Office of the Chief Psychiatrist

ANNUAL REPORT
2024–2025

DELIVERING FOR QUEENSLAND

Queensland Government

Annual report of the Chief Psychiatrist 2024–2025

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Letter of compliance

29 August 2025

The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2024-2025 of the Chief Psychiatrist.

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

Yours sincerely

Dr John Reilly

Chief Psychiatrist

Contents

Message from the Chief Psychiatrist

Welcome to the Chief Psychiatrist Annual Report for 2024-2025.

I sincerely thank all mental health alcohol and other drugs (MHAOD) service staff for their ongoing commitment to delivering person-centred care to people across Queensland. This year has seen significant investment in new and expanded services, and the ongoing commitment of staff delivering these services has supported over 110,000 people to access specialist treatment and care in MHAOD services.

Where involuntary treatment is required, MHAOD services staff continue to strive to provide care that safeguards the rights and dignity of patients in accordance with the principles of the *Mental Health Act 2016* (the Act). I acknowledge the professionalism, compassion, and resilience of all staff working within the service system and thank them for their ongoing efforts in what is, at times, complex and challenging work.

This year, the Office of the Chief Psychiatrist (the Office) delivered a number of significant achievements, including the release of the Queensland MHAOD Safety and Quality Improvement Framework, the Multimorbidity Quality Improvement Strategy, the Responding to the Needs of Classified Patients and Higher Risk Consumers Action Plan, and the review and implementation of key Chief Psychiatrist policies.

The Office continues to support the MHAOD service system to respond effectively to increased Mental Health Court sitting days, and lead improvements to care and patient rights at a statewide and system level, by supporting compliance with the Act including through monitoring and progressing responses to Chief Psychiatrist investigations and other reviews.

During this year, while retaining the statutory role of Chief Psychiatrist, I moved to a new departmental position as Executive Director, Mental Health Alcohol and Other Drugs (MHAOD) Branch. Dr Thomas John will commence in the departmental role of Chief Mental Health Alcohol and Other Drugs Officer. I look forward to working with Dr John and continuing to work with staff in the Office to progress activities focussed on supporting the delivery of quality improvement initiatives and ensuring the appropriate and safe administration of the *Mental Health Act 2016.*

I thank Associate Professor John Allan for his 35 years of service within the wider MHAOD care service system, including as Executive Director MHAOD Branch and Director of Mental Health. He led our current approaches to providing care in less restrictive ways and by supporting people with a lived experience to lead their own care.

Additionally, my sincere thanks to the senior psychiatrists from across our system who have acted in the position of Chief Mental Health Alcohol and Other Drugs Officer and taking on the delegated duties of Chief Psychiatrist over the past year. The collective efforts of those willing to take on the role have been vital in ensuring the ongoing functioning of the Office.

I look forward to further partnerships in the coming year, both individual and systemic, focused on improving the MHAOD system.

Dr John Reilly

Administration of the *Mental Health Act 2016*

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

Safeguarding patient rights

The Act applies the following principles which, to the greatest extent practicable, authorised mental health services should adhere to in their engagement with patients and in deliberations and decision-making about their treatment and care:

- Recognition of the human rights of all persons and that these should be taken into account when considering the application of the Act.
- Awareness and consideration of age, cultural background, mental illness, disability or other factors that may influence understanding and communication between clinicians and patients.
- Consideration of a person's views, wishes and preferences in decision making.
- Inclusion of family, carers and other support persons in decision making.

The Chief Psychiatrist is required under the Act to prepare a statement of rights. Authorised mental health services must ensure that patients have their rights under the Act explained to them and that they, and their support persons, have access to information on their rights.

Independent Patient Rights Advisers

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

As at 30 June 2025

There were 31 people employed in IPRA positions across Queensland.

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

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

In 2024-2025 the IPRAs had[1]:

- 27,816 total contacts
- 84 per cent of contacts occurred in the inpatient setting, an increase of 28 per cent when compared to 2023-2024
- 16 per cent of contacts occurred in the community setting, an increase of 21 per cent when compared to 2023-2024

Mental Health Act Liaison Service

The Mental Health Act Liaison Line (liaison line) operates Monday to Friday from 8.30am to 4.30pm. The Liaison Line is the central point of telephone contact with the Office for authorised mental health services and members of the public. The Liaison Line can be accessed by anyone seeking clarification or further information about the administration of the Act.

[1] The 2024-2025 IPRA contact figures are exclusive of Mackay Hospital and Health Service which did not participate in data collection during the reporting period.

In 2024–2025:

The Office logged 516 calls.

Key themes included:

- Assistance with navigating Hospital and Health Service systems and complaints processes
- Queries regarding psychiatrist reports
- Advice to service providers and clinicians regarding enacting provisions of the Act
- Clinical matters requiring escalation to the Chief Psychiatrist

Mental Health Court

In 2024-2025, the Office has supported the Mental Health Court to continue to address the significant backlog of matters before the court. There has been a 21 per cent increase in Mental Health Court sitting days compared to the 2023–2024 financial year which has meant an increased focus on court matters within the Office.

Supporting this focus, the Office provided two education sessions in 2024-2025 to authorised psychiatrists responsible for preparing psychiatrist reports for persons charged with offences. These education sessions were jointly delivered by senior clinical leaders and a barrister from the panel of barristers who represent the Chief Psychiatrist in the Mental Health Court.

- The *Mental Health Act 2016* Chapter 4 Psychiatrist Report Writing: Vignettes presented in February 2025 by forensic psychiatrist Dr Jane Phillips and barrister Mr Simon Hamlyn-Harris of Higgins Chambers.
- The *Mental Health Act 2016* Chapter 4 Psychiatrist Report Writing and the Role of Intoxication presented in June 2025 by Dr John Reilly, Chief Psychiatrist and Executive Director, Mental Health Alcohol and Other Drugs Branch and barrister Ms Renee Berry of Higgins Chambers.

These sessions were well attended with 180 participants over the two sessions.

Supporting victim rights

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

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

More information about the Queensland Health Victim Support Service is available at www.health.qld.gov.au/qhvss

Information notices

A victim of an unlawful act, a close relative of the victim, and other particular persons may apply to the Chief Psychiatrist for an information notice in relation to a person subject to a forensic order or treatment support order. An application relating to a person who is a client of the Forensic Disability Service may be made to the Director of Forensic Disability.

Information which may be provided under the notice includes information about Tribunal reviews and decisions, transfer applications, appeals and other information about the relevant patient.

As at 30 June 2025

- 111 information notices were in place.
- Zero applications were pending a decision.

In 2024-2025:

- The Chief Psychiatrist received and approved 21 applications for an information notice.
- 16 information notices were revoked by the Chief Psychiatrist, due to the relevant patient's order being revoked; on the request of the information notice recipient; or due to the death of the relevant patient or the information notice recipient.

Classified patient information

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

As at 30 June 2025:

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

In 2024-2025:

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

Charter of Victims' Rights Complaints

The Charter of Victims' Rights describes the entitlements that victims of crime should receive from relevant Queensland Government agencies and funded non-government agencies.

The Charter is contained within the *Victims' Commissioner and Sexual Violence Review Board Act 2024* (VCSVRBA) and establishes general rights for victims, rights relating to the criminal justice system and the right to make a complaint. The Office has commenced embedding victim complaints into the existing framework for complaints management.

As at 30 June 2025:

The Chief Psychiatrist received zero complaints related to the Charter of Victims' Rights.

Complex Care Pathways

Complex Care Pathways support authorised mental health services to provide treatment and care to patients with complex care needs. The pathways also enable systemic responses for individuals who require coordinated support services across mental health, disability and other sectors to support treatment, care, rehabilitation and recovery.

There are four Complex Care Pathways coordinated by the Office:

- secondary consultations for complex care matters related to Act processes and care pathways
- the Complex Care Panel to support systemic responses across Government for individuals who are, or are likely to be, referred to the Mental Health Court,

- ad-hoc Classified Patient Committee meetings to support care pathways for people in custody requiring inpatient mental health assessment or treatment, and
- forensic disability care consultations for complex care matters related to patients transitioning to/from the forensic disability service.

In 2024-2025:

37 patients' referrals were accepted into to a Complex Care Pathway.

This included:

- 16 Office of the Chief Psychiatrist Secondary Consultations
- Three Complex Care Panels
- 18 ad-hoc Classified Patient Committee meetings

In January 2025 a project to review the Complex Care Pathways commenced. The project aims to improve administrative processes associated with the Complex Care Pathway meetings, including to clarify roles and responsibilities of stakeholders who are involved.

Investigations and Inquests

Under section 308(1)(a) of the Act, the Chief Psychiatrist may investigate, or commission an investigation into, any matter in an authorised mental health service that is relevant to the Chief Psychiatrist's functions. These investigations usually arise in response to a serious or significant incident that resulted in an adverse patient outcome. This may include clinical incidents, non-compliance with the Act, or a complaint in relation to a matter concerning the admission, assessment, examination, detention, treatment or care of a person by an authorised mental health service.

The primary purpose of an investigation is to identify opportunities for learning and continuous improvement across the MHAOD service system. As such, recommendations may be made at a local or statewide level. All investigations commissioned under the Act aim to improve the quality of care received by, and experienced by, patients, carers and other support persons. Inspectors appointed by the Chief Psychiatrist are independent and are encouraged to adopt a systems-thinking and restorative approach to investigations. Investigations commenced under the Act aim to improve reporting and safety culture, and inspectors are encouraged to place patients, support persons and staff at the centre of recommendations.

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

During 2024–2025:

- The Chief Psychiatrist commissioned one investigation under the *Mental Health Act 2016.*
- The ISC monitored progress towards the implementation of recommendations from three open investigations and the review of the use of seclusion, mechanical restraint and physical restraint in Queensland mental health services.
- The Chief Psychiatrist provided a submission into five coronial inquests which considered the mental health treatment provided by various public sector mental health services in Queensland.

Common themes for improvement identified by open investigations include:

- Enhancing information used to inform risk assessments and care planning for higher-risk patients across inpatient and community MHAOD services
- Strengthening the role and expertise of the lived experience and First Nations workforce in multi-disciplinary teams providing treatment and care
- Optimising the delivery of timely and appropriate care for patients subject to a Forensic Order
- Strengthening the consistency of statewide MHAOD services and programs across metropolitan and regional settings
- Strengthening resources for MHAOD services to engage in effective care transition and multimorbidity management for complex patients

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is a collaborative activity that is undertaken between the Office, authorised mental health services, statutory bodies and other stakeholders who perform

and exercise functions under the Act. It is important for upholding and strengthening the delivery of high quality and safe MHAOD treatment and care and the rights of victims.

The Department of Health's Legislative Compliance Management Framework (LCMF) provides an overarching policy, standard and guideline for managing compliance. A key requirement of the LCMF is transparent and regular reporting to the Department of Health which incorporates First Nations and *Human Rights Act 2019* considerations within existing reporting mechanisms and processes.

The Office has developed a compliance plan to align with the LCMF. The plan contains proactive and reactive initiatives that aim to strengthen and improve systemic factors which facilitate compliance and ensure accountability, fairness, and transparency in addressing instances of non-compliance. Monitoring notifications of non-compliance to identify common themes and trends is one mechanism embedded within the plan to inform statewide approaches to support compliance with the Act.

With a strong focus on promoting good practice and sharing lessons learnt, the Office undertakes collaborative quality improvement initiatives in response to identified trends. In addition, the Office undertakes regular data quality and audit activities, in collaboration with authorised mental health services, to identify new and emergent issues or risks. This proactive and supportive approach has led to an enhanced reporting culture suggesting that staff are more comfortable and confident in reporting issues regarding compliance with the Act. The Office works with authorised mental health services on quality improvement initiatives enacted as a consequence, with the overarching objective of this approach being to support patient care and, over time, reduce the frequency of non-compliance notifications.

In accordance with the Chief Psychiatrist Policy *Notifications to the Chief Psychiatrist of critical incidents and non-compliance with the Mental Health Act 2016*, administrators of authorised mental health services are required to notify the Chief Psychiatrist of all instances of non-compliance that significantly impact on the rights of patients.

Notification is required to be made for the following types of significant events, where they are not in accordance with the Act:

- detention of a person
- provision of regulated treatment (e.g. electroconvulsive therapy)
- the use of seclusion, mechanical restraint, physical restraint or administration of medications.

Additionally, administrators must notify the Chief Psychiatrist of any breach of an offence provision including:

- ill-treatment of patients
- contravention of the confidentiality obligations
- assisting a patient to unlawfully absent themselves
- giving false or misleading information to an official
- obstructing an official.

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

During 2024–2025:

There were 221[2] notifications to the Chief Psychiatrist.

- 85 notifications (39 per cent) involved a First Nations patient.
- 146 notifications (66 per cent) involved the use of restrictive practices. Of these, the majority involved seclusion authorisations and medical review timeframes under reduction and elimination plans. Reduction and elimination plans are required when it is clinically necessary for a patient to be in seclusion for more than 9 hours in a 24-hour period. Other instances involved:
    - seclusion occurring outside an initial authorisation period,
    - use of seclusion on a person other than a relevant patient,
    - incomplete documentation,
    - medication provided without the required consents,
    - use of mechanical restraint without prior approval from the Chief Psychiatrist, and
    - physical restraint not used in accordance with the Act.
- 57 notifications (26 per cent) involved the detention of a person other than in accordance with the Act. Most instances included examination and assessments conducted outside of legislated timeframes and recommendations or authorities that

[2] An increase in notifications was observed this financial year as secondary non-compliance issues were identified following review of the initial notification.

were deemed invalid. Other instances included the transport of a person other than a relevant patient and persons being subject to a classified patient status without the appropriate authorisations.

- Four notifications involved a breach of an offence provision involving the wrongful disclosure of confidential information and the provision of treatment not permitted under the Act.
- 14 notifications involved suspected non-compliance. Most instances involved the use of mechanical restraint or seclusion under an alternative legislative framework. Other instances included the alleged ill-treatment of a patient and the return of a classified patient to custody when they required assessment. These matters are subject to ongoing review.

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

During 2024–2025:

There were 337 instances of non-compliance reported relating to the Chief Psychiatrist's administrative functions:

- 321[3] instances (95 per cent) related to the provision of psychiatrist reports for serious offences. Generally, this occurred due to notices, decisions or reports being provided outside of legislative timeframes.
- 16 instances related to the provision of information notices. These instances related to notices or decisions being provided outside of legislative timeframes to information holders.

The timely completion of psychiatrist reports is important for ensuring there are no unnecessary delays to justice proceedings. The Office continues to work with authorised mental health services to support compliance with these obligations and provided short-term funding in March 2025 via Better Care Together to support reporting psychiatrists in these efforts. It is also now standard practice for the Chief Psychiatrist (or delegate) to make direct

[3] This figure includes all overdue reports for the financial year 2024-2025 including reports requested in previous reporting periods. Therefore, there may be discrepancies between these figures and those reported in Table 7: Application of psychiatrist report provisions. All discrepancies have been investigated and verified.

contact via phone with the relevant administrator if a report is more than 150 days overdue and reasonable reasons for the delay have not been identified.

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

During 2024–2025:

The Tribunal reported 1673 instances of non-compliance:

- 1646 instances (99 per cent) were related to matters not heard within legislative timeframes. This represents 10 per cent of all periodic matters and applications held during the financial year[4]. Most delays were 14 days or less with the majority occurring because matters were due over planned hearing breaks or public holidays.
- The Tribunal continues to review its scheduling practices and meets regularly with stakeholders to manage hearing lists accordingly.
- Seven occasions related to the provision of statement of reasons outside of legislated timeframes. These were primarily due to late submissions to the Tribunal office. The Tribunal continues to provide education to members to support adherence with legislative timeframes.
- 20 instances related to the provision of a hearing or decision notice outside the legislative timeframe. Most instances were the result of system or administrative error. Remedial activities have focused on providing system enhancements and automating manual processes.

[4] The Tribunal's scheduling of hearings involves many factors including the availability of venues, treating teams and number of hearings due at a particular time. While schedules are generally prepared months in advance, the Tribunal only receives notice of the need to schedule some matters after these schedules have been prepared and the hearing day lists are full. This primarily relates to applications and matters that need to be rescheduled following an adjournment.

Feedback Management Framework

Feedback from patients, support persons, services and providers is central to the safety and quality of health services and provides an opportunity to review practices and respond appropriately.

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

During 2024–2025:
The Office received 20 complaints.

- Zero complaints engaged human rights under the *Human Rights Act 2019.*
- Zero complaints were referred on for management by an external body.
- 18 complaints were referred to an AMHS for management via local complaint pathways.
- Two complaints were responded to directly by the Office.

Safety and quality initiatives

Individuals accessing MHAOD services deserve assessment, treatment, care and support that is safe and of the highest quality. The Office strives to continually improve the safety and quality of MHAOD service provision in partnership with stakeholders. The following significant activities were undertaken in the reporting period.

Safety and quality improvement framework

In October 2024, the Office published the *Queensland Safety Priorities in Mental Health Alcohol and Other Drugs Care* and its companion document the *Queensland Safety and Quality Improvement Framework: Mental Health Alcohol and Other Drugs Care* (the Safety and Quality Framework). These documents support a culture of safety and quality improvement which is essential to system efforts to transform and optimise service capability.

A broad range of stakeholder forums were held across the MHAOD sector, including non-government organisations, to inform the content and approach to safety and quality improvement in MHAOD services. The Safety and Quality Framework was respectfully dedicated to the memory of Mr Manmeet Sharma as Queensland Health remains committed to recognising the need to continually work towards improving the MHAOD service system and ensuring community safety.

The key principles that underpin the vision of continuous evidence-informed improvement in safety and quality were identified as:

- Embeds a learning culture that promotes the sharing of ideas, outcomes and learnings.
- Drives accountability and transparency through roles, responsibilities, processes and outcomes.
- Draws on the evidence-base and lived experience to inform improvement initiatives and prioritisation of initiatives and programs of work.
- Prioritises ongoing monitoring and evaluation to assess progress and support continuous improvement.
- Promotes collaboration and stronger partnerships and recognises the voice of all stakeholders.

The Safety and Quality Framework provides a shared vision to support MHAOD services and networks to implement safety and quality improvement.

The *Queensland Safety Priorities in Mental Health Alcohol and Other Drugs Care* and *Queensland Safety and Quality Improvement Framework: Mental Health Alcohol and Other Drugs Care* are available at www.health.qld.gov.au/public-health/topics/mhaod/for-healthcare-providers/clinical-guidelines-policies-and-resources/guidelines-and-frameworks

Interagency collaborations

Forensic Disability

The Office has regular contact with the Director of Forensic Disability to provide high level oversight of systemic matters relating to individuals with an intellectual or cognitive disability who become subject to the Act or the *Forensic Disability Act 2011*.

In 2024–2025 there were two transfers between the forensic disability service and an authorised mental health service.

During this reporting period, the Office engaged in Queensland Health projects under *Better Care Together: A plan for Queensland's State-funded mental health, alcohol and other drug services to 2027* to establish intellectual and developmental disability mental health teams and the Queensland Centre of Excellence in Intellectual Disability and Autism Health which will support collaboration between disability and MHAOD services.

Tri-Agency update

The Office continues to provide secretariat support for the Tri-Agency Mental Health Steering Committee, established in 2019 to provide strategic oversight of MHAOD initiatives delivered in partnership by Queensland Health, Queensland Police Service, and the Queensland Ambulance Service.

The Tri-Agency Mental Health Steering Committee offers leadership, strategic advice, and recommendations to improve the collective response of the three agencies to individuals experiencing MHAOD-related issues. It oversees joint initiatives including projects, agreements, workplans, training, reviews, and other associated activities.

In 2024-2025 the Tri-Agency Mental Health Steering Committee considered a range of key projects and initiatives including:

- the Mental Health Intervention Program review implementation

- the review of the Queensland Health and Queensland Police Service Memorandum of Understanding for Mental Health Collaboration
- the Queensland Ambulance Service Complex and Frequent Presenter Program
- the Queensland Ambulance Service and Queensland Police Service Mental Health Co-Responder Evaluation
- an analysis of interagency mental health training needs
- discretionary locking in adult acute mental health inpatient units
- the development of the Mental Health Rapid Real-time Response project.

Parole Board Queensland

Collaboration between the Office and the Parole Board Queensland (the Board) continued via the Queensland Health – Parole Board Queensland Steering Committee, which provides a forum for discussion and resolution of issues under *Agreement under the Hospital and Health Boards Act 2011 Between Queensland Health and the Parole Board Queensland for Confidential Information Disclosure* (Agreement for Confidential Information Disclosure).

In February 2025, the Board appointed a new President, Mr Michael Woodford. The Office looks forward to continuing this collaboration in 2025-26 and supporting the Board to make informed decisions about a person's access to parole and reintegration into the community.

Review of the Memorandum of Understanding for Mental Health Collaboration

In February 2025 a review of the *Memorandum of Understanding between Queensland Health and the Queensland Police Service for Mental Health Collaboration* (the Agreement for Mental Health Collaboration) was commenced in partnership with the Queensland Police Service. This information sharing agreement allows for the exchange of confidential information between the agencies when working together to respond to mental health incidents and to develop mental health intervention strategies to reduce the likelihood of a mental health incident from occurring.

The review is supported by a time-limited working party made up of representatives from Queensland Health, Queensland Ambulance Service and Queensland Police Service, along with First Nations peoples and people with lived experience, including family and carers.

Key objectives of the review are to enhance awareness and understanding of information sharing requirements and obligations, respond to known operational issues and consider

recommendations of relevant reviews and service improvement initiatives related to information sharing practices between Queensland Health and Queensland Police Service.

The review will deliver a revised information sharing agreement for mental health collaboration and operating guidelines to support its effective ongoing operation.

Chief Psychiatrist policy development

The Office's rolling review of Chief Psychiatrist policies, practice guidelines, and supporting resources, initiated in July 2023, continues to strengthen the operation of the Act. This program of work is being delivered in partnership with key stakeholders to ensure that policy instruments remain fit for purpose, reflect current best practice, and support the delivery of high-quality, rights-based mental health care.

During the reporting period, seven policies were finalised as part of tranche two of the review, including the suite of restrictive practice policies, the electroconvulsive therapy policy and the classified patient policy. Tranche three of the review has commenced and focuses on several complex policies, including the *Notifications to the Chief Psychiatrist policy, Appointment of Authorised Doctors and Authorised Mental Health Practitioners policy, Searches and Security policy,* and the *Treatment and Care of Patients Subject to a Forensic Order, Treatment Support Order or other identified higher risk patients policy.*

Over 90 stakeholders directly participated in tranche two subject matter expert groups, including lived experience and First Nations representatives, clinicians, legal advocates, and MHAOD service leads. A wide range of stakeholders were also consulted through broad consultation processes. Over 500 pieces of feedback were received as part of the review and consultation, with stakeholders reporting positive feedback about the process and engagement approach.

> "I found the process to be well explained, informative & inclusive" – member of a subject matter expert group.
>
> "Congratulations on a great piece of work. Well done" - feedback received from the Queensland Mental Health Commission.

Stakeholder contributions significantly shaped the final versions of the policies, which also had a human rights compliance review prior to being endorsed by the Steering Committee and approved by the Chief Psychiatrist. The approach to the review continues the Office's commitment to collaboration and meaningful engagement with stakeholders.

Responding to the needs of classified patients and higher risk consumers

The Responding to the Needs of Classified Patients (RNCP) project which commenced in 2023-2024 has continued to evolve during this reporting period.

Following three phases of comprehensive consultation, the project scope was broadened in October 2024 to include higher risk consumers and the Responding to the Needs of Classified Patients and Higher Risk Consumers (RNCPHRC) Action and Implementation Plan has been endorsed.

The term ‘higher risk’ consumer was adopted for this project to identify a cohort of patients whose responses from the MHAOD service system may require particular staffing, clinical expertise, procedural and environmental considerations to support their safe treatment, and the safety of others, including MHAOD staff. In this context, a higher risk consumer can be any patient where risk to other people or property has been identified. This identification occurs by clinical risk assessments conducted by relevant authorised doctors and authorised mental health practitioners.

The RNCPHRC Action and Implementation Plan includes 18 actions that will support MHAOD service system development and strengthen MHAOD services statewide to drive improvements. Actions encompass work at a system, departmental and Hospital and Health Service level and relate to:

- bed capacity, resourcing and infrastructure
- governance
- staff training
- quality and safety
- admission pathways
- data and digital workflows; and
- stakeholder interface.

Implementation of the actions will ensure patients continue to receive a high standard of effective and responsive mental health assessment, treatment and care and the safety of patients and staff is prioritised.

Access and Equity Project

The Access and Equity Project being led by the Office aims to increase support and access to legal and non-legal advocacy services for people subject to involuntary treatment processes under the Act appearing for review before the Tribunal, and in appeal matters before the Mental Health Court.

A key milestone was achieved during the reporting period with the engagement of Queensland Council of Social Services (QCOSS) to lead a review of existing resources to support consumer awareness, understanding of rights, and access to advocacy services. A lived experience panel was established to assess resources to identify gaps and areas for improvement. Pending the finalisation of stakeholder consultations and feedback analysis a final report will be delivered to guide the development of new or improved resources. With a strong emphasis on co-design principles and lived experience-led input, the project remains committed to ensuring that the materials developed are practical, accessible, and empowering.

Initial project consultation also led to the development of an advocacy model to pilot within a Hospital and Health Service. The Office continues to work with our mental health service colleagues and external stakeholders to progress a pilot of the advocacy model.

Mental Health Act 2016 order conditions requiring monitoring of electronic devices and internet access

In December 2024, the Office established a short-term project to review the operationalisation of Act authority and order conditions set by the Tribunal and/or the Mental Health Court requiring the monitoring of patient's electronic devices and internet access. A working party identified key issues in the operationalisation of conditions and made recommendations to the Office regarding practical solutions to support the MHAOD service system.

Six primary recommendations were made across areas such as policy and guidelines, workforce well-being, training, and the Tribunal.

Five of the recommendations have been actioned, with the final recommendation regarding the development of training in progress.

Multimorbidity quality improvement strategy

The MHAOD Multimorbidity Quality Improvement Strategy was launched in March 2024 as a multiyear initiative aiming to improve health outcomes of consumers with or at risk of multimorbidity.

Tranche one initiatives launched in July 2024 focused on two key areas: increasing physical activity levels among consumers and improving the screening, diagnosis, and treatment of hepatitis C within MHAOD services. These initiatives were developed in collaboration with key stakeholders, including subject matter experts and multidisciplinary mental health clinicians by creating a care pathway and using real-time data to enable development of a cascade of care relating to each initiative.

The Office provided non-recurrent, time limited funding to services to support the implementation of these programs with the objective of improving the uptake and completion of the CIMHA Application Physical Health Screen. An evaluation of this funding will be undertaken to assess its overall effectiveness and to inform recommendations for future work.

In addition, to specifically support the implementation of the physical activity initiative, Move and Measure It!, the Office partnered with Health and Wellbeing Queensland and The University of Queensland to pilot a MHAOD Move and Measure It! Project ECHO® series. This Project ECHO® series aims to strengthen the capability of the MHAOD workforce to identify strategies to promote a sustainable culture of movement behaviour change within clinical practice. An evaluation completed by the University of Queensland will provide key insights to guide future iterative adaptations of the Project ECHO® series and is expected by the end of the year.

Tranche two initiatives focus on cannabis use and improving oral health following the same evidence-informed cascade of care approach. This tranche will be launched in late 2025.

Preliminary data, 12 months into the initiative, show a statewide increase in physical health screening, an early step in each of the two cascades of care.

Responding to mental health crisis and suicidality

Aftercare

In 2024-2025, the Office has continued to support the implementation of the Bilateral Schedule commitment to achieve universal access to aftercare services among people following a suicide attempt or crisis in Queensland with a further three suicide aftercare services established. These services, located in Mackay, Townsville, and South-West Hospital and Health Services, bring the total suicide aftercare services operational to 13 of Queensland’s 16 Hospital and Health Services. In the past year, these services provided care to over 3000 Queenslanders following a suicide attempt or crisis.

Trials of outside-of-hospital pathways into suicide aftercare services also commenced in two Hospital and Health Service regions across Queensland during the past year. These trials have enabled people who experience a suicide attempt or crisis in the Metro South Hospital and Health Service or Gold Coast Hospital and Health Service to access aftercare services from outside of a hospital setting.

Reporting on the *Mental Health Act 2016*

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

Data relating to this activity is primarily sourced from the CIMHA application and reported through the MHAP.

See Appendix 1 for authorised mental health service abbreviations

Toowong Private Hospital Authorised Mental Health Service

On 6 June 2025, Toowong Private Hospital surrendered its private hospital licence to Queensland Health and closed. This marked the end of more than 40 years of mental health treatment and care. Following its de-gazettal, this will be the last year Toowong Private Hospital will appear in statistical reports within this annual report as per section 307 of the Act.

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

Each year, over 110,000 patients access Queensland public mental health services. Forty per cent of those patients received ongoing treatment and care. This was facilitated through more than 57,000 community service episodes, over 20,000 inpatient episodes and over 1,700 residential episodes.

Of the patients receiving ongoing treatment and care on 30 June 2025, 30 per cent were receiving involuntary treatment and care from an authorised mental health service.

> Under the Act, involuntary treatment and care must only be provided to a person who has a mental illness if it is necessary for promoting and maintaining their health and wellbeing.

Table 1 provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2025. Column counts indicate the involuntary order types

open in Queensland as at 30 June 2025. The total patient column indicates, by authorised mental health service, the distinct patient count for these involuntary orders. A small number of patients are subject to more than one order type at a time; each apparent discrepancy has been investigated to confirm that these patients had multiple order types open as at 30 June 2025 resulting in differences between row and column counts.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2025

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified patients	Total patients
Bayside	0	199	7	17	1	223
Belmont Private	0	3	0	0	0	3
Cairns	2	628	23	70	2	723
Central Queensland	1	428	6	38	0	473
Children's Health Queensland	1	18	0	0	1	19
Darling Downs	3	418	21	55	1	495
Gold Coast	4	748	17	46	2	814
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	1	553	22	57	3	633
Mackay	0	191	6	18	0	214
Mater Misericordiae	0	1	0	0	0	1
New Farm Clinic	0	2	0	0	0	2
Princess Alexandra Hospital	1	607	47	65	1	720
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	0	347	11	31	3	390
Royal Brisbane and Women’s Hospital	1	826	26	32	3	886
Sunshine Coast	1	557	10	35	1	602
The Park	0	13	2	31	0	45
The Park High Security	0	47	3	49	15	100
The Prince Charles Hospital	0	568	22	46	0	636
Toowong Private	0	0	0	0	0	0
Townsville	2	374	24	75	3	475
West Moreton	0	491	29	73	5	593
Wide Bay	1	212	7	20	0	240
Statewide	**18**	**7,232**	**283**	**758**	**41**	**8,287**

Involuntary assessment

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

The involuntary process usually commences with a recommendation for assessment made by a doctor or authorised mental health practitioner. In some circumstances the recommendation for assessment may be preceded by an examination authorised under another legislative process such as an examination authority or an emergency examination authority[5].

The purpose of the assessment is to decide whether a treatment authority should be made to authorise involuntary treatment and care for the person[6].

Table 2 provides a summary of involuntary assessments occurring in the 2024–2025 reporting period, by entry pathway and outcome type.

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

[6] An assessment may reveal that the person has an existing involuntary order or authority in which case a treatment authority is not required.

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2024 – 30 June 2025)

Authorised mental health service	Involuntary assessment entry pathway					Assessment Outcome			
	Recommendation alone	Recommendation preceded by examination authority	Recommendation preceded by emergency examination authority	Other [7]	Total assessments	Treatment authority made	Treatment authority not made	Pre-existing involuntary status	Other[8]
Bayside	380	14	14	0	408	279	126	3	0
Belmont Private	16	0	0	0	16	12	4	0	0
Cairns	901	10	100	0	1011	701	304	6	0
Central Queensland	238	2	253	0	493	274	205	0	14
Children's Health Queensland	62	0	5	0	67	44	23	0	0
Darling Downs	791	22	19	0	832	566	266	0	0
Gold Coast	1235	31	52	0	1318	939	372	6	1
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	781	16	120	0	917	680	227	10	0
Mackay	356	4	175	0	535	307	219	8	2
Mater Misericordiae	7	0	0	0	7	6	1	0	0
New Farm Clinic	19	0	0	0	19	6	12	0	1
Princess Alexandra Hospital	780	23	123	0	926	707	219	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	617	13	119	0	749	493	253	3	0
Royal Brisbane and Women's Hospital	936	33	368	0	1337	939	372	25	1
Sunshine Coast	688	9	345	0	1042	840	199	0	3
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	3	0	0	0	3	3	0	0	0
The Prince Charles Hospital	813	14	269	0	1096	754	315	26	1
Toowong Private	16	0	0	0	16	12	4	0	0
Townsville	633	16	151	0	800	440	346	8	6
West Moreton	517	13	67	0	597	463	120	14	0
Wide Bay	401	12	96	0	509	324	170	6	9
Statewide	**10190**	**232**	**2276**	**0**	**12698**	**8788**	**3757**	**115**	**38**

[7] Involuntary assessment entry pathway 'other' includes assessment of person from interstate

[8] Assessment Outcome 'other' includes reasons such as deemed invalid by administrator (37) and death (1)

Examination authorities

In circumstances where it is not possible to engage a person in assessment voluntarily, an application may be made to the Tribunal for an examination authority.

Examination authorities can be made in circumstances where there is, or may be, imminent risk of serious harm or serious mental or physical health deterioration due to the person's mental illness and all reasonable efforts have been made to engage the person in a voluntary examination.

An application to the Tribunal may be made by an authorised person at an authorised mental health service or a family member, friend, or other member of the community who has concerns about the person[9].

The examination authority authorises a doctor or authorised mental health practitioner to examine the person to determine whether a recommendation for assessment should be made.

Table 3 outlines the total number of examination authorities issued in 2024–2025, by outcome type. As an examination authority is not entered into the patient's electronic health record until a decision notice is received from the tribunal, there may be a slight variation between numbers reported between entities.

Assessments following an examination authority may occur in a subsequent reporting period, or in an alternative authorised mental health service. This may lead to slight variation between numbers reported across tables 2 and 3.

[9] 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.

Table 3: Examination Authorities issued and outcome (1 July 2024 – 30 June 2025)

Authorised mental health service	Examination authorities issued	Outcome			
		Recommendation made	Recommendation not made		
			Examination authority ended before examination	Examination did not result in recommendation	Pre-existing involuntary status
Bayside	31	14	5	12	0
Belmont Private	0	0	0	0	0
Cairns	45	11	6	28	0
Central Queensland	16	2	7	7	0
Children's Health Queensland	0	0	0	0	0
Darling Downs	44	22	4	18	0
Gold Coast	75	32	23	20	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	41	15	9	17	0
Mackay	10	4	1	5	0
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	59	24	11	23	1
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	26	13	4	9	0
Royal Brisbane and Women's Hospital	61	34	18	9	0
Sunshine Coast	31	11	7	13	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	15	11	0	4	0
Toowong Private	0	0	0	0	0
Townsville	25	16	1	8	0
West Moreton	28	13	1	14	0
Wide Bay	21	12	3	6	0
Statewide	**528**	**234**	**100**	**193**	**1**

Persons transferred from a place of custody (classified patients)

The Act provides for a person to be transferred from a place of custody (e.g., prison or watch house) to an authorised mental health service for assessment or treatment of mental illness. The person is admitted as a classified patient. The Act also provides for the person's return to custody when they no longer require inpatient treatment and care.

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

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

In all circumstances, the person's transfer to an authorised mental health service requires the consent of both the authorised mental health service administrator at the receiving service and the person's custodian. Their consent can only be granted following consideration of the risk to the safety of the person and others.

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

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

Table 4 provides a summary of classified patient referrals and admissions in the 2024–2025 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2024 – 30 June 2025)

Authorised mental health service	Total referrals	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
				Recommendation for Assessment	Transfer Recommendation		
		Ended in reporting period	Open as at 30 June	Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	21	13	0	7	1	0	8
Belmont Private	0	0	0	0	0	0	0
Cairns	22	4	0	8	10	0	18
Central Queensland	28	9	0	11	8	0	19
Children's Health Queensland	2	0	0	0	2	0	2
Darling Downs	33	1	0	22	9	1	32
Gold Coast	73	35	1	9	28	0	37
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	69	34	3	11	20	0	31
Mackay	3	0	0	2	1	0	3
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	117	79	4	20	14	0	34
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	48	18	3	12	14	1	27
Royal Brisbane and Women's Hospital	94	39	7	12	37	0	49
Sunshine Coast	14	3	1	8	2	0	10
The Park	0	0	0	0	0	0	0
The Park High Security	47	12	9	16	7	3	26
The Prince Charles Hospital	22	8	3	1	10	0	11
Toowong Private	0	0	0	0	0	0	0
Townsville	39	7	1	12	18	1	31
West Moreton	65	25	1	6	33	0	39
Wide Bay	64	44	0	12	7	1	20
Statewide	**761**	**331**	**33**	**169**	**221**	**7**	**397**

Treatment authorities

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

When a treatment authority is made, the authorised doctor must determine whether the patient is to receive treatment as an inpatient (treatment authority inpatient category) or in the community (treatment authority community category). An authorised doctor may change the category of the treatment authority at any time during the person's treatment[10].

As a key safeguard, patients subject to a treatment authority are regularly reviewed by the Tribunal. The Tribunal must confirm or revoke the treatment authority and may change the category of the authority, limited community treatment arrangements or any other conditions of the authority[11].

As at 30 June 2025 there were:

7,232 open treatment authorities in Queensland, of which 90 per cent were community category.

Table 5 provides the total treatment authorities made in 2024–2025, by category and the entity that made the authority.

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

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

Table 5: Treatment authorities made (1 July 2024 – 30 June 2025)

Authorised mental health service	Treatment authority made by		Category of initial order		Total treatment authorities made	Treatment authority made by doctor			
	Authorised doctor	Mental Health Review Tribunal	Community	Inpatient		Second examination required	Outcome		
							Treatment authority confirmed	Treatment authority revoked	Ended or revoked prior to second examination
Bayside	282	1	8	275	283	227	197	25	5
Belmont Private	7	0	0	7	7	0	0	0	0
Cairns	703	2	16	689	705	327	262	41	24
Central Queensland	277	2	17	262	279	202	172	21	9
Children's Health Queensland	39	0	1	38	39	27	13	7	7
Darling Downs	587	1	6	582	588	356	283	56	17
Gold Coast	954	3	16	941	957	768	679	83	6
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	698	2	13	687	700	532	471	49	12
Mackay	311	1	4	308	312	247	188	48	11
Mater Misericordiae	5	0	0	5	5	0	0	0	0
New Farm Clinic	4	0	0	4	4	0	0	0	0
Princess Alexandra Hospital	726	5	14	717	731	599	546	46	7
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	495	1	6	490	496	398	329	39	30
Royal Brisbane and Women's Hospital	961	4	26	939	965	821	717	89	15
Sunshine Coast	851	7	27	831	858	679	585	88	6
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	28	0	0	28	28	5	5	0	0
The Prince Charles Hospital	761	2	7	756	763	630	508	103	19
Toowong Private	6	0	0	6	6	0	0	0	0
Townsville	451	1	20	432	452	283	244	32	7
West Moreton	480	2	13	469	482	441	351	57	33
Wide Bay	338	4	20	322	342	238	178	51	9
Statewide	**8,964**	**38**	**214**	**8,788**	**9,002**	**6,780**	**5,728**	**835**	**217**

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

A treatment authority also ends if:

- a second examination by an authorised psychiatrist is required, and the treatment authority is not confirmed or revoked by the psychiatrist within the three-day period
- a treatment authority is made for a person who is already subject to an order or authority under the Act, an event that usually occurs in emergency situations,
- the Mental Health Court ends the authority on an appeal,
- the Mental Health Court makes a forensic order (mental health) or treatment support order for the patient, or
- the patient is transferred interstate or is deceased.

Table 6 provides the total treatment authorities ended in 2024–2025, by end reason

Table 6: Treatment authorities ended (1 July 2024 – 30 June 2025)

Authorised mental health service	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Forensic order made	Treatment support order made	Other [12]	Patient deceased	Total treatment authorities ended
		Authorised doctor	Mental Health Review Tribunal					
Bayside	5	248	7	2	1	0	0	263
Belmont Private	0	34	1	0	0	0	0	35
Cairns	20	590	16	10	1	0	4	641
Central Queensland	9	218	23	7	0	0	5	262
Children's Health Queensland	2	48	2	0	0	0	0	52
Darling Downs	6	512	25	6	1	0	9	559
Gold Coast	8	854	44	5	1	7	10	929
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	9	693	30	4	2	3	6	747
Mackay	11	287	10	0	0	1	3	312
Mater Misericordiae	0	4	0	0	0	0	0	4
New Farm Clinic	0	7	0	0	0	0	0	7
Princess Alexandra Hospital	4	724	15	9	0	0	6	758
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	17	441	9	2	0	0	3	472
Royal Brisbane and Women's Hospital	8	701	26	6	2	0	10	753
Sunshine Coast	2	800	23	5	1	0	10	841
The Park	0	0	0	1	0	0	0	1
The Park High Security	0	13	1	10	0	0	0	24
The Prince Charles Hospital	10	696	37	5	1	1	6	756
Toowong Private	0	12	0	0	0	0	0	12
Townsville	3	410	12	11	1	0	7	444
West Moreton	30	371	16	9	1	0	6	433
Wide Bay	7	327	6	0	0	1	1	342
Statewide	**151**	**7990**	**303**	**92**	**12**	**13**	**86**	**8647**

[12] Other includes reasons such as pre-existing involuntary status (5), ended due to appeal in the Mental health Court (0), and patients transferred interstate (8).

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence[13] if they were subject to Treatment Authority, Forensic Order or Treatment Support Order at the time of the alleged offence or any subsequent time after. The psychiatrist report provides an opinion on whether a person was of unsound mind at the time of the alleged offence and/or whether the person is fit for trial. A report may be used to inform a decision about referring a matter to the Mental Health Court and, if the matter is referred, to assist the Court in its deliberations.

An involuntary patient charged with a serious offence (or someone on their behalf) is entitled to request a psychiatrist report at no cost.

The Chief Psychiatrist will direct the report be prepared after confirming that legislative requirements are met. The Chief Psychiatrist may also direct a psychiatrist report for a person if the Chief Psychiatrist believes it is in the public interest. When a direction for a psychiatrist report has been given by the Chief Psychiatrist, criminal proceedings against the person in relation to the offence are suspended.

An authorised psychiatrist has 60 days to complete the report. The Chief Psychiatrist may extend this timeframe for a further 30 days if required. A direction for a psychiatrist report may be revoked by the relevant authorised mental health service administrator if the person does not participate in the reporting process in good faith.

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

If no reference to the Mental Health Court is made within the timeframes specified in the Act, the criminal proceedings cease to be suspended. Table 7 provides a summary of the application of the psychiatrist report provisions.

[13] Serious offences include offences such as arson, grievous bodily harm, indecent treatment, robbery, rape, serious assault and manslaughter. This does not include offences such as common assault and most forms of wilful damage.

Table 7: Application of psychiatrist report provisions (1 July 2024 – 30 June 2025)

Authorised mental health service	Occasions when patient was eligible to request report	Direction for psychiatrist report		Direction for psychiatrist report revoked	Number of reports received in the reporting period
		On Chief Psychiatrist initiative (public interest)	On request by patient or other		
Bayside	30	0	14	0	9
Belmont Private	0	0	0	0	0
Cairns	107	1	41	2	30
Central Queensland	86	0	25	1	19
Children's Health Queensland	1	0	1	0	1
Darling Downs	68	0	26	3	19
Gold Coast	118	2	40	5	22
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	116	0	40	1	22
Mackay	24	0	18	0	12
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	117	0	37	1	24
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	48	0	16	0	8
Royal Brisbane and Women's Hospital	159	2	69	8	34
Sunshine Coast	60	0	31	2	21
The Park	0	0	0	0	0
The Park High Security	29	2	19	0	10
The Prince Charles Hospital	72	1	27	3	17
Toowong Private	0	0	0	0	0
Townsville	99	0	44	9	24
West Moreton	48	0	22	1	15
Wide Bay	40	0	24	1	18
Statewide	**1222**	**8**	**494**	**37**	**305**

Table 8 shows a summary of Chief Psychiatrist references to Mental Health Court for psychiatrist reports received in 2024–2025. The sum of those referred and those not referred may not equal the total number of eligible reports as, at the time of publication, the decision regarding reference to the Mental Health Court may still be pending.

Table 8: Psychiatrist reports received and Chief Psychiatrist references to the Mental Health Court (1 July 2024 – 30 June 2025)

Total reports received in 2024–2025	Eligible for referral to Mental Health Court	Referred to Mental Health Court	Not referred to Mental Health Court
305	300	82	193

Forensic orders

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

The Court also determines the order type:

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

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

Forensic orders (criminal code) are made by the Supreme Court or District Court. Within 21 days of the order being made, the Tribunal must review the forensic order (criminal code) to decide whether to make a forensic order (disability) or forensic order (mental health). In this instance, the forensic order (criminal code) is ended and superseded by the new order. For 2024-2025, there were no forensic orders (criminal code) made.

As at 30 June 2025, there were:

- 758 open forensic orders in Queensland[14].
- The majority (634) were forensic order (mental health), of which 71 per cent were community category.
- The remaining open orders (124) were forensic order (disability), of which 90 per cent were community category. .

Table 9 shows the number and types of forensic orders made in 2024-2025.

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

Table 9: Forensic orders made (1 July 2024 – 30 June 2025)

Authorised mental health service	Forensic Order (Disability)		Forensic Order (Mental Health)		Total forensic Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	1	0	0	3	4
Belmont Private	0	0	0	0	0
Cairns	1	0	11	7	19
Central Queensland	1	0	7	1	9
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	6	0	6
Gold Coast	1	0	4	3	8
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	2	0	4	2	8
Mackay	1	0	1	0	2
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	1	0	10	1	12
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	1	0	2	2	5
Royal Brisbane and Women's Hospital	1	0	8	1	10
Sunshine Coast	2	0	7	0	9
The Park	0	0	0	1	1
The Park High Security	0	0	0	16	16
The Prince Charles Hospital	0	0	2	3	5
Toowong Private	0	0	0	0	0
Townsville	2	0	11	1	14
West Moreton	3	0	8	3	14
Wide Bay	0	0	1	0	1
Statewide	**17**	**0**	**82**	**44**	**143**

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

If a forensic order results from a finding of temporary unfitness for trial and the Tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced. In this circumstance, the forensic order ends when the person appears before the court. A forensic order may also end when a person is absent without approval for a period of more than three years.

Table 10 shows the number and reason for ending of forensic orders in 2024–2025.

Table 10: Forensic orders ended (1 July 2024 – 30 June 2025)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient deceased	Order amended by Mental Health Court	Other[15]	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made					
Bayside	0	4	0	0	0	0	0	0	4
Belmont Private	0	0	0	0	0	0	0	0	0
Cairns	0	9	0	2	0	1	4	0	16
Central Queensland	0	2	0	1	0	0	0	1	4
Children's Health Queensland	0	0	0	0	0	0	0	0	0
Darling Downs	0	2	1	0	0	0	0	1	4
Gold Coast	0	3	0	2	0	1	0	0	6
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	0	3	0	0	0	1	1	0	5
Mackay	0	1	0	0	0	0	1	0	2
Mater Misericordiae	0	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	18	0	2	0	3	1	0	24
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	4	0	0	0	1	2	0	7
Royal Brisbane and Women's Hospital	0	7	0	0	0	2	1	0	10
Sunshine Coast	0	6	0	1	0	0	0	0	7
The Park	0	0	0	0	0	0	2	0	2
The Park High Security	1	0	0	0	0	0	2	0	3
The Prince Charles Hospital	0	4	0	1	1	0	2	0	8
Toowong Private	0	0	0	0	0	0	0	0	0
Townsville	1	6	0	0	0	0	3	0	10
West Moreton	0	10	0	0	1	1	0	0	12
Wide Bay	0	4	0	4	0	1	0	0	9
Statewide	**2**	**83**	**1**	**13**	**2**	**11**	**19**	**2**	**133**

[15] 'Other' includes patients who have been absent for 3 years or more (2), patients who elected to go to trial (0), and patients seeking transfer out of Queensland who have been out of state for a continuous period of 3 years or more (0).

Treatment support orders

A treatment support order can be made by the Mental Health Court following a finding that the person was of unsound mind at the time of an alleged offence or is unfit for trial due to mental illness. Treatment support orders generally involve less oversight than forensic orders.

The Court makes the order if it considers that a treatment support order, not a forensic order, is necessary to protect the safety of the community. A treatment support order may also be made by the Tribunal when it revokes a patient's forensic order.

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

On 30 June 2025, there were:

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

Table 11 provides a summary of the types of treatment support orders made in 2024–2025, and their initial category.

Table 11: Treatment support orders made (1 July 2024 – 30 June 2025)

Authorised Mental Health Service	Mental Health Court		Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	1	0	3	0	4
Belmont Private	0	0	0	0	0
Cairns	1	0	9	0	10
Central Queensland	1	0	2	0	3
Children's Health Queensland	0	0	0	0	0
Darling Downs	3	0	2	0	5
Gold Coast	5	0	3	0	8
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	4	1	5	0	10
Mackay	0	0	1	0	1
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	2	0	18	0	20
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	1	0	4	0	5
Royal Brisbane and Women's Hospital	4	0	7	0	11
Sunshine Coast	2	0	6	0	8
The Park	0	0	1	0	1
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	1	0	4	0	5
Toowong Private	0	0	0	0	0
Townsville	1	0	5	1	7
West Moreton	3	0	9	0	12
Wide Bay	0	0	5	0	5
Statewide	**29**	**1**	**84**	**1**	**115**

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

Similar to the provisions for forensic orders, if the treatment support order was made due to a finding of temporary unfitness for trial and the Tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced and the treatment support order ends when the person appears before the court. If the Mental Health Court makes a forensic order for a person who is subject to a treatment support order, the treatment support order ends. In 2024–2025, two treatment support orders ended this way.

Table 12 shows the number and reason for ending of treatment support orders in 2024–2025

Table 12: Treatment support orders ended (1 July 2024 – 30 June 2025)

Authorised mental health service	Treatment authority made	Forensic order made	Patient found fit for trial	Order amended by Mental Health Court	Order revoked	Other [16]	Patient deceased	Total treatment support orders ended
Bayside	1	0	0	0	2	0	0	3
Belmont Private	0	0	0	0	0	0	0	0
Cairns	2	0	0	0	5	0	0	7
Central Queensland	2	0	0	1	1	0	0	4
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	0	0	2	0	1	3
Gold Coast	3	0	0	1	1	0	0	5
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	2	1	0	1	4	0	0	8
Mackay	1	0	0	0	2	0	0	3
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	5	0	0	1	5	0	1	12
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	1	0	0	0	4	0	0	5
Royal Brisbane and Women's Hospital	4	0	0	0	2	0	1	7
Sunshine Coast	7	0	0	0	6	0	0	13
The Park	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0	0	0
The Prince Charles Hospital	2	0	0	0	0	0	0	2
Toowong Private	0	0	0	0	0	0	0	0
Townsville	1	0	0	0	2	0	0	3
West Moreton	2	0	0	2	2	0	0	6
Wide Bay	4	1	0	0	2	0	0	7
Statewide	**37**	**2**	**0**	**6**	**40**	0	**3**	**88**

[16] 'Other' includes patients who have been absent for 3 years or more, patients who had their order superseded by a new treatment support order or the relevant charges were withdrawn and the order ceased.

Seclusion

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

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

Seclusion may be authorised by an authorised doctor for up to three hours and for no more than nine hours in a 24-hour period. If required to be extended beyond this time, seclusion may be approved under a reduction and elimination plan.

An extension of seclusion may be authorised up to 12 hours, to allow a reduction and elimination plan to be prepared and approved for the patient. This must be approved by a clinical director in the authorised mental health service. An extension of seclusion may only be granted once for each period of the admission in which the patient requires acute management.

Due to the complex needs of a small subset of patients, high secure authorised mental health services have historically reported higher rates of seclusion authorisations. In 2024-2025, informed by the response to the *Mental Health Act 2016 Report Review into the use of Seclusion, Mechanical Restraint and Physical Restraint under the Queensland Mental Health Act,* the Office continued to work with services on statewide and local quality improvement efforts to monitor, reduce and where possible use alternatives to seclusion.

Table 13 represents the statewide clinical indicators for monitoring seclusion rates under the Act, which align to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute settings[17].

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

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

Table 13: Seclusion indicators (five year trend[18])

Indicator	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
Seclusion events per 1,000 acute bed days	9.3	7.3	7.2	7.0	7.9
Proportion of acute episodes with one or more seclusion events	2.7%	2.5%	2.6%	2.6%	2.9%
Average (mean) duration of seclusion events (hours) in acute episodes	3.5	5.3	5.0	6.0	4.9

[18] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2024–2025 data is preliminary and subject to change

Table 14: Seclusion authorisation (1 July 2024 – 30 June 2025)

Authorised mental health service	Seclusion authorisations				Extension of seclusion	
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	18	38	56	19	0	0
Belmont Private	0	0	0	0	0	0
Cairns	92	447	539	136	0	0
Central Queensland	265	57	322	41	0	0
Children's Health Queensland	7	12	19	7	0	0
Darling Downs	16	58	74	44	0	0
Gold Coast	499	110	609	87	1	1
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	175	146	321	80	0	0
Mackay	9	20	29	17	0	0
Mater Misericordiae	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	127	151	278	83	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	84	151	235	52	1	1
Royal Brisbane and Women's Hospital	134	321	455	123	0	0
Sunshine Coast	176	217	393	90	0	0
The Park	90	9	99	8	0	0
The Park High Security	14,640	30	14,670	44	0	0
The Prince Charles Hospital	1,523	110	1,633	87	0	0
Toowong Private	0	0	0	0	0	0
Townsville	340	35	375	34	0	0
West Moreton	938	157	1,095	65	0	0
Wide Bay	51	27	78	21	0	0
Statewide	**19,184**	**2,096**	**21,280**	**1,038**	**2**	**2**

Mechanical restraint

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

The decision to use mechanical restraint is to prevent imminent and serious harm to the patient or another person, and only after alternative strategies have been trialled or appropriately considered and excluded.

> Mechanical restraint can only be used if there is no other reasonably practicable way to protect the patient or others from physical harm.

All applications for approval to use mechanical restraint under the Act must be sent to the Chief Psychiatrist as soon as mechanical restraint is proposed. In urgent circumstances verbal approval from the Chief Psychiatrist may be given and an application must be sent to the Chief Psychiatrist as soon as practicable once approval is granted.

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

A Chief Psychiatrist approval for the use of mechanical restraint may be in place for up to seven days. Multiple events may be authorised under a single approval or, alternatively, no events may occur under the approval if determined that mechanical restraint is no longer required.

Table 15 summarises the total number of mechanical restraint events under the Act. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute adult settings.

Table 16 provides a summary of mechanical restraint approvals this reporting year. Due to the complex needs of a small subset of patients, high secure authorised mental health services have historically reported higher rates of mechanical restraint

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend[19])

Indicator	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
Mechanical restraint events in acute episodes	26	55	102	26	24
Total mechanical restraint events per 1,000 bed days	0.1	0.2	0.3	0.1	0.1

[19] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2024–2025 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2024 – 30 June 2025)

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	4	1	8
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	3	1	7
Mackay	1	1	1
Mater Misericordiae	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	2	2	3
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women's Hospital	1	1	1
Sunshine Coast	1	1	4
The Park	0	0	0
The Park High Security	43	6	61
The Prince Charles Hospital	0	0	0
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	0	0	0
Statewide	**55**	**13**	**85**

Reduction and elimination plans

A reduction and elimination plan outlines measures to be taken to proactively reduce the use of seclusion or mechanical restraint on a patient by ensuring clinical leadership, monitoring, accountability, and a focus on safe alternative interventions.

Reduction and elimination plans must be in place for any patient that is secluded or mechanically restrained for more than nine hours in a 24-hour period and is recommended practice in all other instances of seclusion or mechanical restraint.

A single reduction and elimination plan may apply to either mechanical restraint, seclusion, or both, however seclusion and mechanical restraint are not permitted to be used simultaneously.

Table 17 provides a count of the total number of reduction and elimination plans recorded, regardless of whether they had an associated authorisation or event. The count of plans within each stream (i.e. mechanical restraint, seclusion or both) is limited to plans that have an associated authorisation and event. Additionally, a patient may receive treatment and care across multiple authorised mental health services. Consequently, row and column counts for patients and plans may not align.

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	1	1	2	2	0	0	4	4
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	19	16	0	0	31	24
Central Queensland	0	0	22	18	0	0	26	19
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	0	0	0	0	5	5
Gold Coast	0	0	46	37	0	0	62	44
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	3	1	23	13	0	0	39	24
Mackay	0	0	1	1	0	0	2	2
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	21	18	0	0	32	27
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	8	6	0	0	10	7
Royal Brisbane and Women’s Hospital	1	1	29	21	0	0	42	33
Sunshine Coast	0	0	32	25	1	1	51	38
The Park	0	0	6	4	0	0	6	4
The Park High Security	2	1	370	38	97	6	500	42
The Prince Charles Hospital	0	0	44	17	0	0	48	21
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	19	15	0	0	21	16
West Moreton	0	0	69	48	0	0	70	49
Wide Bay	0	0	4	3	0	0	4	3
Statewide	**7**	**4**	**715**	**278**	**98**	**7**	**953**	**354**

Physical restraint

Physical restraint refers to the use by a person of their body to restrict another person's movement. Physical restraint does not include the giving of physical support or assistance reasonably necessary to enable a person to carry out daily living activities, or to redirect a person because they are disorientated.

Physical restraint is used where less restrictive interventions are insufficient to protect a patient, or others, from physical harm, provide necessary treatment and care to a patient, prevent serious damage to property, or prevent a patient detained in an authorised mental health service from leaving the service without approval.

Any use of physical restraint on a patient, including that used in urgent circumstances, must be recorded on the patient's electronic health record.

Table 18 summarises the total number of physical restraint events under the Act. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to public authorised mental health services.

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

Table 18: Total physical restraint events per 1,000 acute bed days (five-year trend[20])

Indicator	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
Physical restraint events in acute episode	4550	3321	3327	2892	3344
Total physical restraint events per 1000 bed days	15.0	11.3	10.8	9.0	9.9

[20] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2024–2025 data is preliminary and subject to change. Physical restraint events were not recorded prior to July 2017. Caution is required when interpreting comparisons over time as these may be reflective of differences in business processes for recording data rather than a true variation in the use of physical restraint.

Table 19: Physical restraint events (1 July 2024 – 30 June 2025)

Authorised mental health service	Total patients	Total events	Average number of events per patient
Bayside	18	61	3.4
Cairns	88	187	2.1
Central Queensland	21	27	1.3
Children's Health Queensland	51	190	3.7
Darling Downs	83	191	2.3
Gold Coast	103	326	3.2
Logan Beaudesert	75	247	3.3
Mackay	36	67	1.9
Mater Misericordiae	0	0	0.0
Princess Alexandra Hospital	117	351	3.0
Princess Alexandra Hospital High Security	0	0	0.0
Redcliffe Caboolture	65	347	5.3
Royal Brisbane and Women's Hospital	139	355	2.6
Sunshine Coast	156	454	2.9
The Park	3	8	2.7
The Park High Security	17	31	1.8
The Prince Charles Hospital	102	270	2.6
Townsville	73	167	2.3
West Moreton	69	135	2.0
Wide Bay	31	60	1.9
Statewide	**1215**	**3474**	**2.9**

Electroconvulsive Therapy

In Queensland, Electroconvulsive Therapy (ECT) is a regulated treatment under the Act and may only be performed in an authorised mental health service:

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

In some circumstances, emergency ECT may be necessary to save the person's life or to prevent the person from suffering irreparable harm. In these circumstances, a certificate to perform emergency ECT may be made for an involuntary patient which enables ECT to be administered prior to the matter being determined by the Tribunal.

An application for ECT must include any views, wishes and preferences the person has expressed about the therapy.

The Queensland Electroconvulsive Therapy Committee provides expert advice and leadership for the delivery of ECT in Queensland, supporting Hospital and Health Service local governance processes and the Office in its oversight role.

The Chief Psychiatrist Policy – *Electroconvulsive Therapy* which was updated and reissued in June 2025 contains information about safeguards and requirements for ECT.

The Queensland Health Guidelines for the Administration of Electroconvulsive Therapy outline a consistent, evidence-based approach to the administration of ECT.

Further information is available in *A Guide to Electroconvulsive Therapy (ECT) for Consumers and Carers* available at http://www.health.qld.gov.au/mental-health-act

Table 20 provides a summary of the number of applications to perform ECT made this reporting period.

Table 20: Applications to perform ECT made to the Tribunal (1 July 2024 – 30 June 2025)

Authorised mental health service	ECT treatment applications made		
	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	15	2	17
Belmont Private	9	1	10
Cairns	18	6	24
Central Queensland	12	4	16
Children's Health Queensland	0	0	0
Darling Downs	21	0	21
Gold Coast	36	2	38
Greenslopes Private	0	0	0
Logan Beaudesert	26	6	32
Mackay	4	4	8
Mater Misericordiae	3	0	3
New Farm Clinic	0	4	4
Princess Alexandra Hospital	51	28	79
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	25	2	27
Royal Brisbane and Women's Hospital	84	23	107
Sunshine Coast	32	4	36
The Park	0	0	0
The Park High Security	42	0	42
The Prince Charles Hospital	34	7	41
Toowong Private	3	0	3
Townsville	10	5	15
West Moreton	11	2	13
Wide Bay	14	3	17
Statewide	**450**	**103**	**553**

Patients absent without approval

Arrangements may be made under the Act for a patient who is absent without approval to be returned to an authorised mental health service or a public sector health service facility.

Unless risks in doing so are identified, reasonable efforts must be made to contact and encourage the patient to attend or return voluntarily.

If the patient is not willing or able to return to the service voluntarily, an authority to transport absent person form may be issued.

The Authority to Transport Absent Person form authorises the return of the patient by a health practitioner, ambulance officer or, if necessary to ensure the safe transportation and return of the patient, a police officer.

Of the 4,295 forms issued in the reporting period, 2,924 were in relation to patients residing in the community who were required to return to an authorised mental health service. This includes patients who have become unwell or have failed to attend a scheduled appointment.

The remaining 1,371 forms issued include the following categories and are represented in Table 21:

- Failed / required to return from limited community treatment – A patient failed to return or was required to return from approved limited community treatment (i.e., leave) or temporary absence.
- Absconded from mental health unit – A patient absconded from an inpatient mental health unit.
- Absconded – Other – A patient absconded from another unit (e.g., emergency department, community mental health facility) or while being transported between authorised mental health services.

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

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

Table 21: Authority to transport absent patient forms issued (1 July 2024– 30 June 2025)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Classified patient	Other[21]	Total
Bayside	1	23	0	4	0	0	28
Belmont Private	0	0	0	0	0	0	0
Cairns	32	75	2	77	0	5	191
Central Queensland	42	66	1	7	0	0	116
Children's Health Queensland	1	1	0	0	0	2	4
Darling Downs	11	62	0	6	0	3	82
Gold Coast	4	113	0	1	0	3	121
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	6	77	0	9	2	1	95
Mackay	15	43	2	3	0	1	64
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	4	45	1	9	1	0	60
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	7	60	1	10	0	0	78
Royal Brisbane and Women's Hospital	27	81	0	1	1	9	119
Sunshine Coast	1	28	1	0	0	1	31
The Park	0	0	1	4	0	0	5
The Park High Security	0	0	0	0	0	0	0
The Prince Charles Hospital	9	93	1	16	0	4	123
Toowong Private	0	0	0	0	0	0	0
Townsville	23	54	0	86	1	3	167
West Moreton	3	41	0	3	0	0	47
Wide Bay	4	32	1	1	1	1	40
Statewide	**190**	**894**	**11**	**237**	**6**	**33**	**1371**

[21] 'Other' includes patients on another type of order such as a judicial order (3), and persons detained for the purposes of making a recommendation for assessment (30).

Appendix 1

Abbreviations – authorised mental health services

Authorised mental health service (abbreviated)	Authorised mental health service (full title)
Bayside	Bayside Network Authorised Mental Health Service
Belmont Private	Belmont Private Hospital Authorised Mental Health Service
Cairns	Cairns Network Authorised Mental Health Service
Central Queensland	Central Queensland Network Authorised Mental Health Service
Children's Health Queensland	Children’s Health Queensland Authorised Mental Health Service
Darling Downs	Darling Downs Network Authorised Mental Health Service
Gold Coast	Gold Coast Authorised Mental Health Service
Greenslopes Private	Greenslopes Private Hospital Authorised Mental Health Service
Logan Beaudesert	Logan Beaudesert Authorised Mental Health Service
Mackay	Mackay Authorised Mental Health Service
Mater Misericordiae	Mater Misericordiae Authorised Mental Health Service
New Farm Clinic	New Farm Clinic Authorised Mental Health Service
Princess Alexandra Hospital	Princess Alexandra Hospital Authorised Mental Health Service
Princess Alexandra Hospital High Security	Princess Alexandra Hospital High Security Program Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
Royal Brisbane and Women’s Hospital	Royal Brisbane and Women’s Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast Network Authorised Mental Health Service
The Park	The Park Centre for Mental Health Authorised Mental Health Service
The Park High Security	The Park High Security Program Authorised Mental Health Service
The Prince Charles Hospital	The Prince Charles Hospital Authorised Mental Health Service
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

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Office of the Chief Psychiatrist

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