Chief Psychiatrist

Annual Report

2017–2018

Queensland Government

Communication objective

This annual report details the administration of the *Mental Health Act 2016* and associated activities and achievements for the 2017—2018 financial year to inform the Minister for Health and Minister for Ambulance Services, the Queensland Parliament and members of the public.

Annual report of the Chief Psychiatrist 2017–2018

Published by the State of Queensland (Queensland Health), September 2018
ISSN 2200-6370

For more information contact: Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Department of Health, PO Box 2368, Fortitude Valley BC, QLD 4006, email mha2016@health.qld.gov.au, telephone 1800 989 451 or 07 3328 9899.

An electronic version of this document is available at https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/about

To:
The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services

Dear Minister

I present the 2017–2018 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

Annual report of the Chief Psychiatrist
2017–2018

Table of contents

Message from the Chief Psychiatrist

Welcome to the Chief Psychiatrist Annual Report for the 2017–2018 financial year.

We are now over one year on from the introduction of the *Mental Health Act 2016* (Act). Since my appointment as Chief Psychiatrist on 1 August 2017, I have had the privilege of visiting many of the authorised mental health services (AMHS) across the State. Touring the facilities, meeting with Hospital and Health Service (HHS) staff and discussing the reforms being achieved through the administration of the Act along with day to day experience of its practical use in clinical situations has assisted me to understand how the Act is being implemented. Overall the Act has been well received and I commend the work of our mental health services for their ongoing dedication to providing a high standard of mental health care for patients.

The staff of this office has been busy throughout the year ensuring that the administration and enhancements of the mental health reforms in the Act continue to be achieved efficiently. Our areas of particular focus have been the reduction and elimination of seclusion and restraint, suicide prevention, education to patients and staff about advance health directives for mental health care, improved communication channels with the Queensland Police Service to improve responses for when patients are absent without approval, working with the Office of the Public Guardian in the monitoring of minors in mental health services, and continued enhancements to the way in which persons in custody with a mental illness are referred and admitted to hospital when required. I thank the staff within the office for their hard work and continued commitment to the important work of supporting HHS AMHS to support consumers with mental illness, particularly those receiving treatment under the Act.

There are many other stakeholders that the office collaborates with to enhance development in Queensland mental health services. These stakeholders include patients, carers, clinicians, primary care agencies, government and non-government agencies, and the Queensland Mental Health Commission, and I thank them for their time and contribution.

I also acknowledge the leadership and expertise of my colleagues, in particular Associate Professor Neeraj Gill and Dr Cassandra Griffin who fulfilled the responsibilities as a delegate Chief Psychiatrist during the year. I thank Dr John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch (MHAODB), for also performing these duties and for his ongoing support and wise counsel.

Looking to the 2018–19 financial year, this office will continue to review and enhance processes related to the administration of the Act. The evaluation of the Act's implementation continues, focusing on the key investment areas and identifying opportunities to improve the practical application of the Act. Within the MHAODB we will continue to encourage and support, and where appropriate lead, the quality and safety improvement efforts of Queensland's mental health and alcohol and other drugs service systems.

I look forward to the work that we have planned for this year to further enhance mental health care for Queenslanders.

Dr John Reilly
Chief Psychiatrist

Administration of the *Mental Health Act 2016*

This section highlights some of the key developments and activities in the administration of the Act during the 2017–2018 reporting period. The Chief Psychiatrist's 2016–2017 report highlighted the range of activities undertaken to support the commencement of the Act including education and training for staff across a number of government agencies, information and resource development for mental health service consumers and their support persons, information system enhancements and the development of extensive policy, practice guidelines and operational resources.

Maintenance and development of core resources and functional requirements is ongoing and, as anticipated, required particular attention in this reporting period as day to day operational use identified specific issues. A significant focus of the Office of the Chief Psychiatrist was continuing collaboration with key agencies (such as the Mental Health Review Tribunal, Queensland Ambulance Service and Queensland Police Service) to ensure effective operation of legislative processes; ongoing engagement with Authorised Mental Health Service staff through a range of forums; amendment and development of the Chief Psychiatrist practice guidelines, forms and information resources to clarify requirements and facilitate understanding of the Act's intent, and information system changes to further enhance efficiency and accuracy.

Evaluation of the implementation of the Act

While timely response to emerging operational issues has been a key focus, significant progress has also been made with a comprehensive evaluation of the implementation of the Act (evaluation project).

The evaluation project was established to examine how the objectives and principles of the Act have been applied to mental health service provision and how the key legislative changes introduced by the Act have been implemented. The evaluation project is particularly focused on key investment areas and identifying opportunities to improve the practical application of the Act.

During the 2017–2018 reporting period, the evaluation project has been collecting quantitative and qualitative data. A major component of this phase was obtaining the views of patients, carers, support persons, service providers, victims and interested members of the community through a range of stakeholder feedback processes. Community forums were held in March 2018 in Townsville and Brisbane and surveys on a range of evaluation topics were available from February to June 2018 to ensure broad engagement from members of the community in the evaluation process.

The evaluation project will deliver a report during the 2018–19 reporting period, which will include recommendations to inform the ongoing work of the Office of the Chief Psychiatrist.

Amendment to the Act

Prisoners and detainees are routinely transferred from places of custody, such as prisons and watch houses, to inpatient mental health facilities for acute mental health assessment and treatment.

In March 2018, an amendment to the Act was made to continue the policy position of the repealed *Mental Health Act 2000* and recognise time spent in an Authorised Mental Health Service as time served on remand or as part of a sentence. This amendment ensures there is no ambiguity in relation to recognising periods in an Authorised

Mental Health Service as a classified patient admission, particular judicial orders or particular forensic orders, as periods of detention or imprisonment.

The Act introduced inpatient and community categories for Forensic Orders and Treatment Support Orders. This supports recovery oriented practices and makes clearer when a patient is receiving treatment and care predominantly as an inpatient or in the community. Accordingly, the amendment clarified that when a person is subject to an order and the category of that order is community, the time is not counted toward a period of imprisonment, as this period is more akin to bail.

The amendments also introduced new information sharing provisions, internal to government, which ensure prosecuting and corrective service authorities can correctly calculate the time spent as an inpatient in an Authorised Mental Health Service under an order made by the Mental Health Court if the person is, at a later time, convicted for the offence.

As the operation of the Act continues to be refined in coming years, further amendments to the Act may be considered as necessary to facilitate other reforms in Queensland.

'Less restrictive way' in treatment and care

'Less restrictive way' is a key change introduced by the Act and requires consideration to be given to alternatives to involuntary treatment and care; in particular, the Act promotes the use of Advance Health Directives (AHD) and substituted decision making where a person's mental health treatment and care needs can be appropriately met using these mechanisms.

In line with recovery-oriented practice, AHDs allow individuals to provide consent for future mental health care, and to document their views, wishes and preferences about future mental health treatment and care should they become unwell and lack the capacity to make decisions. To support clinicians in implementing the Act, funding was provided to Aged and Disability Advocacy Australia and Queensland Advocacy Incorporated to deliver a training package, "AHD for Mental Health" to health practitioners. Over 40 sessions were delivered in Hospital and Health Services across the State and were very positively received with attendance by approximately 1,000 clinicians. A training site on AHD for Mental Health has also been developed and includes education resources for both consumers and clinicians.

These resources are available at https://adaaustralia.com.au by searching 'advance health directives mental health'.

In addition, the Gold Coast Hospital and Health Service hosted a three-month project to develop a suite of resources to outline good practice and promote a consistent statewide approach to delivering treatment and care in a less restrictive way. This includes guidelines and tools to support decision making, capacity assessment, and treatment under substitute consent arrangements. The resources were informed by an expert reference group, made up of a range of specialty areas and services, as well as consultation to ensure the resources met clinical needs across the spectrum of mental health service delivery. The resources will be published in the next reporting period.

The Office of the Chief Psychiatrist is also working with the Department of Justice and Attorney General in their development of new forms for AHDs and Enduring Powers of Attorney.

Patient rights

Ensuring patients and their support persons receive appropriate information is fundamental to protecting individual rights under the Act. In addition to information provided by their treating team, patients also have access to Independent Patient Rights Advisers (IPRA) in all public sector Authorised Mental Health Services. The IPRA role is a significant reform introduced by the Act to further assist patients to understand their rights, facilitate collaboration with treating teams regarding treatment and care, and ensure appropriate support for patients in Mental Health Review Tribunal hearings.

"The role of the IPRA has become invaluable in our dealings with patients/clients... Rapport and therapeutic alliance have become easier to achieve, resulting in better information and therefore better decisions." Service testimonial

As at 30 June 2018, there were 24 full time equivalent IPRA appointed across Queensland servicing all Hospital and Health Services including outreach support for patients in rural areas. IPRA work across inpatient and community settings, with a large proportion of services (79 per cent) being provided within an inpatient setting. While the role necessitates interaction with a range of individuals including the patient's support persons and treating clinicians, 74 per cent of IPRA service delivery is directly with patients.

The Statewide Coordinator for IPRA reports to the Chief Psychiatrist and is responsible for providing support and leadership to the statewide IPRA Network. This Network conducted regular teleconference and videoconference meetings as well as three statewide forums in the reporting period, providing opportunities for discussion of key issues and themes relating to rights, professional development and networking. An ongoing focus of work for the IPRA Network is consolidating consistent statewide practice.

A key resource developed in the reporting period is a patient rights video; a noteworthy enhancement to the existing suite of patient rights documents available at www.health.qld.gov.au. Impetus for this came from the West Moreton Hospital and Health Service, which was funded to develop the video which identifies the rights of patients and carers under the Act and explains the role of the IPRA. The video is available in various formats which enables Authorised Mental Health Services to televise the video (for example, in inpatient units) or to make it available to patients via mobile phones, local internet sites, and other social media options.

"Without your knowledge of the new Mental Health Act I would not have understood my rights at my Mental Health Review Tribunal. You helped me request an adjournment to give me time to seek legal representation and review my report. You were proactive in your support and motivated me to have a voice when attending my hearing. The help you gave me in completing my self-report was the reason I was prepared and confident in sharing my views at the hearing. I have been at hearings previously where I felt unheard and talked about, not with. Thank you for explaining things to me in a way that I understood and for listening to me and acting quickly on the concerns I raised. I am now back home, on the medication I requested, and settling back into my normal routine." Patient testimonial

Victim information

The Act provides a number of processes to support victims of crime when an offender is assessed as having a mental illness or intellectual disability. These provisions include entitlements for victims to receive information about the patient that is relevant to the victim's safety and wellbeing. The Chief Psychiatrist is responsible for deciding applications from eligible applicants and, if approved, information is provided to victims via the Queensland Health Victim Support Service.

The Chief Psychiatrist may make an Information Notice in relation to a person who is subject to a Forensic Order or Treatment Support Order. The Information Notice allows specific information such as Mental Health Review Tribunal review dates and decisions to be provided to a victim, a close relative of the victim, or other person affected by an offence.

From 1 July 2017 to 30 June 2018, the Chief Psychiatrist received 20 Information Notice applications. Eighteen applications were approved and two applications were pending decision as at 30 June 2018.

As at 30 June 2018, there were 138 Information Notices in place in relation to Forensic Order and Treatment Support Order patients.

The Chief Psychiatrist may also provide particular information about a classified patient to a victim or other person affected by an offence. A classified patient is a person admitted to an Authorised Mental Health Service from a place of custody.

From 1 July 2017 to 30 June 2018, 14 applications were received by the Chief Psychiatrist in relation to classified patients. Three applications were not approved due to insufficient information however these applicants were later approved to receive classified patient information. One application was not approved as the patient was no longer a classified patient at the time the application was received.

As at 30 June 2018, six applicants were registered to receive information about classified patients.

Information relating to victim support is available on the Act website www.health.qld.gov.au/mental-health-act. Select 'Patient rights and support' from under 'Key topics'.

Monitoring compliance

A key function of the Chief Psychiatrist under the Act is facilitating the proper administration of the Act including monitoring and auditing compliance with the legislative provisions.

Non-compliance with legislative requirements may be identified in a range of ways including regular and ad hoc reporting from the Consumer Integrated Mental Health Application (CIMHA), the statewide mental health patient database. Most commonly, non-compliance is identified by clinical and administrative staff at the Authorised Mental Health Service. The Chief Psychiatrist policy on Notification of Critical Incidents and Non-Compliance with the Act requires Authorised Mental Health Service Administrators to ensure the Chief Psychiatrist is notified of a critical incident or significant non-compliance with the Act. Particular attention is given to compliance with legislative and policy requirements that have significant impact on individual rights and liberty including, for example, involuntary detention and the use of restrictive practices such as seclusion and restraint.

The Office of the Chief Psychiatrist ensures that all individual instances of non-compliance are appropriately responded to by the Authorised Mental Health Service. Where relevant, the service Administrator

will review the circumstances and advise on actions taken to minimise opportunity for recurrence. Issues are also monitored from a statewide perspective to identify the need for broader system improvements. This may include, for example, changes to statewide policy, development of additional clinician resources or information system enhancements.

The Chief Psychiatrist has statutory powers to investigate a matter or appoint an inspector to investigate a matter. A range of mechanisms operate in the health system to review or investigate incidents that may relate to non-compliance. This includes, for example, local clinical reviews, root cause analyses or investigations under the *Hospital and Health Boards Act 2011*, or investigations conducted by the Health Ombudsman. The Chief Psychiatrist's decision to undertake an investigation under the *Mental Health Act 2016* takes into account other review processes that are occurring or proposed to occur and, where appropriate, liaison occurs with the relevant entity to understand the findings, recommendations and remedial actions.

There were no investigations commissioned by the Chief Psychiatrist under section 310 of the Act in the reporting period. In addition, no directions were given by the Minister under section 312 in relation to matters considered by the Minister as requiring immediate review by the Chief Psychiatrist.

Information on the policy is available on the Act website www.health.qld.gov.au/mental-health-act.

Safety and Quality Initiatives

The administration of the *Mental Health Act 2016* is one of a range of functions within the Office of the Chief Psychiatrist aimed at improving mental health care outcomes. This section outlines some of the key initiatives supported or led by the Office of the Chief Psychiatrist, working with other components of Queensland Health, including Hospital and Health Services, the wider Mental Health Alcohol and Other Drugs Branch and the Clinical Excellence Division of the Department of Health, and also with other stakeholders, to improve safety and quality within the mental health, alcohol and other drug service system. It highlights key activities and achievements in the reporting period.

Suicide Prevention in Health Services Initiative

In April 2016, $9.6 million was allocated to the Suicide Prevention in Health Services Initiative to help contribute to a measurable reduction in suicide and its effects on Queenslanders.

The Initiative is funded for four years (2016–17 to 2019–20) and comprises three components:

- the operation of the Suicide Prevention Health Taskforce as a partnership between the Department of Health, Hospital and Health Services (HHS), Primary Health Networks and people with a lived experience of suicide
- multi-incident analysis of suspected suicide deaths of individuals who had a recent contact with a health service
- continued implementation of training in suicide risk assessment and management in emergency departments.

The *Suicide Prevention in Health Services Initiative: Year 2 Progress Report* sets out key achievements for 2017–2018. Notable achievements include the roll out of the Zero Suicide in Healthcare Multi-site Collaborative. Ten HHS are participating in an 18-month project to implement the Zero Suicide in Healthcare framework using collaborative methodology. All ten HHS have established project leads and governance structures, and have undertaken an organisational self-assessment survey to inform the development of their work plan as well as a whole of service workforce survey. The first Learning Session for the Multi-site Collaborative was held in February 2018 for the ten project teams and executive sponsors.

Significant progress was also made on the Multi-incident Analysis of Suspected Suicides; an in-depth analysis of health service system factors related to the suspected suicide deaths of individuals who had contact with a HHS within one month of death. A total of 79 cases from the cohorts of children and young people, Aboriginal and Torres Strait Islander people, older people, and the acute mental health care pathway met the criteria for clinical review. Forty expert panel members from across Queensland completed clinical reviews of these cases from the perspectives of clinicians, patients, carers, and cohort specialists, totalling 237 in-depth reviews. Lived experience representatives joined the panels to help draft recommendations for health service delivery improvements. Draft recommendations were prepared for consideration in the next reporting period.

Training for emergency department clinicians has been an ongoing focus in the reporting period. As at 30 June 2018, 1,362 individuals have participated in some aspect of the Suicide Risk Assessment and Management in Emergency Department (SRAM-ED) settings training. A total of 224 clinicians statewide have been trained as facilitators to deliver the SRAM-ED training locally within their HHS.

Information and updates are available at www.clinicalexcellence.qld.gov.au by searching 'Suicide prevention in health services initiative'.

Queensland Health response to *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services (2016)*

The Office of the Chief Psychiatrist is leading the implementation of the Queensland Health response to the *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* report which is aimed at improving the mental health service system for all patients, and particularly those who pose a risk of violence to others, with a view to minimising or preventing the occurrence of fatal events.

The response focuses on early intervention and prevention, excellence in clinical practice and service provision, and a culture of safety and quality assurance that encourages ongoing monitoring and review of a patient's risk profile and management plan. This will be achieved through various initiatives including: building a clinical workforce that is informed and supported by stepped escalation and review processes; the development of specific knowledge and skills and greater engagement, support and safety planning for families and others who may be at risk; and access to specialist support and services to identify, assess and manage violence risk.

A key project undertaken in the reporting period was the development of a draft violence risk assessment and management framework for mental health services. Developed in consultation with mental health services, specialist forensic services, and patient and carer representatives, the framework provides mental health services with a systematic approach for the identification, assessment, and management of patients who pose a risk of violence towards others. The framework supports a structured and standardised approach through the provision of a three-tiered model, principles of good practice, clinical tools to underpin clinical expertise, and training.

The draft framework will be piloted from July 2018 to January 2019 in Metro South, North West, Townsville, Mackay, and Children's Health Queensland HHS. Approximately 130 senior clinicians participating in the pilot completed the Violence Risk Assessment and Management (the QC30) training to support the comprehensive assessment and management planning required at Tier 2 of the framework.

An evaluation of the pilot and associated training will be undertaken in early 2019 with statewide implementation expected to commence in March 2019.

Further information including progress reports are available at www.publications.qld.gov.au by searching 'Mental health sentinel events review 2016'.

Mental Health Alcohol and Other Drugs Quality Assurance Committee

The Mental Health Alcohol and Other Drugs Quality Assurance Committee was established by the Director-General of Queensland Health in September 2017 under the governance of the Office of the Chief Psychiatrist. The Committee meets an identified need for quality assurance oversight and improvement of mental health, alcohol and other drugs service delivery. Recommendations from a range of internal and external reviews including

the report *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*, support the function of an oversight committee to examine the effectiveness and quality of care by mental health and alcohol and other drugs services in Queensland.

Quality Assurance Committees are committees established under the *Hospital and Health Boards Act 2011* to improve the safety and quality of health services. The Mental Health Alcohol and Other Drugs Quality Assurance Committee is chaired by the Chief Psychiatrist. Expressions of interest were circulated to public mental health, alcohol and other drugs services in late 2017 to invite nomination from members with training and experience appropriate to its function.

The Committee has been established to improve the safety and quality of public mental health, alcohol and other drugs services by reviewing and analysing relevant investigation and audit findings to inform continuous improvement, implementation of reform strategies and the provision of quality and safe care. The Committee also assesses and evaluates the quality of relevant health services including making recommendations for service improvement.

In line with reporting requirements set out in the *Hospital and Health Boards Regulation 2012*, the Committee will provide a triennial report on its activities to the Director-General of Queensland Health, with the first report due in 2020. Reports will be publicly available.

The Committee met four times in the 2017–2018 reporting period with an initial focus on formulating its direction, approach, and inaugural work activities. This has included consideration of how to best support reliable identification of types of incidents and improve the quality of investigation findings and recommendations.

Mental Health Alcohol and Other Drugs Statewide Clinical Network

The Mental Health Alcohol and Other Drugs Statewide Clinical Network, established in 2013, is principally comprised of clinicians and is supported by the Office of the Chief Psychiatrist. Its main objective is to facilitate improvement in consumer outcomes in public sector mental health alcohol and other drug services by addressing identified gaps in service quality, safety, equity and accessibility. The Network functions as part of the Queensland Health statewide clinical leadership structure, and provides an opportunity for clinicians and senior leaders to engage in planning, priority setting, information sharing and system improvement in key areas.

The Network contributes to statewide activity on key issues in health through representation on the Queensland Clinical Senate and relevant other committees including the Suicide Prevention Health Taskforce and the steering committee overseeing the implementation of the Queensland Health response to the *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* report. The Network is also responsible for high-level review and endorsement of relevant Queensland Health guidelines, models of service and other clinical and strategic documents.

The Network undertakes or funds specific work in line with agreed priorities. In 2017–2018 the Network priorities included mental health and alcohol and other drugs service integration; models of care; consumer and carer engagement; recovery-oriented care and least restrictive practice; care planning and supporting the implementation of the *Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021*.

The Network achieved a number of key objectives in the reporting period. For

example, work towards effective integration of Queensland Health mental health services and alcohol and other drugs services was supported through a project to map integrated care at the service level against identified good practice principles. The Network funded the development of a statewide online resource to assist clinicians to engage more effectively with consumers experiencing substance misuse problems by considering consumer health literacy levels. In addition, the Network maintained a focus on recovery oriented care and least restrictive practice, through:

- data analysis to identify positive change over time and areas for improvement
- exploration of staff perceptions of barriers to recovery-oriented service delivery
- consideration of potential solutions to identified problems related to physical restraint and absence without permission
- input into work being progressed by the Queensland Occupational Violence Strategy Unit within Queensland Health.

Queensland Electroconvulsive Therapy Committee

The Queensland Electroconvulsive Therapy Committee, governed by the Chief Psychiatrist, is comprised principally of clinicians and provides expert advice and statewide leadership in the delivery of electroconvulsive therapy (ECT) in Queensland. Its focus is the improvement of safety, quality, equity and efficiency of ECT, as well as training requirements, practice and delivery of ECT.

A key focus in the reporting period has been establishment of a biannual ECT register which expands statewide data collection on the use of ECT in private and public sector Authorised Mental Health Services. While reporting on the use of non-consensual ECT is well established, processes are now also in place to collect and analyse data on consensual as well as non-consensual ECT. Data will be reported and reviewed by the ECT Committee on a six-monthly basis.

In addition, the ECT Committee, in collaboration with the Office of the Chief Psychiatrist, reviewed and updated the Queensland Health ECT consumer and carer information brochure and guide. In association with this review, the Gold Coast Hospital and Health Service also produced an on-line multi-media resource for consumers and carers.

ECT consumer and carer information brochure and guide is available on the Act website www.health.qld.gov.au/mental-health-act. Select 'Treatment and care' from under 'Key topics'.

Reporting on the *Mental Health Act 2016*

Reporting on the *Mental Health Act 2016*

This section sets out information about how legislative processes are applied in Authorised Mental Health Services, including those matters that are required to be reported in the Annual Report of the Chief Psychiatrist under section 307 of the Act.

The primary data source for the Annual Report is the Consumer Integrated Mental Health Application (CIMHA).

Authorised Mental Health Service abbreviations are set out in Appendix 1.

Overview of patients subject to involuntary assessment, treatment, care or detention under the *Mental Health Act 2016*

Table 1 below provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2018.

A small number of patients were subject to more than one involuntary status category at that time; for example, a patient receiving treatment and care under a Treatment Authority who is transferred to an Authorised Mental Health Service (AMHS) from custody as a classified patient. The total number of patients reported per service provides a unique count of patients for each AMHS.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2018

Authorised Mental Health Service	Involuntary assessment	Treatment Authorities	Treatment Support Order	Forensic Order	Classified patients	Total patients
Bayside	1	119	4	22	2	146
Belmont Private	0	20	0	0	0	20
Cairns	1	315	10	47	1	371
Central Queensland	2	317	2	28	0	349
Children's Health Queensland	0	8	0	1	0	9
Darling Downs	0	309	13	62	1	383
Forensic Disability Service	0	0	0	7	0	7
Gold Coast	5	510	16	49	3	580
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	1	283	5	50	1	339
Mackay	1	161	3	19	2	183
New Farm Clinic	0	13	0	0	0	13
Princess Alexandra Hospital	2	483	16	82	3	584
Redcliffe Caboolture	1	232	5	35	0	273
RBWH	0	601	13	58	3	673
Sunshine Coast	1	303	5	43	1	351
The Park	0	16	0	37	0	53
The Park High Security	0	49	0	43	25	92
The Prince Charles Hospital	0	353	8	62	1	424
Toowong Private	0	6	0	0	0	6
Townsville	3	308	8	72	1	390
West Moreton	1	233	12	59	0	304
Wide Bay	0	124	6	34	0	164
Statewide	**19**	**4764**	**126**	**810**	**44**	**5715**

Involuntary assessment

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

The involuntary process usually commences with a Recommendation for Assessment however, in some circumstances, the Recommendation for Assessment is preceded by an examination authorised under another legislative process such as an Examination Authority or an Emergency Examination Authority[1].

A Recommendation for Assessment may be made by a doctor or authorised mental health practitioner. The purpose of the assessment is to decide whether a Treatment Authority should be made. In some instances the assessment may reveal that the person has an existing involuntary order or authority in which case a new Treatment Authority is not required.

[1]An Emergency Examination Authority is issued under the Public Health Act 2005 to allow police and ambulance officers to detain and transport a person to a PSHSF in emergency circumstances without their consent so that the person may receive appropriate assessment, treatment and care.

Table 2: Involuntary assessment: entry pathway, location and outcome (1 July 2017 - 30 June 2018)

Authorised Mental Health Service	Involuntary assessment entry pathway				Total assessments	Assessment outcome		
	Recommendation alone	Recommendation preceded by Examination Authority	Recommendation preceded by Emergency Examination Authority	Other (e.g. assessment of person from interstate)		Treatment Authority made	Treatment Authority not made	Pre-existing involuntary status
Bayside	370	15	4	0	389	260	124	4
Belmont Private	54	0	0	0	54	46	8	0
Cairns	758	7	130	0	895	502	385	8
Central Queensland	293	7	36	0	336	241	94	0
Children's Health Queensland	99	0	16	0	115	80	35	0
Darling Downs	503	15	138	0	656	472	183	1
Gold Coast	1474	16	302	2	1794	1172	578	43
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	678	31	51	0	760	449	309	2
Mackay	294	1	188	0	483	268	211	4
New Farm Clinic	44	0	0	0	44	44	0	0
Princess Alexandra Hospital	950	28	80	0	1058	698	354	5
Redcliffe Caboolture	590	9	76	0	675	449	225	1
RBWH	1137	23	430	2	1592	1101	471	23
Sunshine Coast	496	8	103	0	607	445	161	2
The Park	0	0	0	0	0	0	0	0
The Park High Security	1	0	0	0	1	1	0	0
The Prince Charles Hospital	799	12	133	1	945	669	272	4
Toowong Private	15	0	0	0	15	14	1	0
Townsville	670	8	93	0	771	330	439	2
West Moreton	335	18	182	0	535	334	195	6
Wide Bay	343	6	75	0	424	282	141	1
Statewide	**9903**	**204**	**2037**	**5**	**12149**	**7857**	**4186**	**106**

Examination Authorities

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

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

The Examination Authority authorises a doctor or authorised mental health practitioner to examine the person to determine whether a Recommendation for Assessment should be made. It is in force for seven days.

Table 3: Examination Authorities issued and outcomes (1 July 2017 - 30 June 2018)

Authorised Mental Health Service	Examination Authorities issued	Outcome		
		Recommendation made	Recommendation not made	
			Examination Authority ended before examination	Examination did not result in Recommendation
Bayside	35	15	5	15
Belmont Private	0	0	0	0
Cairns	13	7	1	5
Central Queensland	13	7	1	5
Children's Health Queensland	0	0	0	0
Darling Downs	35	15	3	17
Gold Coast	29	16	6	7
Greenslopes Private	0	0	0	0
Logan Beaudesert	71	31	7	33
Mackay	3	1	0	2
New Farm Clinic	0	0	0	0
Princess Alexandra Hospital	65	28	10	27
Redcliffe Caboolture	18	9	1	8
RBWH	27	23	2	2
Sunshine Coast	19	8	1	10
The Park	0	0	0	0
The Park High Security	0	0	0	0
The Prince Charles Hospital	29	12	4	13
Toowong Private	0	0	0	0
Townsville	12	8	3	1
West Moreton	52	18	8	26
Wide Bay	19	6	5	8
Statewide	**440**	**204**	**57**	**179**

Persons transferred from a place of custody

The Act makes provision for a person to be transferred from a place of custody (e.g. prison or watch house) to an Authorised Mental Health Service (AMHS) for assessment or treatment of mental illness. The person is admitted as a classified patient. The Act also makes provisions for the person's return to custody when they no longer require inpatient treatment and care.

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

- A Transfer Recommendation is made when a person in custody:
  - is consenting to treatment and care in an AMHS i.e. the transfer is for voluntary treatment
  - is already subject to an order or authority under the Act i.e. the transfer is for involuntary treatment
- A Recommendation for Assessment is made when the person is not able to consent to the transfer and is not subject to an order or authority under the Act i.e. the transfer is for assessment.

In all circumstances, the person's transfer to an AMHS requires the consent of both the person's custodian and the AMHS Administrator. The consent of the custodian and the Administrator must take account of risk to the safety of the person or others.

Table 4: Classified patient referrals and admissions (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Total referrals	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
		Ended in reporting period	Open as at 30 June 2018	Recommendation for Assessment	Transfer Recommendation		
				Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	14	4	1	3	1	3	7
Belmont Private	0	0	0	0	0	0	0
Cairns	15	1	0	9	2	2	13
Central Queensland	9	2	0	6	1	0	7
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	32	10	0	19	0	2	21
Gold Coast	48	24	0	20	3	1	24
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	39	20	2	11	3	5	19
Mackay	12	2	0	7	3	0	10
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	34	17	1	8	2	6	16
Redcliffe Caboolture	25	12	0	13	2	0	15
RBWH	36	13	0	15	7	2	24
Sunshine Coast	26	9	2	7	7	0	14
The Park	0	0	0	0	0	0	0
The Park High Security	52	14	0	22	11	0	33
The Prince Charles Hospital	19	6	1	11	2	0	13
Toowong Private	0	0	0	0	0	0	0
Townsville	17	0	0	10	7	1	18
West Moreton	30	9	0	15	5	1	21
Wide Bay	12	4	0	6	1	1	8
Statewide	**420**	**147**	**7**	**182**	**57**	**24**	**263**

Treatment Authorities

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

If the authorised doctor who made the Treatment Authority is not a psychiatrist, an authorised psychiatrist must complete a second examination and decide whether to confirm or revoke the Treatment Authority. The second examination must be completed within three days. The Treatment Authority ends after three days if it is not confirmed or revoked.

When a Treatment Authority is made, the authorised doctor must determine whether the patient is to receive treatment as an inpatient or in the community. The community category is the default category unless the person's treatment and care needs cannot be met in the community. An authorised doctor may change the category of the Treatment Authority at any time during the person's treatment.

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

The MHRT is also responsible for reviewing patients on a Forensic Order or Treatment Support Order. Subject to the Act's requirements, the MHRT may revoke the Order and make a Treatment Authority for the person.

Table 5: Treatment Authorities made (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Treatment Authority made by		Category of initial order		Total Treatment Authorities made	Treatment Authority made by authorised doctor		
	Authorised doctor	MHRT	Community	Inpatient		Second examination required	Outcome	
							Treatment Authority confirmed	Treatment Authority not confirmed
Bayside	258	0	4	254	258	199	152	47
Belmont Private	50	0	0	50	50	2	1	1
Cairns	512	0	12	500	512	231	213	18
Central Queensland	241	1	9	233	242	174	152	22
Children's Health Queensland	83	0	1	82	83	55	25	30
Darling Downs	481	0	4	477	481	324	249	75
Gold Coast	1186	0	7	1179	1186	965	691	274
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	457	0	7	450	457	338	262	76
Mackay	278	0	10	268	278	202	152	50
New Farm Clinic	42	0	0	42	42	12	12	0
Princess Alexandra Hospital	701	0	7	694	701	488	403	85
Redcliffe Caboolture	448	0	5	443	448	321	224	97
RBWH	1122	0	12	1110	1122	980	773	207
Sunshine Coast	475	0	25	450	475	268	208	60
The Park	0	0	0	0	0	0	0	0
The Park High Security	22	0	0	22	22	2	2	0
The Prince Charles Hospital	683	0	7	676	683	530	358	172
Toowong Private	13	0	0	13	13	0	0	0
Townsville	334	0	11	323	334	184	146	38
West Moreton	342	0	9	333	342	248	168	80
Wide Bay	287	0	5	282	287	189	133	56
Statewide	**8015**	**1**	**135**	**7881**	**8016**	**5712**	**4324**	**1388**

A Treatment Authority is required to be revoked if the person no longer meets the treatment criteria or if there is a less restrictive way for the patient to receive treatment for their mental illness. A Treatment Authority may be revoked at any time by an authorised doctor or the Mental Health Review Tribunal (MHRT).

As identified above, a Treatment Authority also ends if a second examination by an authorised psychiatrist is required, and the Treatment Authority is not confirmed or revoked by the psychiatrist within the three day period.

In a very small number of circumstances, a Treatment Authority is made for a person who is already subject to an order or authority under the Act, and therefore the Treatment Authority is ended. This usually occurs in emergency situations where the Treatment Authority is made to ensure the person receives necessary treatment and care.

A Treatment Authority also ends if the Mental Health Court makes a Forensic Order (mental health) or Treatment Support Order for the patient or if the patient is transferred interstate or is deceased.

Treatment Authorities open as at 30 June 2018

Total Treatment Authorities	Treatment Authority category	
	Community	Inpatient
4764	3924	840

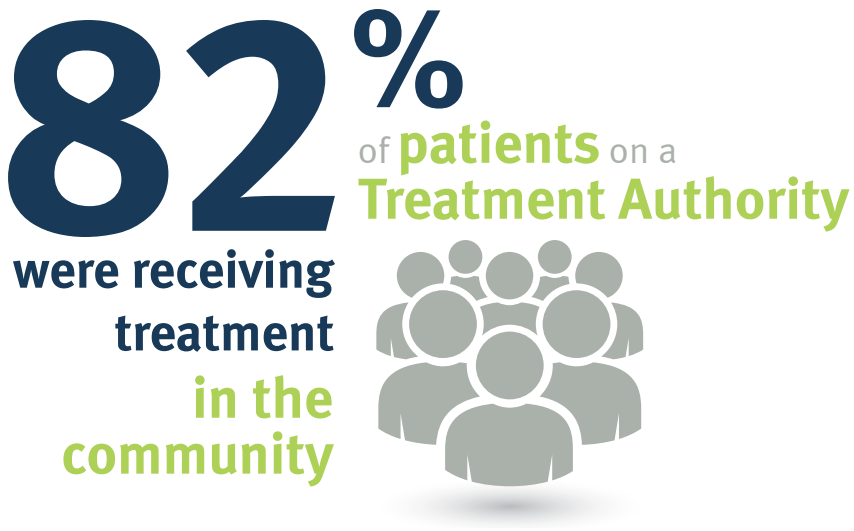

Table 6: Treatment Authorities ended (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Pre-existing involuntary status	Treatment Authority not revoked or confirmed within the timeframe	Treatment Authority revoked		Forensic Order made	Treatment Support Order made	Transfer interstate	Patient deceased	Total Treatment Authorities ended
			Authorised doctor	MHRT					
Bayside	0	9	211	3	1	0	0	1	225
Belmont Private	0	2	65	1	0	0	0	0	68
Cairns	0	0	509	12	4	0	0	3	528
Central Queensland	0	2	136	3	2	0	0	3	146
Children's Health Queensland	0	13	66	1	0	0	0	0	80
Darling Downs	0	5	417	13	5	1	0	5	446
Gold Coast	1	29	1061	17	6	1	3	6	1124
Greenslopes Private	0	0	1	0	0	0	0	0	1
Logan Beaudesert	0	28	515	6	3	0	0	4	556
Mackay	0	0	249	1	0	0	0	6	256
New Farm Clinic	0	0	50	0	0	0	0	0	50
Princess Alexandra Hospital	0	17	576	11	9	0	0	3	616
Redcliffe Caboolture	0	16	402	1	1	0	0	1	421
RBWH	1	22	827	6	3	0	0	16	875
Sunshine Coast	0	13	439	2	3	0	0	4	461
The Park	0	0	0	0	1	0	0	0	1
The Park High Security	0	0	12	2	5	0	0	0	19
The Prince Charles Hospital	1	46	646	0	3	0	0	7	703
Toowong Private	0	0	28	0	0	0	0	0	28
Townsville	0	7	327	1	7	0	0	2	344
West Moreton	0	10	312	4	3	0	0	3	332
Wide Bay	0	14	263	0	0	1	0	3	281
Statewide	**3**	**233**	**7112**	**84**	**56**	**3**	**3**	**67**	**7561**

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence[2]. The psychiatrist report provides an opinion on whether a person was of unsound mind at the time of the alleged offence and whether the person is fit for trial. A report may be used to inform a decision about referring a matter to the Mental Health Court and, if the matter is referred, to assist the Court in its deliberations.

An involuntary patient charged with a serious offence (or someone on their behalf) is entitled to request a psychiatrist report at no cost. The Chief Psychiatrist will direct the report be prepared on confirming that legislative requirements are met.

The Chief Psychiatrist may also direct a psychiatrist report for a person if the Chief Psychiatrist believes it is in the public interest.

When a direction for a psychiatrist report has been given by the Chief Psychiatrist, criminal proceedings against the person in relation to the offence are suspended.

The Chief Psychiatrist may request a second psychiatrist report; for example, due to the complexity of the matters in the report. No second psychiatrist reports were directed in the reporting period.

An authorised psychiatrist has 60 days to complete the report. The Chief Psychiatrist may extend this timeframe for a further 30 days if required.

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

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

References to Mental Health Court made following Chief Psychiatrist direction for a psychiatrist report (1 July 2017 - 30 June 2018)

Total references made	Reference by Chief Psychiatrist (Public Interest)	Not referred in reporting period
106	63	43

[2]Serious offence includes offences such as arson, grievous bodily harm, indecent treatment, robbery, rape, serious assault and manslaughter but does not include offences such as common assault and most forms of willful damage.

Table 7: Application of psychiatrist report provisions (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Occasions when patient was eligible to apply for report	Direction for psychiatrist report	
		On request by patient or other	On Chief Psychiatrist initiative (public interest)
Bayside	3	1	0
Belmont Private	0	0	0
Cairns	13	9	0
Central Queensland	6	4	0
Children's Health Queensland	1	0	0
Darling Downs	3	1	0
Gold Coast	22	6	0
Greenslopes Private	0	0	0
Logan Beaudesert	9	8	0
Mackay	8	8	1
New Farm Clinic	0	0	0
Princess Alexandra Hospital	17	6	0
Redcliffe Caboolture	2	2	0
RBWH	12	10	1
Sunshine Coast	40	9	0
The Park	1	0	0
The Park High Security	11	7	1
The Prince Charles Hospital	8	3	1
Toowong Private	0	0	0
Townsville	22	16	0
West Moreton	13	6	0
Wide Bay	6	5	1
Statewide	**197**	**101**	**5**

Forensic Orders

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

The Court also determines the Order type:

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

In addition, the Court must decide if the patient requires treatment as an inpatient of an Authorised Mental Health Service (AMHS) or if the person can reside in the community. The Court may decide the category is community only if there is not an unacceptable risk to the safety of the community because of the person's mental condition[3].

Forensic Orders (Criminal Code) are made by the Supreme Court or District Court and require a person to be admitted to an AMHS to be dealt with under the Act. Within 21 days of the order being made, the Mental Health Review Tribunal must review the forensic order (Criminal Code) to decide whether to make a Forensic Order (disability) or Forensic Order (mental health) at which time the Forensic Order (Criminal Code) ends.

In a small number of cases, a person may be receiving treatment under both a Forensic Order (disability) and a Forensic Order (mental health) to ensure their needs are met for each condition.

[3]A number of matters before the Mental Health Court in the reporting period were referred and therefore determined under the *Mental Health Act 2000*. Community category was not available under that Act however limited community treatment approval applied to authorise a person's residence in the community.

Table 8: Forensic Orders made (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Forensic Order type (when made)			Forensic Order category (when made)		Total Forensic Orders made
	Forensic Order (Criminal Code)	Forensic Order (disability)	Forensic Order (mental health)	Community	Inpatient	
Bayside	0	1	3	1	3	4
Belmont Private	0	0	0	0	0	0
Cairns	0	3	5	0	8	8
Central Queensland	0	2	2	2	2	4
Children's Health Queensland	0	0	0	0	0	0
Darling Downs	0	2	7	0	9	9
Gold Coast	0	1	7	3	5	8
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	0	1	3	1	3	4
Mackay	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	11	2	9	11
Redcliffe Caboolture	0	1	2	0	3	3
RBWH	0	2	3	0	5	5
Sunshine Coast	0	0	3	0	3	3
The Park	0	0	1	0	1	1
The Park High Security	1	0	10	2	9	11
The Prince Charles Hospital	0	2	7	1	8	9
Toowong Private	0	0	0	0	0	0
Townsville	0	2	9	0	11	11
West Moreton	0	2	7	2	7	9
Wide Bay	0	4	1	0	5	5
Statewide	**1**	**23**	**81**	**14**	**91**	**105**

The Mental Health Review Tribunal (MHRT) must review a person's Forensic Order every six months to decide whether to confirm or revoke the Order. If a person is subject to more than one Forensic Order, both orders are independently reviewed by the MHRT.

If the MHRT revokes the Forensic Order, it may make a Treatment Support Order, a Treatment Authority or no further order.

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

Forensic Orders open as at 30 June 2018

Total Forensic Orders	Forensic Order type		Forensic Order category	
	Forensic Order (disability)	Forensic Order (mental health)	Community	Inpatient
811	109	702	545	266

Table 9: Forensic Orders ended (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Forensic Order revoked		Patient found fit for trial	Patient transferred interstate	Patient deceased	Total Forensic Orders ended
	Treatment Support Order made	No other order made				
Bayside	4	0	0	0	0	4
Belmont Private	0	0	0	0	0	0
Cairns	6	0	0	0	1	7
Central Queensland	3	0	0	0	0	3
Children's Health Queensland	0	0	0	0	0	0
Darling Downs	9	0	0	0	0	9
Gold Coast	10	0	0	0	1	11
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	5	0	0	0	1	6
Mackay	2	1	0	0	0	3
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	17	1	1	0	0	19
Redcliffe Caboolture	4	0	0	0	0	4
RBWH	9	1	0	0	0	10
Sunshine Coast	5	0	0	0	1	6
The Park	0	0	0	0	0	0
The Park High Security	0	0	1	1	0	2
The Prince Charles Hospital	7	0	0	0	0	7
Toowong Private	0	0	0	0	0	0
Townsville	8	2	0	0	1	11
West Moreton	6	0	0	0	0	6
Wide Bay	5	0	0	0	0	5
Statewide	**100**	**5**	**2**	**1**	**5**	**113**

Treatment Support Orders

A Treatment Support Order can be made by the Mental Health Court following a finding that the person was of unsound mind at the time of an alleged offence or is unfit for trial. The Court makes the Order if it considers that a Treatment Support Order, not a Forensic Order, is necessary to protect the safety of the community.

A Treatment Support Order may also be made by the Mental Health Review Tribunal (MHRT) however this only applies in circumstances where the MHRT has revoked a Forensic Order for the person.

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

Treatment Support Orders open as at 30 June 2018

Total Treatment Support Orders	Treatment Support Order Category	
	Community	Inpatient
126	116	10

Table 10: Treatment Support Orders made 1 July 2017 – 30 June 2018

Authorised Mental Health Service	Mental Health Court	Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Community	Inpatient	
Bayside	0	3	1	4
Belmont Private	0	0	0	0
Cairns	0	6	0	6
Central Queensland	0	3	0	3
Children's Health Queensland	0	0	0	0
Darling Downs	1	6	2	9
Gold Coast	2	9	0	11
Greenslopes Private	0	0	0	0
Logan Beaudesert	0	5	0	5
Mackay	0	2	0	2
New Farm Clinic	0	0	0	0
Princess Alexandra Hospital	1	15	0	16
Redcliffe Caboolture	1	3	0	4
RBWH	1	9	0	10
Sunshine Coast	0	5	0	5
The Park	0	0	0	0
The Park High Security	0	0	0	0
The Prince Charles Hospital	0	7	0	7
Toowong Private	0	0	0	0
Townsville	0	8	0	8
West Moreton	2	6	0	8
Wide Bay	1	5	0	6
Statewide	**9**	**92**	**3**	**104**

The MHRT must review a person's Treatment Support Order every six months to decide whether to confirm or revoke the Order.

If the MHRT revokes the Treatment Support Order, it may make a Treatment Authority or no further order.

Table 11: Treatment Support Orders ended 1 July 2017 – 30 June 2018

Authorised Mental Health Service	Ended by Mental Health Review Tribunal	Patient deceased	Total Treatment Support Orders ended
Bayside	0	0	0
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	2	0	2
Children's Health Queensland	0	0	0
Darling Downs	3	1	4
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	0	0	0
Redcliffe Caboolture	0	0	0
RBWH	0	0	0
Sunshine Coast	0	0	0
The Park	0	0	0
The Park High Security	0	0	0
The Prince Charles Hospital	0	0	0
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	1	0	1
Statewide	**6**	**1**	**7**

Seclusion

Seclusion significantly affects patient rights and liberty and therefore can only be authorised when it is the least restrictive option available to protect the patient and others from physical harm.

Queensland Health has significantly reduced the annual rate of seclusion for mental health patients in the past six years and is committed to lowering this rate further. The Office of the Chief Psychiatrist is working in partnership with Hospital and Health Services to ensure continuing reform that promotes a least-restrictive, therapeutic environment in mental health inpatient units, while maintaining the safety and dignity of all patients and staff.

The Queensland Government, through the Department of Health, the Mental Health Alcohol and Other Drugs Branch and the Queensland Mental Health Commission, is partnering with the National Mental Health Safety and Quality Partnerships Standing Committee (SQPSC) and the National Mental Health Commission (NMHC) to target the reduction of seclusion and restraint as a national priority. The SQPSC monitors the implementation of seclusion and restraint reduction initiatives and is a key partner of the NMHC project focusing on reducing seclusion and restraint.

Table 12 represents the statewide clinical indicator for seclusion in Queensland including the number of seclusion events per 1,000 accrued admitted patient days in Authorised Mental Health Services (AMHS). The data is reported by acute and extended treatment settings.

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

Extended settings include AMHS delivering mental health care to admitted patients over a long-term period and involve a specialist rehabilitation component to care. This includes high secure mental health services providing specialised treatment for high risk mental health patients. At times, seclusion rates may see an upward trend in high secure settings due to the complex needs of particular patients receiving treatment and care within these services.

Table 12: Seclusion statewide clinical indicators – five-year trend

Setting	Indicator	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018
Acute	Seclusion events per 1,000 bed days	10.9	11.4	9.4	7.97	6.06
	Proportion of episodes with one or more seclusion events	5.4%	4.8%	3.8%	3.1%	2.5%
	Average (mean) duration of seclusion events (hours)	3.8	3.4	3.4	2.71	2.62
Extended	Seclusion events per 1,000 bed days	24	16.6	15.9	20.96	30.98
	Proportion of episodes with one or more seclusion events	10.3%	7.1%	5.6%	7.0%	10.3%
	Average (mean) duration of seclusion events (hours)	7.2	9	11.3	8.92	10.1

Under the Act, seclusion may only be used on an involuntary patient in an AMHS who is subject to a Treatment Authority, Forensic Order or Treatment Support Order, or a person absent without permission from another State who is detained in an AMHS.

Seclusion may be authorised by an authorised doctor for up to three hours. Seclusion may occur for no more than nine hours in a 24-hour period, but may be extended beyond this time if it is approved under a Reduction and Elimination Plan.

In addition, a 12-hour extension may be authorised to allow a Reduction and Elimination Plan to be prepared for the patient. This must be approved by a clinical director in the AMHS. An Extension of Seclusion may only be granted once for each period of the admission in which the patient requires acute management.

The data provided in Table 13 includes authorisations made under a Reduction and Elimination Plan. This reporting period shows a higher rate of seclusion authorisations for high secure AMHS. The Chief Psychiatrist closely monitors seclusion rates across the state and is working closely with AMHS to identify strategies for reducing the use of seclusion as a therapeutic intervention and support less restrictive treatment and care practices where possible.

Table 13: Seclusion Authorisations (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Seclusion Authorisations				Extension of seclusion	
	Doctor	Emergency	Total Authorisations	Total patients	Total Extension Authorisations	Total patients
Bayside	30	12	42	13	1	1
Belmont Private	2	0	2	2	0	0
Cairns	73	57	130	45	0	0
Central Queensland	78	20	98	30	1	1
Children's Health Queensland	14	4	18	10	0	0
Darling Downs	63	126	189	67	0	0
Gold Coast	105	12	117	53	0	0
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	149	55	204	68	2	2
Mackay	14	26	40	24	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	57	114	171	46	0	0
Redcliffe Caboolture	87	81	168	62	0	0
RBWH	145	180	325	106	0	0
Sunshine Coast	19	34	53	25	0	0
The Park	997	21	1018	13	0	0
The Park High Security	13980	56	14036	41	9	9
The Prince Charles Hospital	313	90	403	80	1	1
Toowong Private	0	0	0	0	0	0
Townsville	252	88	340	63	0	0
West Moreton	80	35	115	49	0	0
Wide Bay	22	37	59	28	0	0
Statewide	**16480**	**1048**	**17528**	**797†**	**14**	**14**

†This is a unique count of patients. A patient may be reported across multiple AMHS above.

Mechanical Restraint

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

The decision to use mechanical restraint is a last resort to prevent imminent and serious harm to the patient or another person, and only after less restrictive strategies have been trialled or appropriately considered and excluded. Mechanical restraint can only be used if there is no other reasonably practicable way to protect the patient or others from physical harm.

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

Some mechanical restraint events reported in 2017–2018 occurred in a service other than the Authorised Mental Health Service that approved the reduction and elimination plan.

Table 14: Mechanical restraint approvals and events (1 July 2017 – 30 June 2018)

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	1	1	1
Darling Downs	0	0	0
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	0	0	0
Redcliffe Caboolture	0	0	0
RBWH	0	0	0
Sunshine Coast	1	1	1
The Park	0	0	0
The Park High Security	16	3	28
The Prince Charles Hospital	6	4	17
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	0	0	0
Statewide	**24**	**9**	**47**

Reduction and elimination plans

Table 15: Reduction and elimination plans approved (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	R&E approved – mechanical restraint		R&E approved – seclusion		R&E approved – seclusion and mechanical restraint		Total R&E approved	
	Number of R&E plans	Number of patients	Number of R&E plans	Number of patients	Number of R&E plans	Number of patients	Number of R&E plans	Number of patients
Bayside	2	2	3	3	0	0	5	4
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	2	2	0	0	2	2
Central Queensland	0	0	3	3	0	0	3	3
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	3	3	0	0	3	3
Gold Coast	0	0	11	8	0	0	11	8
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	15	11	0	0	15	11
Mackay	0	0	3	3	0	0	3	3
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	15	11	0	0	15	11
Redcliffe Caboolture	0	0	5	5	0	0	5	5
RBWH	1	1	12	11	0	0	13	12
Sunshine Coast	1	1	3	3	1	1	5	3
The Park	0	0	67	10	0	0	67	10
The Park High Security	0	0	459	36	9	2	468	36
The Prince Charles Hospital	2	1	30	19	0	0	32	19
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	11	10	0	0	11	10
West Moreton	0	0	1	1	0	0	1	1
Wide Bay	0	0	0	0	0	0	0	0
Statewide	**6**	**5**	**643**	**139**	**10**	**3**	**659**	**141**

Electroconvulsive Therapy (ECT)

ECT is a regulated treatment under the Act and may only be given:

- with informed consent – if the person is an adult; or
- with the approval of the Mental Health Review Tribunal – if the person is a minor or if the person is an adult who is unable to give informed consent.

In addition, a Certificate to Perform Emergency ECT may be made for an involuntary patient in emergency circumstances. The Certificate to Perform Emergency ECT enables ECT to be administered prior to the matter being determined by the MHRT.

Table 16: Number of Applications to Perform ECT made to the Mental Health Review Tribunal (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Total Emergency ECT Certificates issued	Total decisions on ECT Applications made (excl Emergency ECT)
Bayside	7	5
Belmont Private	5	11
Cairns	7	15
Central Queensland	14	16
Children's Health Queensland	0	0
Darling Downs	3	9
Gold Coast	18	47
Greenslopes Private	0	0
Logan Beaudesert	3	28
Mackay	0	7
New Farm Clinic	2	3
Princess Alexandra Hospital	17	58
Redcliffe Caboolture	6	8
RBWH	27	102
Sunshine Coast	3	32
The Park	0	5
The Park High Security	0	15
The Prince Charles Hospital	9	31
Toowong Private	2	1
Townsville	3	23
West Moreton	4	13
Wide Bay	7	3
Statewide	**137**	**432**

Absence without approval

Arrangements may be made under the Act for a patient who is absent without approval to be returned to an Authorised Mental Health Service (AMHS) or a public-sector health service facility (PSHSF). Unless risks in doing so are identified, reasonable efforts must be made to contact and encourage the patient to attend or return to an AMHS or PSHSF voluntarily. If the patient is not willing or able to return to the service voluntarily, an Authority to Transport Absent Person (ATAP) may be issued. An ATAP authorises the patient to be returned by a health practitioner, Queensland Ambulance Service or, if necessary to ensure the safe transportation and return of the patient, Queensland Police.

Of the 2,519 ATAP issued in the reporting period, 1,468 were in relation to patients residing in the community who were required to return to an AMHS (e.g. a patient has become unwell or has failed to attend a scheduled appointment).

The remainder (1,051) include the following categories and are represented in Table 17:

- Failed / Required to return from LCT: A patient failed to return or was required to return from approved Limited Community Treatment (LCT) (i.e. leave) or temporary absence.
- Absconded from mental health unit: A patient absconded from an inpatient mental health unit.
- Absconded – Other: A patient absconded from another unit (e.g. emergency department, community mental health facility) or while being transported between AMHS.

Table 17: Authorities to Transport Absent Patients issued (1 July 2017 – 30 June 2018)

Authorised Mental Health Service	Involuntary Assessment	Treatment Authority	Treatment Support Order	Forensic Order	Other[4]	Total ATAPs
Bayside	3	31	1	0	2	37
Belmont Private	0	3	0	0	0	3
Cairns	11	50	0	25	1	87
Central Queensland	6	28	0	2	0	36
Children's Health Queensland	0	3	0	0	0	3
Darling Downs	5	51	6	5	0	67
Gold Coast	10	119	1	8	0	138
Greenslopes Private	0	2	0	0	0	2
Logan Beaudesert	21	81	0	5	3	110
Mackay	2	15	3	2	1	23
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	5	61	0	6	0	72
Redcliffe Caboolture	11	51	0	20	2	84
RBWH	8	57	0	0	1	66
Sunshine Coast	5	70	0	19	0	94
The Park	0	2	0	8	0	10
The Park High Security	0	1	0	1	0	2
The Prince Charles Hospital	6	69	0	12	0	87
Toowong Private	1	0	0	0	0	1
Townsville	8	50	0	12	7	77
West Moreton	3	26	0	6	4	39
Wide Bay	3	7	0	2	1	13
Statewide	**108**	**777**	**11**	**133**	**22**	**1051**

Table 17 excludes ATAP issued for patients residing in the community.

[4]'Other' includes patients on another type of order such as a judicial order and persons detained for the purpose of making a Recommendation for Assessment.

Appendix 1. 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 and Women's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast Network Authorised Mental Health Service
The Park	The Park—Centre for Mental Health Authorised Mental Health Service
The Park High Security	The Park High Security Program Authorised Mental Health Service
The Prince Charles	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 2016*

Acronym	Full title
AMHS	authorised mental health service
ECT	electroconvulsive therapy
LCT	limited community treatment
QH	Queensland Health

Annual report of the Chief Psychiatrist 2017–2018
www.health.qld.gov.au/mental-health-act