland or Victorian legislation who is absent without permission may be returned to the relevant jurisdiction by authorised officers in either state. It provides for similar matters to Queensland's existing civil interstate agreements with New South Wales and the Australian Capital Territory.

In addition to civil interstate agreements, Queensland has forensic apprehension and return Agreements with New South Wales, Victoria, and the Australian Capital Territory.

The operation of Queensland's civil and forensic interstate agreements continues by way of a 12 month transitional regulation under the Act. The MHAODB is working with other jurisdictions to update all existing interstate agreements in line with the new Act and changes to legislation in the other jurisdictions.

Queensland's interstate agreements and associated forms can be accessed at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/act-2000/agreements>

# Monitoring and investigating compliance

The Chief Psychiatrist's functions under the Act include facilitating the proper administration of the Act, and monitoring and auditing compliance with the Act. In addition, the Chief Psychiatrist has statutory powers to investigate a matter or appoint an inspector to investigate an incident or legislative breach. These functions and powers replicate the authority provided for the statutory role of the Director of Mental Health under the repealed *Mental Health Act 2000*.

The Chief Psychiatrist policy, Notifications to Chief Psychiatrist of Critical Incidents and Non-Compliance with the Act outlines the relevant provisions of the Act regarding the information to be notified to the Chief Psychiatrist about critical incidents and non-compliance with the Act relating to patients. It is available at: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0020/465212/cpp-notific-critical-incident.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0020/465212/cpp-notific-critical-incident.pdf)

The Office of the Chief Psychiatrist maintains a register to monitor and audit compliance, quality improvement activities and reporting processes associated with the Act. Particular consideration is given to compliance with legislative and policy requirements that have significant impact on individual rights and liberty e.g. restrictive practices (seclusion, mechanical restraint, physical restraint and clinical need for medication) and involuntary detention.

All instances of non-compliance that were brought to the attention of the Director of Mental Health/Chief Psychiatrist during 2016-2017 were raised with the relevant authorised mental health service. Where required, action was taken by the service to identify and implement corrective measures; for example, changes to local procedures or staff training. These matters are reported back to the Chief Psychiatrist and have assisted in identifying opportunities for broader improvements, such as statewide policy or system development.

Over the period 5 March to 30 June 2017, no investigations were commissioned by the Chief Psychiatrist under the Act.

During the period 1 July 2016 to 4 March 2017, the Director of Mental Health authorised one investigation under the *Mental Health Act 2000*. The investigation related to the treatment and care of a patient who required transfer between authorised mental health services.

As at 30 June 2017, the report has been finalised for this investigation. The report made a number of recommendations in relation to decision-making frameworks, admission pathways, policies and guidelines at local and statewide levels. The Director of Mental Health issued a written request to the relevant authorised mental health services to undertake actions to address the recommendations at service level, and report on their implementation. Work is being undertaken by the Office of the Chief Psychiatrist to address recommendations of statewide relevance including review of statewide transport policy.

# Looking forward

The Mental Health Alcohol and Other Drugs Branch has established a comprehensive framework to evaluate the implementation of key initiatives of the Act and the change management processes associated with implementing the Act. The evaluation will have a primary focus on how the objectives and principles of the new legislation have been applied, particularly with regard to less restrictive practices and recovery-oriented care.

Indicators of the project objectives will be obtained through quantitative data collected routinely by key stakeholders, and qualitative data obtained through stakeholder surveys, workshops, meetings and community forums.

The project will produce an evaluation report which will include recommendations to support continued successful implementation of the Act.

The evaluation project commenced in May 2017 with completion planned for 30 June 2019. More information about the evaluation is available at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/evaluation>

While the evaluation will consider key initiatives of the new Act, regular monitoring of performance will also occur across, and within, AMHSs. This will be undertaken by the Office of the Chief Psychiatrist in collaboration with Hospital and Health Services.



# Appendix 1. Reporting on the *Mental Health Act 2000*

Appendix 1 provides data relating to activity under the *Mental Health Act 2000* for the period 1 July 2016 to the repeal of the Act on 4 March 2017. To complete reporting under the repealed Act, and for the purpose of continuity, the figures and tables provided are consistent with those provided in previous annual reports of the Director of Mental Health.

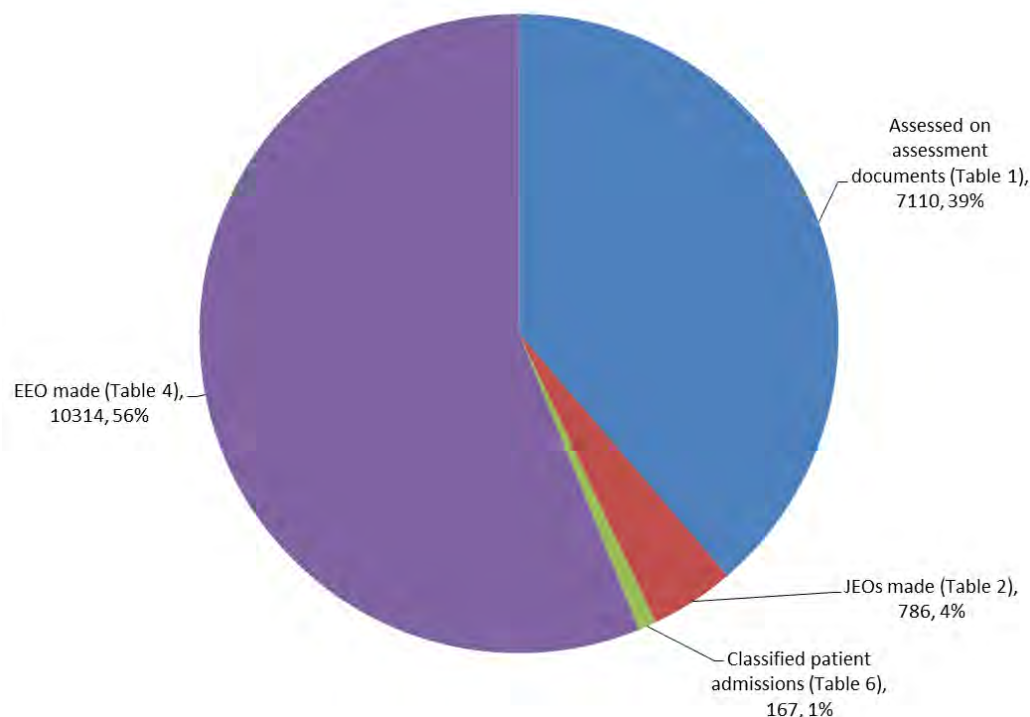
As the statewide clinical indicator for seclusion has previously been reported as a five year trend, this table has been included in Appendix 2. Full year data for ECT is also reported in Appendix 2.

Abbreviations are set out in Appendix 4.

For more information about the *Mental Health Act 2000* see the Annual Report of the Director of Mental Health 2015-2016 at:

<http://www.parliament.qld.gov.au/Documents/TableOffice/TabledPapers/2017/5517T810.pdf>

**Figure 1: Breakdown of involuntary examination and assessment processes (1 July 2016 – 4 March 2017)**



**Table 1: Involuntary assessment: involuntary processes commenced with assessment documents (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Assessed on assessment documents only	ITO made as a result of involuntary assessment	ITO not made before end of assessment period	Pre-existing involuntary status
Bayside	221	127	93	1
Belmont Private	56	49	7	0
Cairns	579	358	211	10
Central Queensland	230	124	106	0
Children's Health Queensland	128	56	70	2
Darling Downs	404	256	148	0
Gold Coast	926	620	296	10
Greenslopes Private	2	0	2	0
Logan Beaudesert	565	280	274	11
Mackay	196	105	86	5
New Farm Clinic	32	27	5	0
Princess Alexandra	705	472	229	4
RBWH	960	627	321	12
Redcliffe Caboolture	368	247	121	0
Sunshine Coast	342	273	69	0
The Park	1	0	0	1
The Park High Security	4	4	0	0
The Prince Charles	526	352	170	4
Toowong Private	19	18	1	0
Townsville	354	138	213	3
West Moreton	252	165	86	1
Wide Bay	240	127	110	3
<b>Total</b>	<b>7110</b>	<b>4425</b>	<b>2618</b>	<b>67</b>

\*See Appendix 4 for full AMHS title

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

**Table 2: Justices examination orders (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Justice of the Peace	Magistrate	Total
Bayside	29	0	29
Belmont Private	0	0	0
Cairns	26	6	32
Central Queensland	57	0	57
Children's Health Queensland	6	0	6
Darling Downs	68	0	68
Gold Coast	44	0	44
Greenslopes Private	0	0	0
Logan Beaudesert	70	0	70
Mackay	28	0	28
New Farm Clinic	0	0	0
Princess Alexandra	84	2	86
Redcliffe Caboolture	43	0	43
RBWH	28	0	28
Sunshine Coast	43	3	46
The Prince Charles	74	0	74
Toowong Private	0	0	0
Townsville	47	1	48
West Moreton	64	0	64
Wide Bay	63	0	63
<b>Total</b>	<b>774</b>	<b>12</b>	<b>786</b>

\*See Appendix 4 for full AMHS title

**Table 3: Justices examination orders and outcomes (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Assessment Documents Made		Assessment Documents Not Made			Total
	ITO made as a result of involuntary assessment	ITO not made before end of assessment period	JEO Ended Before Examination	Pre-existing Involuntary Status	Assessment criteria not met	
Bayside	5	0	12	0	12	29
Belmont Private	0	0	0	0	0	0
Cairns	6	1	2	0	23	32
Central Queensland	12	4	9	2	30	57
Children's Health Queensland	1	0	1	0	4	6
Darling Downs	8	1	8	1	50	68
Gold Coast	13	3	12	0	16	44
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	16	2	18	2	32	70
Mackay	4	2	2	0	20	28
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra	37	2	10	1	36	86
RBWH	12	1	2	0	13	28
Redcliffe Caboolture	9	2	5	0	27	43
Sunshine Coast	15	1	7	1	22	46
The Park	0	0	0	0	0	0
The Park High	0	0	0	0	0	0
The Prince Charles	22	1	11	1	39	74
Toowong Private	0	0	0	0	0	0
Townsville	7	1	7	1	32	48
West Moreton	13	4	9	1	37	64
Wide Bay	14	2	5	1	41	63
<b>Total</b>	<b>194</b>	<b>27</b>	<b>120</b>	<b>11</b>	<b>434</b>	<b>786</b>

\*See Appendix 4 for full AMHS title

**Table 4: Emergency examination orders made (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Ambulance Officer	Police Officer	Psychiatrist	Total
Bayside	192	242	0	434
Belmont Private	0	0	0	0
Cairns	161	323	3	487
Central Queensland	343	361	2	706
Children's Health Queensland	152	220	0	372
Darling Downs	182	366	0	548
Gold Coast	307	533	2	842
Greenslopes Private	0	0	0	0
Logan Beaudesert	422	321	0	743
Mackay	420	208	1	629
New Farm Clinic	0	0	0	0
Princess Alexandra	656	577	2	1235
Redcliffe Caboolture	232	298	1	531
RBWH	400	392	3	795
Sunshine Coast	206	247	0	453
The Park	0	0	0	0
The Park High Security	0	0	0	0
The Prince Charles	271	348	1	620
Toowong Private	0	0	0	0
Townsville	417	508	0	925
West Moreton	331	331	1	663
Wide Bay	115	227	2	344
<b>Total</b>	<b>4807</b>	<b>5502</b>	<b>18</b>	<b>10327</b>

\*See Appendix 4 for full AMHS title

**Table 5: Emergency examination orders and outcomes (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Assessment documents made		Assessment documents not made			Total
	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	28	33	354	19	0	434
Belmont Private	0	0	0	0	0	0
Cairns	74	49	348	16	0	487
Central Queensland	44	59	561	42	0	706
Children's Health Queensland	9	12	349	2	0	372
Darling Downs	58	39	443	7	1	548
Gold Coast	128	38	602	72	2	842
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	60	48	582	53	0	743
Mackay	56	31	533	7	2	629
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra	119	56	899	161	0	1235
RBWH	148	85	533	20	9	795
Redcliffe Caboolture	66	54	391	20	0	531
Sunshine Coast	63	28	320	42	0	453
The Park	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0
The Prince Charles	113	40	449	17	1	620
Toowong Private	0	0	0	0	0	0
Townsville	33	51	801	40	0	925
West Moreton	43	38	545	37	0	663
Wide Bay	33	17	247	47	0	344
<b>Total</b>	<b>1075</b>	<b>678</b>	<b>7957</b>	<b>602</b>	<b>15</b>	<b>10327</b>

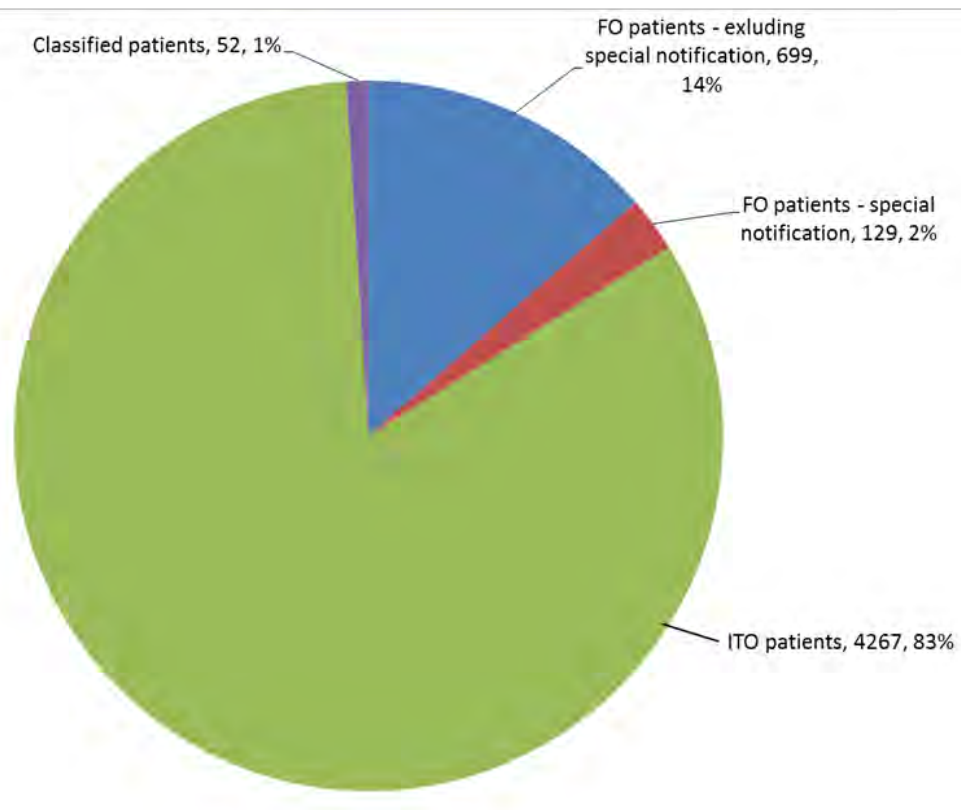
\*See Appendix 4 for full AMHS title

**Table 6: Classified patient admissions (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Watchhouse	Queensland Correctional Centres	Total
Bayside	0	3	3
Belmont Private	0	0	0
Cairns	2	5	7
Central Queensland	0	5	5
Children's Health Queensland	0	0	0
Darling Downs	1	16	17
Gold Coast	5	8	13
Greenslopes Private	0	0	0
Logan Beaudesert	0	13	13
Mackay	2	2	4
New Farm Clinic	0	0	0
Princess Alexandra	0	8	8
RBWH	0	6	6
Redcliffe Caboolture	1	9	10
Sunshine Coast	1	6	7
The Park	0	0	0
The Park High Security	1	37	38
The Prince Charles	0	4	4
Toowong Private	0	0	0
Townsville	3	9	12
West Moreton	2	5	7
Wide Bay	3	10	13
<b>Total</b>	<b>21</b>	<b>146</b>	<b>167</b>

\*See Appendix 4 for full AMHS title

**Figure 2: Breakdown of involuntary status as at 4 March 2017**





**Table 7: Number of involuntary patients, excluding people subject to assessment documents as at 4 March 2017**

Authorised Mental Health Service*	ITO patients	Classified patients	FO patients excluding special notification	FO patients - SNFP	Total
Bayside	129	1	14	1	145
Belmont Private	26	0	0	0	26
Cairns	318	2	44	4	368
Central Queensland	231	1	25	3	260
Children's Health Queensland	14	0	0	0	14
Darling Downs	269	3	59	4	335
Gold Coast	475	4	54	4	537
Greenslopes Private	1	0	0	0	1
Logan Beaudesert	283	2	50	6	341
Mackay	125	0	22	3	150
New Farm Clinic	18	0	0	0	18
Princess Alexandra	415	2	71	13	501
Redcliffe Caboolture	190	2	31	5	228
RBWH	510	2	58	7	577
Sunshine Coast	254	1	40	5	300
The Park	13	0	19	14	46
The Park High Security	53	27	26	23	129
The Prince Charles	318	1	49	14	382
Toowong Private	7	0	0	0	7
Townsville	320	1	59	10	390
West Moreton	194	2	45	13	254
Wide Bay	104	1	33	0	138
<b>Total</b>	<b>4267</b>	<b>52</b>	<b>699</b>	<b>129</b>	<b>5147</b>

\*See Appendix 4 for full AMHS title

**Table 8: Number of involuntary treatment orders made (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Category of initial order		Second examination required	Second examination		Total Involuntary Treatment Orders made
	Community	Inpatient		Involuntary Treatment Order confirmed	Involuntary Treatment Order not confirmed	
Bayside	1	153	103	74	29	154
Belmont Private	0	48	2	2	0	48
Cairns	9	431	176	173	3	440
Central Queensland	8	175	151	128	23	183
Children's Health	0	66	49	35	14	66
Darling Downs	6	325	194	149	45	331
Gold Coast	8	751	615	448	167	759
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	9	336	275	191	84	345
Mackay	8	160	83	61	22	168
New Farm Clinic	0	22	9	9	0	22
Princess Alexandra	6	627	477	379	98	633
Redcliffe Caboolture	3	323	246	145	101	326
RBWH	4	799	710	572	138	803
Sunshine Coast	14	340	253	203	50	354
The Park	0	0	0	0	0	0
The Park High Security	0	19	5	5	0	19
The Prince Charles	11	472	363	258	105	483
Toowong Private	0	14	0	0	0	14
Townsville	7	173	81	72	9	180
West Moreton	2	225	187	126	61	227
Wide Bay	2	179	122	91	31	181
<b>Total</b>	<b>98</b>	<b>5638</b>	<b>4101</b>	<b>3121</b>	<b>980</b>	<b>5736</b>

\*See Appendix 4 for full AMHS title

**Table 9: Involuntary treatment orders ended (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	ITO revoked by Authorised Doctor, Mental Health Review Tribunal or Mental Health Court	Patient deceased	ITO ceased to have effect	Involuntary Treatment Order neither revoked nor confirmed within the initial 72 hour period	Pre-existing involuntary status	Forensic Order made	Transferred interstate	Total
Bayside	151	2	1	16	2	0	0	172
Belmont Private	46	0	0	0	1	0	0	47
Cairns	437	1	2	3	0	5	0	448
Central Queensland	153	0	4	2	0	1	0	160
Children's Health Queensland	56	0	0	1	0	0	0	57
Darling Downs	329	2	5	12	0	0	0	348
Gold Coast	720	1	9	23	1	4	1	759
Greenslopes Private	1	0	0	0	0	0	0	1
Logan Beaudesert	288	2	1	31	0	2	0	324
Mackay	149	1	0	1	0	2	0	153
New Farm Clinic	28	0	1	0	0	0	0	29
Princess Alexandra	529	6	4	30	1	6	0	576
Redcliffe Caboolture	359	3	2	10	0	1	0	375
RBWH	710	8	13	16	1	3	1	752
Sunshine Coast	334	4	1	5	0	1	0	345
The Park	2	0	0	0	0	0	0	2
The Park High Security	18	0	0	0	0	2	0	20
The Prince Charles	443	5	5	27	1	1	0	482
Toowong Private	15	0	0	0	0	0	0	15
Townsville	170	3	0	0	0	1	0	174
West Moreton	225	1	3	17	1	0	0	247
Wide Bay	186	0	4	3	0	0	0	193
<b>Total</b>	<b>5349</b>	<b>39</b>	<b>55</b>	<b>197</b>	<b>8</b>	<b>29</b>	<b>2</b>	<b>5679</b>

\* See Appendix 4 for full AMHS title

**Table 10: Forensic orders made and ended between 1 July 2016 and 4 March 2017 and number of forensic orders and special notification forensic patients as at 4 March 2017**

Authorised Mental Health Service*	Number of orders		Number of consumers	
	Forensic Orders made	Forensic Orders ended	Number of SNFPs at 4 March 2017	Number of patients with Forensic Orders** at 4 March 2017
Bayside	0	1	1	14
Belmont Private	0	0	0	0
Cairns	9	6	4	44
Central Queensland	4	1	3	25
Children's Health Queensland	0	0	0	0
Darling Downs	2	3	4	59
Gold Coast	7	8	4	54
Greenslopes Private	0	0	0	0
Logan Beaudesert	3	2	6	50
Mackay	3	0	3	22
New Farm Clinic	0	0	0	0
Princess Alexandra	14	7	13	71
Redcliffe Caboolture	2	0	5	31
RBWH	3	2	7	58
Sunshine Coast	4	4	5	40
The Park	1	0	14	19
The Park High Security	2	1	23	26
The Prince Charles	6	3	14	49
Toowong Private	0	0	0	0
Townsville	6	2	10	59
West Moreton	6	2	13	45
Wide Bay	4	2	0	33
<b>Total</b>	<b>76</b>	<b>44</b>	<b>129</b>	<b>699</b>

\*See Appendix 4 for full AMHS title

\*\* Excludes SNFP patients

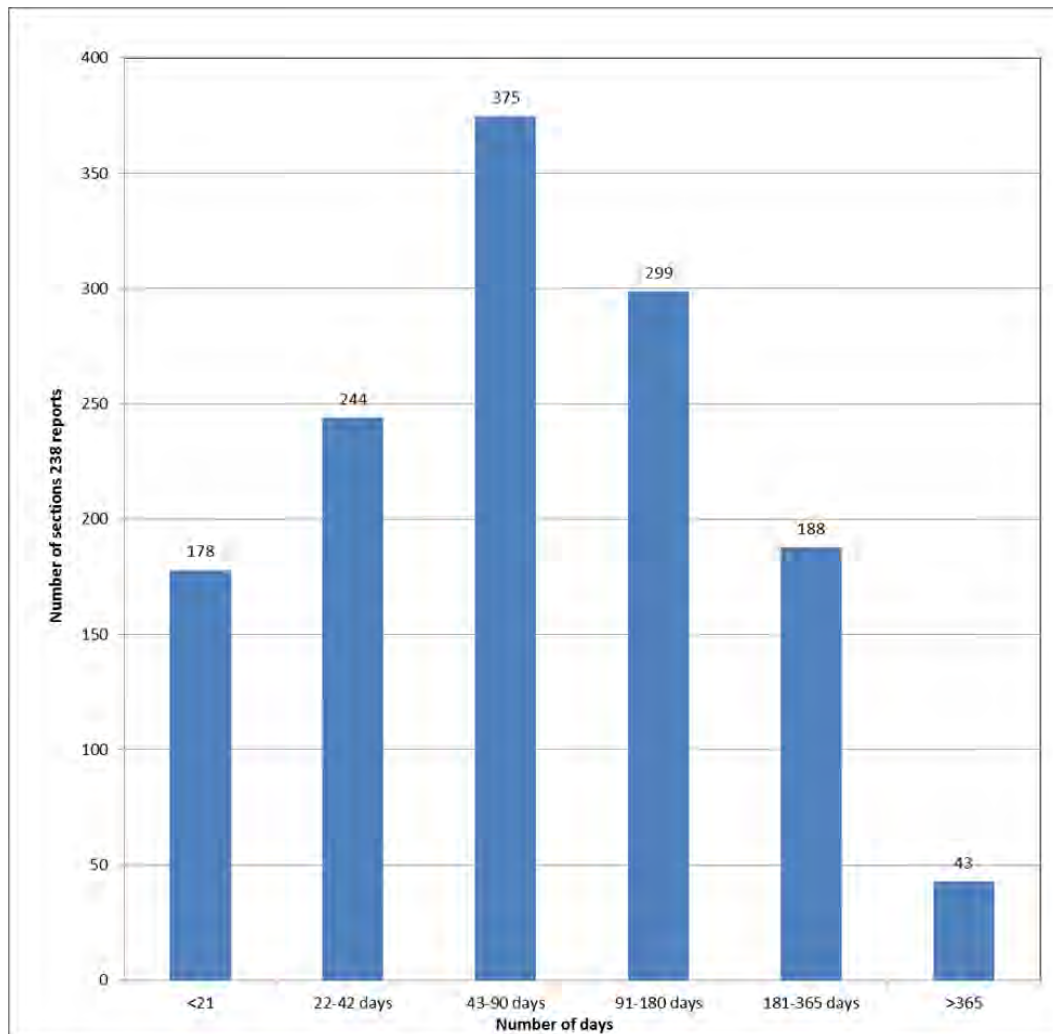
**Table 11: Actions taken under Chapter 7, Part 2 (patients charged with an offence) (1 July 2016 – 4 March 2017)**

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 were commenced
Bayside	13	16
Belmont Private	0	0
Cairns	99	157
Central Queensland	55	91
Children's Health Queensland	4	4
Darling Downs	79	100
Gold Coast	105	149
Greenslopes Private	0	0
Logan Beaudesert	87	140
Mackay	45	68
Princess Alexandra	93	147
Redcliffe Caboolture	40	61
RBWH	106	171
Sunshine Coast	61	87
The Park	1	1
The Park High Security	26	33
The Prince Charles	74	106
Toowong Private	0	0
Townsville	77	102
West Moreton	64	110
Wide Bay	27	37
<b>Total</b>	<b>1056</b>	<b>1580</b>

\*See Appendix 4 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 (1056) and the number of occasions in which activity under these provisions commenced (1580).

**Figure 3: Timeframes for receipt of section 238 reports  
(1 July 2016 – 4 March 2017)**



**Table 12: References made by the Director of Mental Health  
(1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Number of references to DPP	Number of references to Mental Health Court	Total number of references made by the Director of Mental Health
Bayside	7	1	8
Belmont Private	0	0	0
Cairns	105	12	117
Central Queensland	78	2	80
Children's Health Queensland	2	1	3
Darling Downs	51	10	61
Gold Coast	78	9	87
Greenslopes Private	0	0	0
Logan Beaudesert	89	1	90
Mackay	55	3	58
New Farm Clinic	0	0	0
Princess Alexandra	92	9	101
RBWH	115	17	132
Redcliffe Caboolture	20	2	22
Sunshine Coast	63	4	67
The Park	1	0	1
The Park High Security	9	11	20
The Prince Charles	62	7	69
Toowong Private	0	0	0
Townsville	73	9	82
West Moreton	76	3	79
Wide Bay	17	6	23
<b>Total</b>	<b>993</b>	<b>107</b>	<b>1100</b>

\*See Appendix 4 for full AMHS title

**Table 13: Reference timeframes for section 238 reports received by the Director of Mental Health (1 July 2016 – 4 March 2017)**

Referred to	Average length in days	Median in days
DPP	12.6	4
MHC	22.3	6

**Table 14: Mechanical restraint authorisations (1 July 2016 – 4 March 2017)**

Number of Authorisations	Number of patients	Number of Events
30	5	30

**Table 15: Authority to return activity (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Number of patients	Number of authorities to return issued
Bayside	36	50
Belmont Private	4	5
Cairns	144	251
Central Queensland	86	122
Children's Health Queensland	5	9
Darling Downs	69	107
Gold Coast	151	236
Greenslopes Private	0	0
Logan Beaudesert	118	178
Mackay	49	87
Princess Alexandra	114	172
Redcliffe Caboolture	49	77
RBWH	177	310
Sunshine Coast	88	201
The Park	10	13
The Park High Security	2	2
The Prince Charles	87	133
Toowong Private	1	1
Townsville	86	172
West Moreton	72	109
Wide Bay	32	41
<b>Total</b>	<b>1380</b>	<b>2276</b>

\*See Appendix 4 for full AMHS title



**Table 16: Absence without permission - Number of authorities to return issued (1 July 2016 – 4 March 2017)**

Authorised Mental Health Service*	Inpatient Absences <sup>^</sup>			Community Absences	Total
	Absconded from inpatient mental health unit	Absconded from other unit	Other inpatient absences		
Bayside	2	5	15	28	50
Belmont Private	1	3	0	1	5
Cairns	76	37	31	107	251
Central Queensland	4	47	8	63	122
Children's Health Queensland	1	3	0	5	9
Darling Downs	20	11	32	44	107
Gold Coast	46	6	60	124	236
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	16	36	30	96	178
Mackay	4	7	39	37	87
New Farm Clinic	0	0	0	0	0
Princess Alexandra	22	17	13	120	172
Redcliffe Caboolture	5	10	26	36	77
RBWH	9	29	44	228	310
Sunshine Coast	37	20	67	77	201
The Park	0	0	9	4	13
The Park High Security	0	0	2	0	2
The Prince Charles	27	10	19	77	133
Toowong Private	1	0	0	0	1
Townsville	62	11	27	72	172
West Moreton	20	16	15	58	109
Wide Bay	1	10	3	27	41
<b>Total</b>	<b>354</b>	<b>278</b>	<b>440</b>	<b>1204</b>	<b>2276</b>

\*See Appendix 4 for full AMHS title

<sup>^</sup> An AWOP event commences when an Authority to Return form is completed.

'Absconded from inpatient mental health unit' includes those events where a patient absconded from an inpatient mental health unit.

'Absconded from other unit' includes those events where a patient absconded from another inpatient unit, i.e. emergency department medical ward, community mental health facility etc.

'Other inpatient absences' includes those events where a patient absconded whilst being transported between AMHS, whilst on an approved temporary absence, or didn't return from approved escorted or unescorted leave.

## Appendix 2. Reporting on the *Mental Health Act 2016*

The *Mental Health Act 2016* (Act) mandates the matters to be reported in the Annual Report of the Chief Psychiatrist (s307). Appendix 2 includes those matters where statistical data is required to be reported for each authorised mental health service. Abbreviations are set out in Appendix 4.

Other mandatory reporting requirements are contained in the body of the report. In addition, for provisions relating to serious risks to persons or public safety (Chapter 10 Part 5):

- no actions were taken by the Chief Psychiatrist under Part 5 and
- no directions were given by the Minister to the Chief Psychiatrist under section 312.

Explanatory information about the Act is available at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/about>

**Table 17: Patients subject to involuntary assessment, treatment, care or detention (as at 30 June 2017)**

Authorised Mental Health Service*	Involuntary assessment	Classified patients	Treatment Authority	Forensic Order	Treatment Support Order	Total Involuntary Patients
Bayside	0	1	108	19	0	128
Belmont Private	0	0	20	0	0	20
Cairns	1	0	334	45	4	384
Central Queensland	0	2	224	27	1	254
Children's Health Queensland	0	0	9	1	0	10
Darling Downs	0	1	267	68	8	344
Forensic Disability	0	0	0	11	0	11
Gold Coast	0	2	477	56	6	541
Greenslopes Private	0	0	2	0	0	2
Logan Beaudesert	0	2	264	61	0	327
Mackay	2	0	141	21	1	165
New Farm Clinic	0	0	17	0	0	17
Princess Alexandra	1	2	408	83	0	494
Redcliffe Caboolture	1	1	183	36	1	222
RBWH	0	1	574	58	3	636
Sunshine Coast	1	1	284	41	0	327
The Park	0	0	14	26	0	40
The Park High Security	0	28	56	33	0	117
The Prince Charles	0	1	341	53	0	395
Toowong Private	0	0	6	0	0	6
Townsville	3	0	314	85	0	402
West Moreton	1	0	192	44	4	241
Wide Bay	0	0	105	35	1	141
Statewide	10	42	4340	803	29	5224

\* See Appendix 4 for full AMHS title

**Table 18: Involuntary assessment: entry pathway, location and outcome (5 March – 30 June 2017)**

Authorised Mental Health Service*	Involuntary assessment entry pathway					Detention to make Recommendation	Assessment location - QH Facility	Assessment outcome		
	Recommendation	Recommendation preceded by Examination Authority	Recommendation preceded by Emergency Examination Authority	Other (e.g. interstate)	Total assessments			Treatment Authority made	Treatment Authority not made	Pre-existing involuntary status
Bayside	86	1	0	0	87	27	87	59	28	0
Belmont Private	22	0	0	0	22	1	22	19	2	1
Cairns Network	308	2	50	0	360	24	360	241	116	3
Central Queensland	89	2	19	0	110	42	110	60	50	0
Children's Health Queensland	36	0	11	0	47	11	47	29	13	5
Darling Downs	160	3	51	0	214	95	214	159	54	1
Gold Coast	441	4	69	1	515	19	515	354	156	5
Greenslopes Private	1	0	0	0	1	0	1	1	0	0
Logan Beaudesert	162	4	4	0	170	52	170	116	52	2
Mackay	95	0	54	0	149	24	149	76	67	6
New Farm Clinic	13	0	0	0	13	0	13	13	0	0
Princess Alexandra	268	1	1	0	270	44	270	210	60	0
Redcliffe Caboolture	144	1	31	0	176	16	176	126	49	1
RBWH	454	2	97	3	556	3	556	398	147	11
Sunshine Coast	142	0	18	0	160	37	160	134	25	1
The Park	0	0	0	0	0	0	0	0	0	0
The Park High Security	2	0	0	0	2	0	2	2	0	0
The Prince Charles	220	3	36	3	262	86	262	179	83	0
Toowong Private	6	0	0	0	6	0	6	6	0	0
Townsville	186	4	54	0	244	46	244	99	145	0
West Moreton	109	3	48	0	160	88	160	93	66	1
Wide Bay	72	2	25	0	99	14	99	66	32	1
<b>Total</b>	<b>3016</b>	<b>32</b>	<b>568</b>	<b>7</b>	<b>3623</b>	<b>629</b>	<b>3623</b>	<b>2440</b>	<b>1145</b>	<b>38</b>

\* See Appendix 4 for full AMHS title

**Table 19: Examination Authorities issued and outcomes (5 March – 30 June 2017)**

Authorised Mental Health Service*	Examination Authorities Issued	Outcome				
		Recommendation Made	Recommendation Not Made			Pending outcome as at 30 June 2017
			Examination did not result in recommendation	Examination authority ended before examination	Pre-existing involuntary status	
Bayside	1	1	0	0	0	0
Belmont Private	0	0	0	0	0	0
Cairns Network	4	2	1	0	0	1
Central Queensland	4	2	2	0	0	0
Children's Health Queensland	0	0	0	0	0	0
Darling Downs	9	3	5	1	0	0
Gold Coast	6	1	5	0	0	0
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	16	7	7	2	0	0
Mackay	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra	14	4	5	2	2	1
Redcliffe Caboolture	1	1	0	0	0	0
RBWH	4	3	0	1	0	0
Sunshine Coast	0	0	0	0	0	0
The Park	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0
The Prince Charles	6	1	5	0	0	0
Toowong Private	0	0	0	0	0	0
Townsville	8	5	3	0	0	0
West Moreton	7	3	1	2	1	0
Wide Bay	9	2	5	2	0	0
<b>Total</b>	<b>89</b>	<b>35</b>	<b>39</b>	<b>10</b>	<b>3</b>	<b>2</b>

\*See Appendix 4 for full AMHS title

**Table 20: Classified patient – referrals and admissions  
(5 March – 30 June 2017)**

Authorised Mental Health Service*	Total referrals in period	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
				Recommendation for Assessment	Transfer Recommendation		
		Ended in reporting period	Open as at 30 June 2017	Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	1	0	0	0	0	1	1
Belmont Private	0	0	0	0	0	0	0
Cairns	3	0	0	0	0	3	3
Central Queensland	9	4	0	5	0	0	5
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	8	1	0	4	1	2	7
Gold Coast	6	0	0	2	4	0	6
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	8	0	0	0	3	5	8
Mackay	2	0	0	1	1	0	2
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra	19	8	3	0	3	5	8
Redcliffe Caboolture	12	5	0	6	1	0	7
RBWH	4	0	2	1	1	0	2
Sunshine Coast	14	8	0	2	3	1	6
The Park	0	0	0	0	0	0	0
The Park High Security	19	4	0	5	7	3	15
The Prince Charles	10	6	1	3	0	0	3
Toowong Private	0	0	0	0	0	0	0
Townsville	5	0	1	3	0	1	4
West Moreton	10	2	0	3	2	3	8
Wide Bay	3	0	0	1	0	2	3
<b>Total</b>	<b>133</b>	<b>38</b>	<b>7</b>	<b>36</b>	<b>26</b>	<b>26</b>	<b>88</b>

\*See Appendix 4 for full AMHS title

**Table 21: Treatment Authorities made (5 March – 30 June 2017)**

Authorised Mental Health Service*	Treatment Authority made by Doctor	Category of initial order		Second examination required	Outcome of second examination	
		Community	Inpatient		Treatment Authority confirmed	Treatment Authority not confirmed
Bayside	57	0	57	35	26	9
Belmont Private	20	0	20	0	0	0
Cairns Network	207	4	203	89	87	2
Central Queensland	57	4	53	41	41	0
Children's Health Queensland	31	1	30	24	14	10
Darling Downs	163	11	152	106	83	23
Gold Coast	345	2	343	272	182	90
Greenslopes Private	1	0	1	0	0	0
Logan Beaudesert	123	5	118	84	60	24
Mackay	81	3	78	54	47	7
New Farm Clinic	10	1	9	5	5	0
Princess Alexandra	213	6	207	129	113	16
Redcliffe Caboolture	128	3	125	103	56	47
RBWH	390	5	385	345	283	62
Sunshine Coast	138	12	126	88	71	17
The Park	0	0	0	0	0	0
The Park High Security	7	0	7	3	3	0
The Prince Charles	175	1	174	115	82	33
Toowong Private	6	0	6	0	0	0
Townsville	99	5	94	47	40	7
West Moreton	94	3	91	81	56	25
Wide Bay	66	0	66	44	27	17
<b>Total</b>	<b>2411</b>	<b>66</b>	<b>2345</b>	<b>1665</b>	<b>1276</b>	<b>389</b>

\*See Appendix 4 for full AMHS title

**Table 22: Treatment Authorities ended (5 March – 30 June 2017)**

Authorised Mental Health Service*	Pre-existing involuntary status	Treatment Authority not revoked or confirmed within 72 hours	Treatment Authority revoked		Forensic Order made	Transfer interstate	Patient deceased	Total Treatment Authorities ended
			Authorised Doctor	Mental Health Review Tribunal				
Bayside	0	5	69	1	2	0	0	77
Belmont Private	0	0	28	0	0	0	0	28
Cairns Network	0	2	181	6	4	0	0	193
Central Queensland	0	0	57	1	0	0	1	59
Children's Health Queensland	1	0	31	0	0	0	0	32
Darling Downs	0	3	159	4	1	0	0	167
Gold Coast	0	16	314	5	2	2	1	340
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	15	135	2	1	0	2	155
Mackay	0	0	58	1	0	0	0	59
New Farm Clinic	0	0	13	0	0	0	0	13
Princess Alexandra	0	7	205	3	3	0	0	218
Redcliffe Caboolture	0	12	125	0	1	0	1	139
RBWH	0	6	287	0	2	0	2	297
Sunshine Coast	0	0	112	0	1	0	1	114
The Park	0	0	0	0	1	0	1	2
The Park High Security	0	1	2	0	1	0	0	4
The Prince Charles	0	1	162	2	0	0	1	166
Toowong Private	0	0	10	0	0	0	0	10
Townsville	0	1	95	0	4	0	0	100
West Moreton	0	10	85	0	1	0	0	96
Wide Bay	0	1	67	1	0	0	0	69
<b>Total</b>	<b>1</b>	<b>80</b>	<b>2195</b>	<b>26</b>	<b>24</b>	<b>2</b>	<b>10</b>	<b>2338</b>

\*See Appendix 4 for full AMHS title

**Table 23: Treatment Authorities (as at 30 June 2017)**

Authorised Mental Health Service*	Treatment Authority category		Total Treatment Authorities at 30 June 2017
	Community	Inpatient	
Bayside	68	40	108
Belmont Private	13	7	20
Cairns Network	235	99	334
Central Queensland	200	24	224
Children's Health Queensland	6	3	9
Darling Downs	189	78	267
Gold Coast	369	108	477
Greenslopes Private	1	1	2
Logan Beaudesert	187	77	264
Mackay	123	18	141
New Farm Clinic	9	8	17
Princess Alexandra	315	93	408
Redcliffe Caboolture	140	43	183
RBWH	385	189	574
Sunshine Coast	214	70	284
The Park	0	14	14
The Park High Security	25	31	56
The Prince Charles	282	59	341
Toowong Private	4	2	6
Townsville	248	66	314
West Moreton	159	33	192
Wide Bay	86	19	105
<b>Total</b>	<b>3258</b>	<b>1082</b>	<b>4340</b>

\*See Appendix 4 for full AMHS title



**Table 24: Forensic Orders made (5 March – 30 June 2017)**

Authorised Mental Health Service*	Forensic Order type (when made)		Total Forensic Orders made
	Mental Health	Disability	
Bayside	3	0	3
Belmont Private	0	0	0
Cairns Network	4	1	5
Central Queensland	0	0	0
Children's Health Queensland	0	1	1
Darling Downs	2	2	4
Gold Coast	2	0	2
Greenslopes Private	0	0	0
Logan Beaudesert	1	1	2
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra	4	1	5
Redcliffe Caboolture	2	0	2
RBWH	3	1	4
Sunshine Coast	3	0	3
The Park	7	0	7
The Park High Security	8	0	8
The Prince Charles	1	0	1
Toowong Private	0	0	0
Townsville	5	1	6
West Moreton	2	1	3
Wide Bay	0	0	0
<b>Total</b>	<b>47</b>	<b>9</b>	<b>56</b>

\*See Appendix 4 for full AMHS title

**Table 25: Forensic Orders ended – reason for ending (5 March – 30 June 2017)**

Authorised Mental Health Service*	Forensic Order Revoked		Patient Deceased	Other - Found Fit For Trial	Total Forensic Orders ended
	Treatment Support Order Made	No Treatment Support Order made			
Bayside	0	0	0	0	0
Belmont Private	0	0	0	0	0
Cairns Network	4	0	1	0	5
Central Queensland	1	0	0	0	1
Children's Health Queensland	0	0	0	0	0
Darling Downs	8	1	0	0	9
Gold Coast	6	1	0	0	7
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	0	0	0	0
Mackay	1	0	0	1	2
New Farm Clinic	0	0	0	0	0
Princess Alexandra	0	1	0	1	2
Redcliffe Caboolture	1	0	0	0	1
RBWH	3	0	0	0	3
Sunshine Coast	0	0	1	0	1
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles	0	0	0	0	0
Toowong Private	0	0	0	0	0
Townsville	0	0	0	0	0
West Moreton	4	2	0	0	6
Wide Bay	1	0	0	0	1
<b>Total</b>	<b>29</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>38</b>

\*See Appendix 4 for full AMHS title

**Table 26: Treatment Support Orders (as at 30 June 2017)**

Authorised Mental Health Service*	Treatment Support Order category		Total Treatment Support Orders at 30 June 2017
	Inpatient	Community	
Bayside	0	0	0
Belmont Private	0	0	0
Cairns Network	0	4	4
Central Queensland	0	1	1
Children's Health Queensland	0	0	0
Darling Downs	5	3	8
Gold Coast	0	6	6
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	0	1	1
New Farm Clinic	0	0	0
Princess Alexandra	0	0	0
Redcliffe Caboolture	0	1	1
RBWH	0	3	3
Sunshine Coast	0	0	0
The Park	0	0	0
The Park High Security	0	0	0
The Prince Charles	0	0	0
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	4	4
Wide Bay	0	1	1
<b>Total</b>	<b>5</b>	<b>24</b>	<b>29</b>

\*See Appendix 4 for full AMHS title

All Treatment Support Orders were made by the Mental Health Review Tribunal.

**Table 27: Absence without approval – Number of authorities to transport absent patient issued (5 March – 30 June 2017)**

Authorised Mental Health Service*	Forensic Order			Treatment Authority				Absconded from detention - Other <sup>A</sup>	Total ATAP
	Absconded from detention - mental health unit	Failed / Required to return from LCT /Temp	Community Patient	Absconded from detention - mental health unit	Absconded from detention - Other	Failed / Required to return from LCT/Temp	Community Patient		
Bayside	0	0	2	0	1	2	0	1	6
Belmont Private	0	0	0	0	0	0	0	0	0
Cairns Network	0	0	0	0	1	10	14	3	28
Central Queensland	0	0	1	0	0	0	5	1	7
Children's Health Queensland	0	0	0	0	0	0	0	0	0
Darling Downs	0	2	1	2	3	5	7	2	22
Gold Coast	0	1	1	8	0	7	19	0	36
Greenslopes Private	0	0	0	1	0	0	0	0	1
Logan Beaudesert	0	1	2	3	1	3	8	2	20
Mackay	0	0	0	1	0	1	1	0	3
New Farm Clinic	0	0	0	0	0	0	0	0	0
Princess Alexandra	0	0	5	3	3	1	9	1	22
Redcliffe Caboolture	0	1	1	1	1	4	3	4	15
RBWH	0	0	1	0	1	4	23	0	29
Sunshine Coast	0	1	0	2	1	3	8	1	16
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0	0	0	0
The Prince Charles	0	1	1	1	6	2	10	0	21
Toowong Private	0	0	0	0	0	0	0	0	0
Townsville	2	1	0	4	1	1	5	2	16
West Moreton	0	0	0	0	1	0	4	0	5
Wide Bay	0	1	2	1	0	2	1	1	8
<b>Total</b>	<b>2</b>	<b>9</b>	<b>17</b>	<b>27</b>	<b>20</b>	<b>45</b>	<b>117</b>	<b>18</b>	<b>255</b>

\*See Appendix 4 for full AMHS title

An absent without approval event commences when an 'Authority to transport absent patient' form is completed.

'Absconded from detention – mental health unit' includes those events where a patient absconded from an inpatient mental health unit.

'Failed/ Required to return from LCT / Temp' includes those events where a patient absconded whilst on an approved temporary absence, or failed to return from approved escorted or unescorted leave.

'Absconded from detention – Other' includes those events where a patient absconded from another inpatient unit, i.e. emergency department, medical ward, community mental health facility as well as those events where a patient absconded while being transported between AMHS.

**Table 28: Seclusion – statewide clinical indicators – five year trend**

	Indicator	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Acute	Seclusion events per 1,000 bed days	12.7	10.9	11.4	9.4	7.97
	Proportion of episodes with one or more seclusion events	5.6%	5.4%	4.8%	3.8%	3.1%
	Average (mean) duration of seclusion events (hours)	4	3.8	3.4	3.4	2.71
Extended	Seclusion events per 1,000 bed days	19.3	24	16.6	15.9	20.96
	Proportion of episodes with one or more seclusion events	10.9%	10.3%	7.1%	5.6%	7.0%
	Average (mean) duration of seclusion events (hours)	8.9	7.2	9	11.3	8.92

**Table 29: Seclusion authorisations by authorised mental health service (5 March – 30 June 2017)**

Authorised Mental Health Service*	Seclusion Authorisations			Number of patients
	Doctor	Emergency	Total	
Bayside	5	2	7	4
Belmont Private	0	0	0	0
Cairns	25	24	49	22
Central Queensland	9	6	15	8
Children's Health Queensland	27	3	30	9
Darling Downs	23	25	48	29
Gold Coast	18	1	19	16
Greenslopes Private	0	0	0	0
Logan Beaudesert	15	4	19	15
Mackay	5	25	30	7
New Farm Clinic	0	0	0	0
Princess Alexandra	5	8	13	10
Redcliffe Caboolture	14	18	32	15
RBWH	54	37	91	37
Sunshine Coast	21	11	32	14
The Park	153	12	165	10
The Park High Security	3901	31	3932	18
The Prince Charles	77	16	93	20
Toowoong Private	0	0	0	0
Townsville	18	17	35	19
West Moreton	37	31	68	22
Wide Bay	6	9	15	6
<b>Statewide</b>	<b>4413</b>	<b>280</b>	<b>4693</b>	<b>275</b>

\*See Appendix 4 for full AMHS title

'Number of patients' (275) is a unique count of consumers and does not equal the total count within each AMHS as an individual may have received treatment across multiple AMHS's.

**Table 30: Mechanical restraint approvals and events (5 March – 30 June 2017)**

Authorised Mental Health Service*	Number of approvals	Number of patients	Number of events
Bayside	0	0	0
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	0	0	0
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	1	1	2
New Farm Clinic	0	0	0
Princess Alexandra	0	0	0
Redcliffe Caboolture	0	0	0
RBWH	0	0	0
Sunshine Coast	0	0	0
The Park	2	1	3
The Park High Security	9	2	10
The Prince Charles	0	0	0
Toowoong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	0	0	0
<b>Total</b>	<b>12</b>	<b>3</b>	<b>15</b>

\*See Appendix 4 for full AMHS title

Note: Patients can have restraint approvals linked to more than one AMHS. Due to this, patient counts can sum to more than statewide total.

The 'number of events' counts the number of applications of a mechanical restraint. This number may differ from the number of approvals as one approval may be used for multiple events during the approved timeframe.

**Table 31: Reduction and elimination plans approved (5 March – 30 June 2017)**

Authorised Mental Health Service*	R&E plans approved – mechanical restraint		R&E plans approved – seclusion		R&E plans approved – seclusion and mechanical restraint		Total R&E plans approved	
	Number of plans	Number of patients	Number of plans	Number of patients	Number of plans	Number of patients	Number of plans	Number of patients
Bayside	0	0	0	0	0	0	0	0
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	0	0	0	0	0	0
Central Queensland	0	0	0	0	0	0	0	0
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	1	1	0	0	1	1
Gold Coast	0	0	0	0	0	0	0	0
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	0	0	0	0	0	0
Mackay	0	0	2	1	0	0	2	1
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra	2	1	0	0	0	0	2	1
Redcliffe Caboolture	0	0	1	1	0	0	1	1
RBWH	0	0	7	4	0	0	7	4
Sunshine Coast	0	0	2	2	0	0	2	2
The Park	0	0	15	6	4	1	19	6
The Park High Security	0	0	113	13	0	0	113	13
The Prince Charles	0	0	6	4	0	0	6	4
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	0	0	0	0	0	0
West Moreton	0	0	2	2	0	0	2	2
Wide Bay	0	0	0	0	0	0	0	0
Statewide	2	1	149	33	4	1	155	34

\*See Appendix 4 for full AMHS title

'Number of patients' is a unique count of consumers. As such, one consumer may have multiple plans or receive treatment across multiple AMHSs.

**Table 32: Application of psychiatrist report provisions**

Authorised Mental Health Service*	Occasions psychiatrist report provisions applied/potentially applied	Direction for psychiatrist report		Second psychiatrist report directed
		On request by Patient or Other	On Chief Psychiatrist initiative (public interest)	
Bayside	0	0	0	0
Belmont Private	0	0	0	0
Cairns	0	0	0	0
Central Queensland	1	1	0	0
Children's Health Queensland	0	0	0	0
Darling Downs	1	0	0	0
Gold Coast	1	0	0	0
Greenslopes Private	0	0	0	0
Logan Beaudesert	1	1	0	0
Mackay	0	0	0	0
New Farm Clinic	0	0	0	0
Princess Alexandra	0	0	0	0
Redcliffe Caboolture	0	0	0	0
RBWH	2	1	1	0
Sunshine Coast	1	1	0	0
The Park	1	1	0	0
The Park High Security	7	3	1	0
The Prince Charles	0	0	0	0
Toowong Private	0	0	0	0
Townsville	2	2	0	0
West Moreton	2	2	0	0
Wide Bay	0	0	0	0
<b>Total</b>	<b>19</b>	<b>12</b>	<b>2</b>	<b>0</b>

\*See appendix 4 for full AMHS title



**Table 33: Number of Mental Health Review Tribunal applications approved and emergency electroconvulsive therapy applications (1 July 2016 – 30 June 2017)**

Authorised Mental Health Service*	Number of MHRT applications approved	Number of emergency ECT applications
Bayside	12	10
Belmont Private	13	6
Cairns	43	12
Central Queensland	7	4
Children's Health Queensland	0	0
Darling Downs	18	10
Gold Coast	30	9
Greenslopes Private	1	0
Logan Beaudesert	19	3
Mackay	5	1
New Farm Clinic	7	2
Princess Alexandra	71	17
Redcliffe Caboolture	13	2
RBWH	120	17
Sunshine Coast	18	5
The Park	18	0
The Park High Security	2	0
The Prince Charles	45	15
Toowong Private	7	4
Townsville	26	1
West Moreton	3	0
Wide Bay	8	1
<b>Total</b>	<b>486</b>	<b>119</b>

\*See Appendix 4 for full AMHS title

## Appendix 3. Authorised mental health services

Authorised mental health services are health services that provide treatment and care to persons with a mental illness that are declared by the Chief Psychiatrist by gazette notice. An authorised mental health service may be in the public sector or private sector. Authorised mental health services are primarily responsible under the Act for the treatment and care of persons subject to Treatment Authorities, Forensic Orders and Treatment Support Orders.

A declaration by the Chief Psychiatrist may include conditions that facilitate the provision of treatment and care to persons in rural and remote areas, for example, by allowing a more limited range of services to be provided at a small rural hospital.

A high security unit is a public sector authorised mental health service declared by the Chief Psychiatrist by gazette notice. The Act places additional safeguards on admitting patients to high security units.

The schedule of authorised mental health services is at:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0021/444360/amhs\\_schedule.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0021/444360/amhs_schedule.pdf)

A small number of private sector health services have been declared as an authorised mental health service for the specific purpose of administering electroconvulsive therapy to patients who have given informed consent. This declaration ensures that private sector patients continue to have appropriate access to this treatment. 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.

The schedule of authorised mental health services specifically for the purpose of administering electroconvulsive therapy is at:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0020/444431/amhs-ect-schedule.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0020/444431/amhs-ect-schedule.pdf)

St Andrew's War Memorial Hospital has been declared an authorised mental health service for the purpose of performing non-ablative neurosurgery on a person who has given informed consent, and the Tribunal has given approval to the treatment.

This schedule is at:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0025/444562/amhs-surgery-schedule.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0025/444562/amhs-surgery-schedule.pdf)

## Appendix 4. Abbreviations

### Abbreviations – Authorised mental health service

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
Children's Health Queensland	Children's Health Queensland 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
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
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
RBWH	Royal Brisbane & Women's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast Network Authorised Mental Health Service
The Park	The Park—Centre for Mental Health Authorised Mental Health Service
The Park High Security	The Park High Security Program Authorised Mental Health Service
The Prince Charles	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

## Abbreviations – *Mental Health Act 2000*

Acronym	Full title
<b>AMHS</b>	authorised mental health service
<b>DPP</b>	Director of Public Prosecutions
<b>ECT</b>	electroconvulsive therapy
<b>EEO</b>	emergency examination order
<b>FO</b>	forensic order
<b>ITO</b>	involuntary treatment order
<b>JEO</b>	justices examination order
<b>LCT</b>	limited community treatment
<b>MHC</b>	Mental Health Court
<b>SNFP</b>	special notification forensic patient

## Abbreviations – *Mental Health Act 2016*

Acronym	Full title
<b>AMHS</b>	authorised mental health service
<b>ECT</b>	electroconvulsive therapy
<b>LCT</b>	limited community treatment
<b>QH</b>	Queensland Health
<b>R &amp; E plan</b>	reduction and elimination plan

