Queensland Health *Mental Health Act 2000*

11-12 annual report

of the Director of Mental Health

Queensland Government

Communication objective

This annual report aims to:

- describe our performance—by communicating our achievements and activities for the 2011–2012 financial year
- be accountable and transparent — by enabling the Minister for Health and Parliament to assess our efficiency and effectiveness.
- inform our clients and stakeholders — by providing an opportunity for members of the public to review our performance.

2011–2012 Annual Report of the Director of Mental Health

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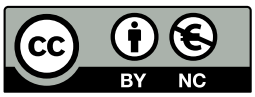

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An electronic version of this document is available at **www.health.qld.gov.au/mentalhealth/pub/qld_pub.asp**

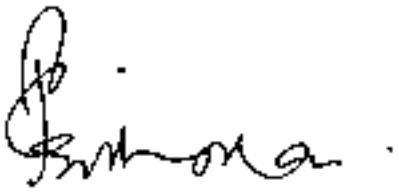
Queensland Government

To:
The Honourable Lawrence Springborg MP
Minister for Health

Dear Minister

It is with much pleasure that I present the 2011–2012 Annual Report of the Director of Mental Health. This report is provided in accordance with Section 494 of the *Mental Health Act 2000* (Queensland).

Yours sincerely



Associate Professor Jagmohan Gilhotra
Director of Mental Health

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Message from the Director of Mental Health

I am pleased to present the 11th Annual Report of the Director of Mental Health in accordance with my appointment on 20 April 2012 in the position of the Director of Mental Health.

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

10 year anniversary of the *Mental Health Act 2000*

This year marked a special anniversary for the Act, being 10 years since its commencement on 28 February 2002.

The Act was seen as a significant piece of legislation, which replaced the *Mental Health Act 1974* in its entirety. The previous Act was widely viewed as failing to reflect contemporary treatment practices and was not consistent with the standards established in the United Nations Principles for the Protection of Rights of People with Mental Illness. At the time of its enactment in 2002, the Act was recognised as a dynamic and progressive piece of mental health legislation. Key developments and reforms included:

- establishment of the Mental Health Review Tribunal to protect the rights of involuntary patients by providing independent and regular reviews of involuntary patients
- transition to a Mental Health Court (formerly the Mental Health Tribunal) to make determinations in relation to persons with a mental illness or intellectual disability who are charged with a criminal offence
- provision for interstate agreements to be developed to support movement of involuntary patients between jurisdictions, and
- establishment of statutory registers under the *Mental Health Regulation 2002* which were operationalised through a statewide information system.

Ongoing legislative reform

The Act has been subject to ongoing evaluation and review over the 10 year period to ensure its effective operation and alignment with international and national best practice. Some of the more substantive changes have occurred in the forensic mental health system. *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000* (the Butler Report) released in 2006 led to significant legislative and system changes, including enhancement of victim entitlements and the establishment of a legislative sub-category (special notification forensic patient), which enables greater safeguards to be applied when a patient is charged with a specified serious offence/s.

It was during this reporting period that the final recommendation of the Butler Report was implemented through the enactment of the *Forensic Disability Act 2011*. This development resulted in significant amendments to the forensic scheme and provisions relating to seclusion and mechanical restraint. A feature of the amendments was the establishment of a new category of forensic order which applies when a person's unsoundness of mind or unfitness for trial results from an intellectual or cognitive disability. The administrative application of these amendments is reported in this annual report.

Monitoring statutory compliance

Systematic monitoring and auditing of authorised mental health services' (AMHS) compliance with the Act has continued during this reporting period. Since the commencement of statutory auditing, all AMHS have now been audited. I am pleased to be able to report on the many positive outcomes which have resulted from this audit process.

While the statutory audits and investigations found a small number of significant matters of non-compliance during the 2011–2012 financial year, these have been immediately addressed and a follow-up monitoring and review process has been implemented in each case.

The audits continue to identify many examples of quality service delivery, as well as areas requiring improvements to systems, development of new policy and review and refinement of existing policies. My office works closely with AMHS to bring these identified enhancements into effect.

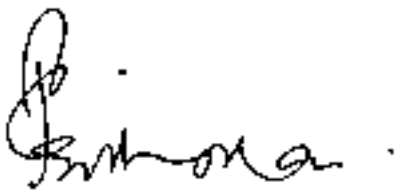
The year ahead

Service level agreements were set in place as of 30 June 2012 with each Hospital and Health Service (HHS) established under the *Hospital and Health Boards Act 2011* and incorporate measurement of mental health outcomes. The agreements make provision for an integrated acute inpatient and community mental health service, and include a schedule detailing the mental health services being purchased from the HHS as well as the performance measures to monitor the delivery of these services.

In the coming year, the Mental Health Alcohol and Other Drugs Branch will continue to work in close collaboration with the HHSs to ensure that strategic reforms and improvements continue within mental health services in Queensland.

I also look forward to working more closely with consumers, carers, specialist mental health services, primary care services, the non-government sector and all those other stakeholders who are similarly committed to developing a world class mental health system in Queensland.

Finally, I would like to take this opportunity to thank the many staff who have provided invaluable assistance in the administration of the Act, both at the service and corporate levels and acknowledge the contributions that they have made to enhancing mental health care in Queensland.



Associate Professor Jagmohan Gilhotra
Director of Mental Health

Key highlights in 2011–2012

Statutory achievements

- The *Forensic Disability Act 2011* and amendments to the *Mental Health Act 2000* (the Act) were commenced in two stages:
  - All amendments relating to the forensic disability scheme, excluding the requirement for the Director of Mental Health to issue a policy for forensic patients receiving care at an authorised mental health service (AMHS) were commenced on 1 July 2011
  - All amendments relating to seclusion and restraint and the requirement for the Director of Mental Health to issue a forensic patient policy were commenced on 1 October 2011
- The Director of Mental Health issued the following policies on 1 October 2011:
  - Policy and practice guidelines for the care of disability forensic patients
  - Policy on seclusion in authorised mental health services
  - Policy on mechanical restraint in authorised mental health services
- The Administrator Delegates' Forum was held in Brisbane on 22 and 23 August 2011
- The inaugural Administrators' Forum was held in Brisbane on 19 January 2012
- The first round of statutory compliance audits was completed in July 2011 and an analysis of the key audit findings was undertaken. Information about audit findings was presented at the Mental Health Law and Practice Seminar held as part of the Senior Leaders' Forum on 17 November 2011
- The revised justices examination order form was introduced in August 2011
- The revised emergency examination order (police or ambulance) form was introduced in December 2011
- The revised electroconvulsive therapy consent form was implemented in February 2012
- New and revised resources (brochures, posters, letter templates) to support the allied persons and patient rights provisions of the Act were issued in April 2012

Reporting on the *Mental Health Act 2000*

Most people with a mental illness are able to make decisions about their treatment. However, there are times when a person does not have full insight into their treatment needs due to the nature of their mental illness. In these cases, involuntary treatment may be warranted. The *Mental Health Act 2000* (the Act) provides the legislative framework for the involuntary assessment, treatment and protection of people with a mental illness, while safeguarding their rights and freedoms and balancing these with the rights of others.

A fundamental human rights principle underpinning the Act is that a person's liberty and rights should only be adversely affected if there is no less restrictive way to protect their health and safety or to protect others. Civil involuntary provisions may apply if a person is believed to represent a risk to their own safety or that of others or is likely to suffer serious mental or physical deterioration due to a mental illness.

Classified patient provisions provide for the secure management of a person brought to an authorised mental health service (AMHS) from court or custody for assessment and/or treatment. Forensic patient provisions apply to those persons charged with an indictable offence who are subject to a forensic order made by the Mental Health Court following a finding that they are of unsound mind or unfit for trial.

This chapter details the involuntary provisions and related legislative processes that applied between 1 July 2011 and 30 June 2012. Data on these activities was recorded in the Consumer Integrated Mental Health Application (CIMHA) and records maintained by the Mental Health Alcohol and Other Drugs Branch (MHAODB).

Involuntary assessment

The Act allows for the involuntary assessment of a person who may have a mental illness. Two separate forms must be completed, each declared by a different individual, to initiate an involuntary assessment. Together, these forms are known as the 'assessment documents'.

The first of these assessment documents is a request for assessment. This form must be completed by an adult (usually a family member, friend or health professional) who, having observed the person in the preceding three days, believes the person requires involuntary assessment. The second document is a recommendation for assessment. This form is completed by a doctor or authorised mental health practitioner (AMHP) who believes, after having examined the person in the preceding three days, the assessment criteria provided in section 13 of the Act apply to the person.

The assessment criteria are as follows:

- the person appears to have a mental illness
- the person requires immediate assessment
- the assessment can be properly made at an AMHS
- there is a risk that the person may:
  - cause harm to himself or herself or someone else; or
  - suffer serious mental or physical deterioration
- there is no less restrictive way of ensuring the person is assessed
- the person:
  - lacks capacity to be assessed; or
  - has unreasonably refused to be assessed.

Together the assessment documents authorise an AMHP or ambulance officer to take the person to an AMHS. This must occur within seven days of the recommendation for assessment. Circumstances leading to involuntary assessment under the Act may also arise when a person is voluntarily receiving treatment at an AMHS and it is determined that the assessment criteria apply.

For the purposes of assessment, a public hospital may be considered an AMHS where no other AMHS is readily available. On arrival at the AMHS, the person becomes an involuntary patient and they may be detained for an initial period of 24 hours for assessment by an authorised doctor (AD) to determine whether the treatment criteria as listed in Section 14 of the Act apply. If satisfied that the treatment criteria apply, the AD may make an involuntary treatment order (ITO) for the patient.

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

Table 1 sets out details of the involuntary assessment activity at each AMHS in the 2011–2012 financial year.

Table 1: Involuntary assessment: involuntary processes commenced with assessment documents 2011–2012*

Authorised mental health service**	Assessed on assessment documents only	ITO made as a result of involuntary assessment		ITO not made before end of assessment period		Pre-existing involuntary status	
Bayside	203	136	67%	66	33%	1	0%
Belmont Private	83	69	83%	14	17%	0	0%
Cairns	760	389	51%	353	46%	18	2%
Central Queensland	144	68	47%	76	53%	0	0%
Fraser Coast	158	76	48%	81	51%	1	1%
Gold Coast	853	586	69%	260	30%	7	1%
Greenslopes Private	5	5	100%	0	0%	0	0%
Logan Beaudesert	549	406	74%	142	26%	1	0%
Mackay	278	137	49%	141	51%	0	0%
Mater	69	43	62%	26	38%	0	0%
New Farm Clinic	46	39	85%	7	15%	0	0%
Princess Alexandra	897	544	61%	344	38%	9	1%
Redcliffe Caboolture	306	188	61%	113	37%	5	2%
RBWH	1222	611	50%	581	48%	30	2%
Royal Children's	33	25	76%	8	24%	0	0%
Sunshine Coast	342	262	77%	80	23%	0	0%
The Park	11	11	100%	0	0%	0	0%
The Park - High Security	3	3	100%	0	0%	0	0%
The Prince Charles	403	265	66%	138	34%	0	0%
Toowong Private	32	28	88%	4	13%	0	0%
Toowoomba	433	253	58%	178	41%	2	0%
Townsville	301	153	51%	147	49%	1	0%
West Moreton	271	176	65%	94	35%	1	0%
Wide Bay	106	69	65%	37	35%	0	0%
Total	**7508**	**4542**	**61%**	**2890**	**38%**	**76**	**1%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

A total of 7508 involuntary assessments were conducted following a request and recommendation during the 2011–2012 reporting period, representing a 10 per cent increase from the previous year. Of these assessments, 4542 (61 per cent) resulted in an ITO being made, and 2890 (38 per cent) did not result in an ITO being made before the end of the assessment period.

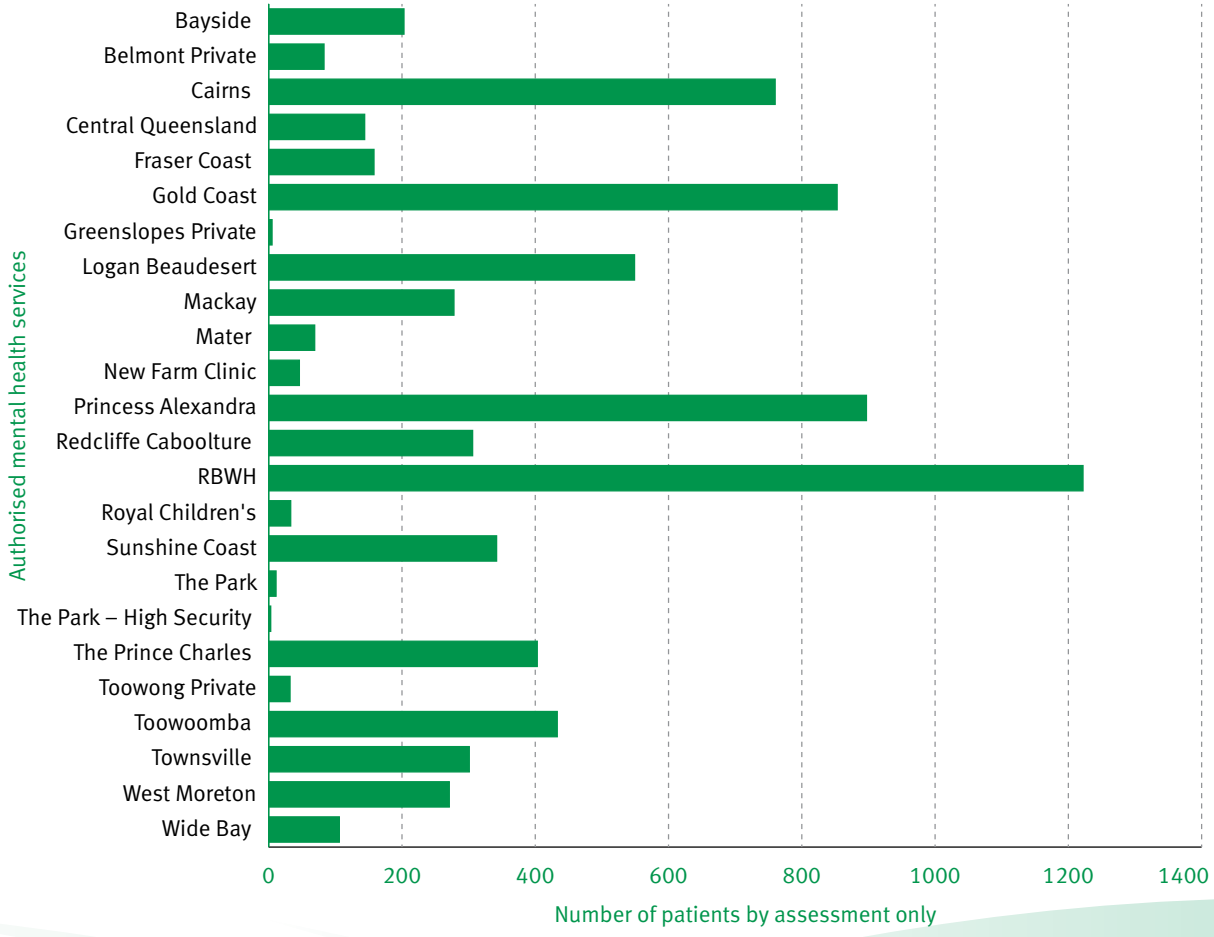
As demonstrated by the data, it is evident that there are circumstances where assessment documents do not result in an ITO. Not everyone who is subject to involuntary assessment meets the criteria for involuntary treatment. Further, during the assessment process a person may choose to receive treatment voluntarily, therefore the person does not require involuntary treatment under the Act.

There are some circumstances where a person is already subject to involuntary provisions under the Act when an assessment is conducted. These situations usually occur where the person is already receiving treatment through an AMHS i.e. on an ITO or forensic order and subsequently is taken to another AMHS for involuntary assessment. The person's pre-existing involuntary status becomes apparent when CIMHA records are checked by mental health practitioners. The patient will then be returned to their treating AMHS or treated under their ITO or forensic order at the AMHS where they have presented. In 2011–2012, this occurred in 76 instances, representing less than one per cent of the total assessments made based on assessment documents only.

The data in Table 1 does not include instances where involuntary assessment was preceded by other processes such as an emergency examination order (EEO) or justices examination order (JEO). Data relating to involuntary assessment following an EEO or JEO is provided in the next section of this report, under processes leading to involuntary assessment.

Figure 1 is a graphical representation of the number of people requiring involuntary assessment on assessment documents at each AMHS in the reporting period.

Figure 1: Total number of instances in which patients were assessed on assessment documents only by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

Processes leading to involuntary assessment

There are times when a situation of immediate concern may arise in which a person is believed to be a risk to their safety or that of others due to a mental illness but is not being treated at an AMHS. In these circumstances, consideration may be given to initiating involuntary assessment through a JEO or an EEO.

Justices examination orders

A member of the community who believes a person requires involuntary assessment may apply for a JEO. The application must detail the grounds for seeking the order and be sworn under oath. A Magistrate or Justice of the Peace (JP) may make the order if they reasonably believe that the person subject to the application has a mental illness and the order is necessary to ensure the person is examined by a doctor or AMHP. If a JEO is made, the order must be sent to the administrator of an AMHS (usually the service closest to the person who is the subject of the order) and is valid for up to seven days.

On receiving the order, the administrator must arrange for a doctor or an AMHP to examine the person. The doctor or AMHP then attends the person's residence or another place nominated in the order to examine the person for the purpose of determining if involuntary assessment is warranted. If the assessment documents are made, the person must be taken to an AMHS for assessment by an AD.

Table 2 identifies that 967 (98 per cent) of the 990 JEOs made in 2011–2012 were authorised by a JP which may reflect easier access by the public to JPs as compared to Magistrates.

Table 2: Justices examination orders according to AMHS 2011–2012

Authorised mental health service*	Total	Justice of the Peace	Magistrate
Bayside	44	44	0
Belmont Private	0	0	0
Cairns	66	48	18
Central Queensland	58	58	0
Fraser Coast	41	41	0
Gold Coast	57	57	0
Greenslopes Private	0	0	0
Logan Beaudesert	80	80	0
Mackay	45	44	1
Mater	3	3	0
New Farm Clinic	0	0	0
Princess Alexandra	109	109	0
Redcliffe Caboolture	55	55	0
RBWH	40	40	0
Royal Children's	7	7	0
Sunshine Coast	35	35	0
The Park	0	0	0
The Park - High Security	0	0	0
The Prince Charles	68	66	2
Toowong Private	0	0	0
Toowoomba	94	92	2
Townsville	69	69	0
West Moreton	80	80	0
Wide Bay	39	39	0
Total	**990**	**967**	**23**

* See Appendix 4 for full AMHS title

Table 3 illustrates the outcomes of JEOs made in the reporting period.

A total of 990 JEOs were made during 2011–2012. This figure represents an increase of 14% from the 2010–2011 reporting period where the total was 865.

Of the 990 JEOs made, 300 (30 per cent) resulted in assessment documents being made. Of the total number of JEOs made, 248 (25 per cent) resulted in an ITO being made following assessment and 52 (five per cent) did not result in an ITO being made. This situation may occur when it is determined that the person does not meet the criteria for involuntary treatment or there are less restrictive ways of ensuring that the person receives treatment for their mental illness.

Of the total JEOs made in 2011–2012, 690 (70 per cent) did not result in assessment documents being made. Of the total number of JEOs made, 591 (60 per cent) were found to not meet the assessment criteria. At times, no involuntary assessment documents are required because upon examination, the person agrees to engage voluntarily with the mental health service for further assessment and treatment.

In some instances, a JEO expires prior to an examination being conducted. This situation may occur when the person is unable to be found, or they voluntarily attend an AMHS within the seven-day period covered by the order. In 2011–2012, 77 (eight per cent) of all JEOs ended before an examination was conducted.

In 2011–2012, 22 cases (two per cent) resulted in a JEO being made for a person who was already subject to the involuntary provisions of the Act (that is, an ITO or forensic order). Situations of this kind are usually determined from CIMHA records prior to examining the person.

Table 3: Justices examination orders and outcomes 2011–2012*

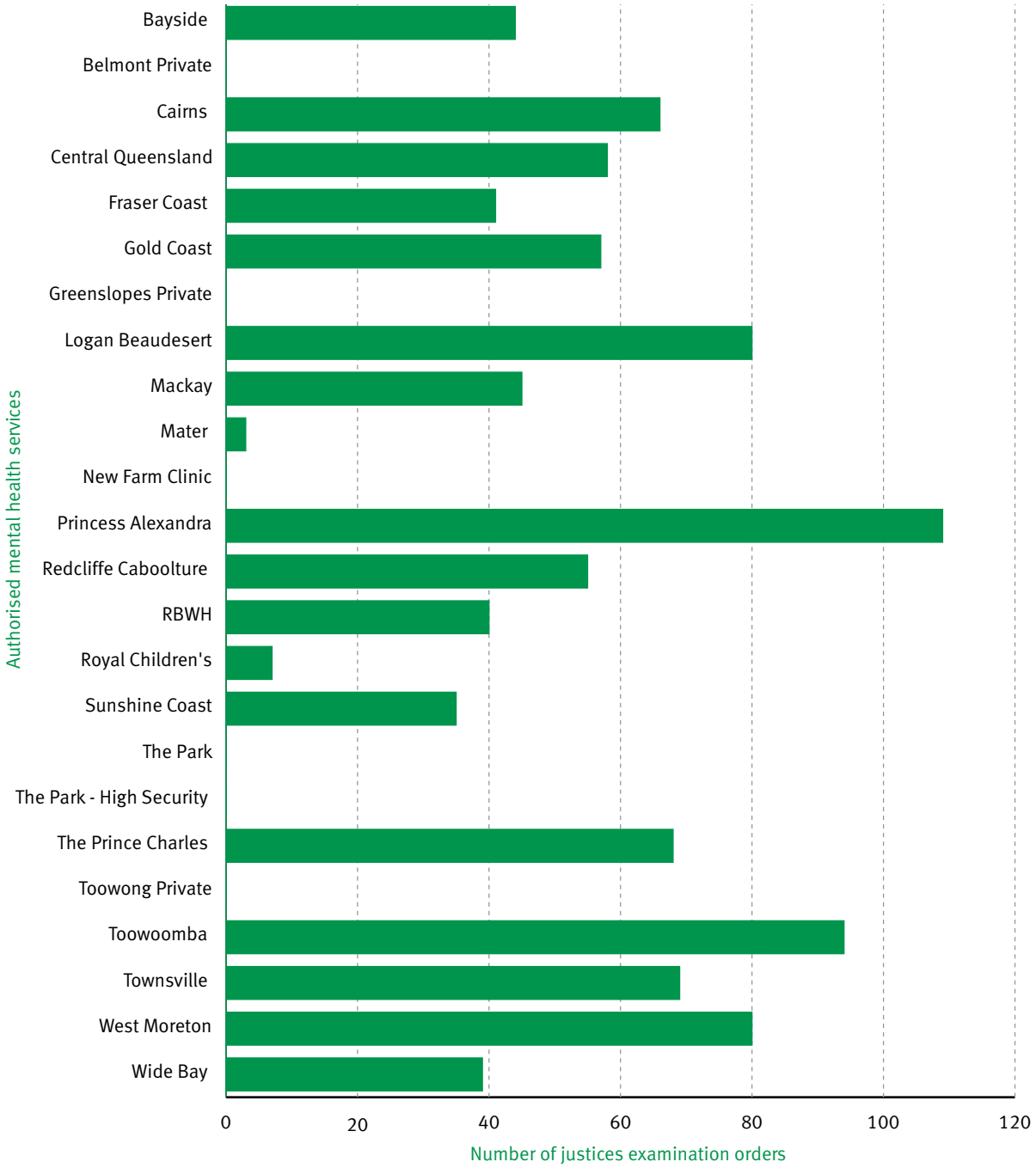
Authorised mental health service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		JEO ended before examination		Pre-existing involuntary status	
Bayside	44	11	25%	2	5%	31	70%	0	0%	0	0%
Belmont Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	66	13	20%	5	8%	36	55%	10	15%	2	3%
Central Queensland	58	13	22%	3	5%	38	66%	3	5%	1	2%
Fraser Coast	41	8	20%	3	7%	30	73%	0	0%	0	0%
Gold Coast	57	15	26%	3	5%	31	54%	5	9%	3	5%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	80	15	19%	6	8%	49	61%	10	13%	0	0%
Mackay	45	14	31%	2	4%	23	51%	3	7%	3	7%
Mater	3	0	0%	0	0%	3	100%	0	0%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	109	39	36%	7	6%	54	50%	8	7%	1	1%
Redcliffe Caboolture	55	13	24%	2	4%	34	62%	5	9%	1	2%
RBWH	40	20	50%	4	10%	9	23%	5	13%	2	5%
Royal Children's	7	1	14%	0	0%	6	86%	0	0%	0	0%
Sunshine Coast	35	8	23%	0	0%	27	77%	0	0%	0	0%
The Park	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Park - High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Prince Charles	68	29	43%	2	3%	31	46%	2	3%	4	6%
Toowong Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	94	17	18%	6	6%	61	65%	8	9%	2	2%
Townsville	69	9	13%	3	4%	52	75%	5	7%	0	0%
West Moreton	80	17	21%	3	4%	49	61%	10	13%	1	1%
Wide Bay	39	6	15%	1	3%	27	69%	3	8%	2	5%
Total	**990**	**248**	**25%**	**52**	**5%**	**591**	**60%**	**77**	**8%**	**22**	**2%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

Figure 2 shows the number of justices examination orders made at each AMHS in the reporting period.

Figure 2: Total number of justices examination orders by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

The justices examination order form (JEO form) requires a doctor or AMHP to specify whether or not assessment documents have been made. If the assessment documents are not made, the doctor or AMHP must consult with a psychiatrist to discuss the reasons for the decision and the follow-up plan. This requirement is in line with a 2008 State Coroner recommendation.

During the reporting period, the JEO form was revised and reissued. In response to requests from JPs, the revised form removes the requirement for a JP to provide their name when making a JEO. Instead, a JP is required to record their seal and registration number as a means of identification. If necessary, the JP who issued the JEO may be indentified through a request to the Department of Justice and Attorney General accompanied by a scanned copy of the order.

Emergency examination orders

Police officers, ambulance officers and psychiatrists are empowered to act in emergency circumstances to take a person to an AMHS for examination under an EEO. The purpose of the examination is to decide if assessment documents should be made for the person.

The police or ambulance officer must **reasonably believe** the following criteria apply:

- a person has a mental illness
- because of the person's illness there is an imminent risk of significant physical harm being sustained by the person or someone else
- applying for a JEO would cause dangerous delay and significantly increase the risk of harm to the person or someone else
- the person should be taken to an AMHS for examination to decide whether a request and recommendation for assessment should be made for the person.

The criteria for an EEO (psychiatrist) are the same as those for an EEO (police or ambulance), except that the psychiatrist must be **satisfied** that the person has a mental illness. These provisions are intended for sole practitioner psychiatrists in private practice. Psychiatrists not working in these circumstances should initiate the involuntary assessment provisions by use of a recommendation for assessment and a request for assessment.

On arrival at the AMHS, the person may be detained for up to six hours for the purpose of being examined by a doctor or AMHP. The purpose of the examination is to determine if the person meets the criteria for involuntary assessment.

Table 4 sets out the details of EEOs made in 2011–2012.

As can be seen from Table 4, a total of 10,107 EEOs were made during the reporting year, which represents a 16 per cent increase from 2010–2011, when the total was 8686.

Police officers made 5556 (55 per cent) of the total number of EEOs in 2011–2012. This figure represents an increase (14.5 per cent) from the total number of EEOs made by police officers in the 2010–2011 reporting period. Ambulance officers made 4522 (44.7 per cent) of the total number of EEOs in 2011–2012. This figure represents an increase (18 per cent) from the total number of EEOs made by an ambulance officer in the 2010-2011 reporting period. Psychiatrists made less than one per cent of the EEOs in 2011–2012. This figure is comparable to 2010–2011 results.

The number of EEOs has increased substantially over the past five reporting periods with a 112 per cent increase from 2007–2008. This increase may be attributed to improvements in record keeping and increased collaboration between police, ambulance and mental health services in responding to crisis situations when it is believed that a person has a mental illness and there is an imminent risk to their health and safety or that of others.

Table 4: Emergency examination orders made 2011–2012*

Authorised Mental Health Service**	Total	Ambulance officer		Police officer		Psychiatrist	
Bayside	467	235	50.3%	232	49.7%	0	0.0%
Belmont Private	0	0	0.0%	0	0.0%	0	0.0%
Cairns	628	146	23.2%	481	76.6%	1	0.2%
Central Queensland	428	245	57.2%	181	42.3%	2	0.5%
Fraser Coast	145	35	24.1%	109	75.2%	1	0.7%
Gold Coast	1040	384	36.9%	652	62.7%	4	0.4%
Greenslopes Private	0	0	0.0%	0	0.0%	0	0.0%
Logan Beaudesert	453	227	50.1%	226	49.9%	0	0.0%
Mackay	298	129	43.3%	169	56.7%	0	0.0%
Mater	150	52	34.7%	98	65.3%	0	0.0%
New Farm Clinic	0	0	0.0%	0	0.0%	0	0.0%
Princess Alexandra	1143	576	50.4%	562	49.2%	5	0.4%
Redcliffe Caboolture	740	409	55.3%	330	44.6%	1	0.1%
RBWH	1108	619	55.9%	484	43.7%	5	0.5%
Royal Children's	10	1	10.0%	9	90.0%	0	0.0%
Sunshine Coast	360	179	49.7%	179	49.7%	2	0.6%
The Park	0	0	0.0%	0	0.0%	0	0.0%
The Park - High Security	0	0	0.0%	0	0.0%	0	0.0%
The Prince Charles	761	372	48.9%	387	50.9%	2	0.3%
Toowong Private	0	0	0.0%	0	0.0%	0	0.0%
Toowoomba	729	242	33.2%	485	66.5%	2	0.3%
Townsville	904	354	39.2%	547	60.5%	3	0.3%
West Moreton	590	240	40.7%	349	59.2%	1	0.2%
Wide Bay	153	77	50.3%	76	49.7%	0	0.0%
Total	**10107**	**4522**	**44.7%**	**5556**	**55.0%**	**29**	**0.3%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

Table 5 illustrates the various outcomes of the EEOs made in 2011–2012.

Of the 10,107 EEOs made in the reporting period, 3561 (36 per cent) resulted in assessment documents being made. Of the total EEOs, 1276 (13 per cent) resulted in an ITO being made following assessment, while 2285 (23 per cent) did not result in an ITO being made. As noted previously, this situation may occur when it is determined on assessment that the person does not meet the criteria for involuntary treatment or there are less restrictive ways of ensuring that the person receives treatment for their mental illness.

Of the 10,107 EEOs made in the reporting period, 6546 (64 per cent) did not result in assessment documents being made. Of these, 5635 were found to not meet the assessment criteria.

Table 5: Emergency examination orders and outcomes 2011–2012*

Authorised mental health service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria is not met		EEO ended before examination		Pre-existing involuntary status	
Bayside	467	49	10%	55	12%	352	75%	2	0%	9	2%
Belmont Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	628	101	16%	225	36%	269	43%	7	1%	26	4%
Central Queensland	428	23	5%	41	10%	335	78%	22	5%	7	2%
Fraser Coast	145	20	14%	32	22%	88	61%	3	2%	2	1%
Gold Coast	1040	167	16%	161	15%	668	64%	14	1%	30	3%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	453	74	16%	74	16%	204	45%	87	19%	14	3%
Mackay	298	55	18%	82	28%	140	47%	12	4%	9	3%
Mater	150	18	12%	19	13%	105	70%	8	5%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	1143	135	12%	152	13%	558	49%	271	24%	27	2%
Redcliffe Caboolture	740	60	8%	104	14%	518	70%	45	6%	13	2%
RBWH	1108	226	20%	742	67%	103	9%	2	0%	35	3%
Royal Children's	10	4	40%	2	20%	3	30%	1	10%	0	0%
Sunshine Coast	360	56	16%	38	11%	229	64%	25	7%	12	3%
The Park	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Park - High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Prince Charles	761	69	9%	135	18%	545	72%	0	0%	12	2%
Toowong Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	729	90	12%	172	24%	446	61%	4	1%	17	2%
Townsville	904	56	6%	141	16%	561	62%	124	14%	22	2%
West Moreton	590	60	10%	94	16%	408	69%	14	2%	14	2%
Wide Bay	153	13	8%	16	10%	103	67%	16	10%	5	3%
Total	**10107**	**1276**	**13%**	**2285**	**23%**	**5635**	**56%**	**657**	**6%**	**254**	**2%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

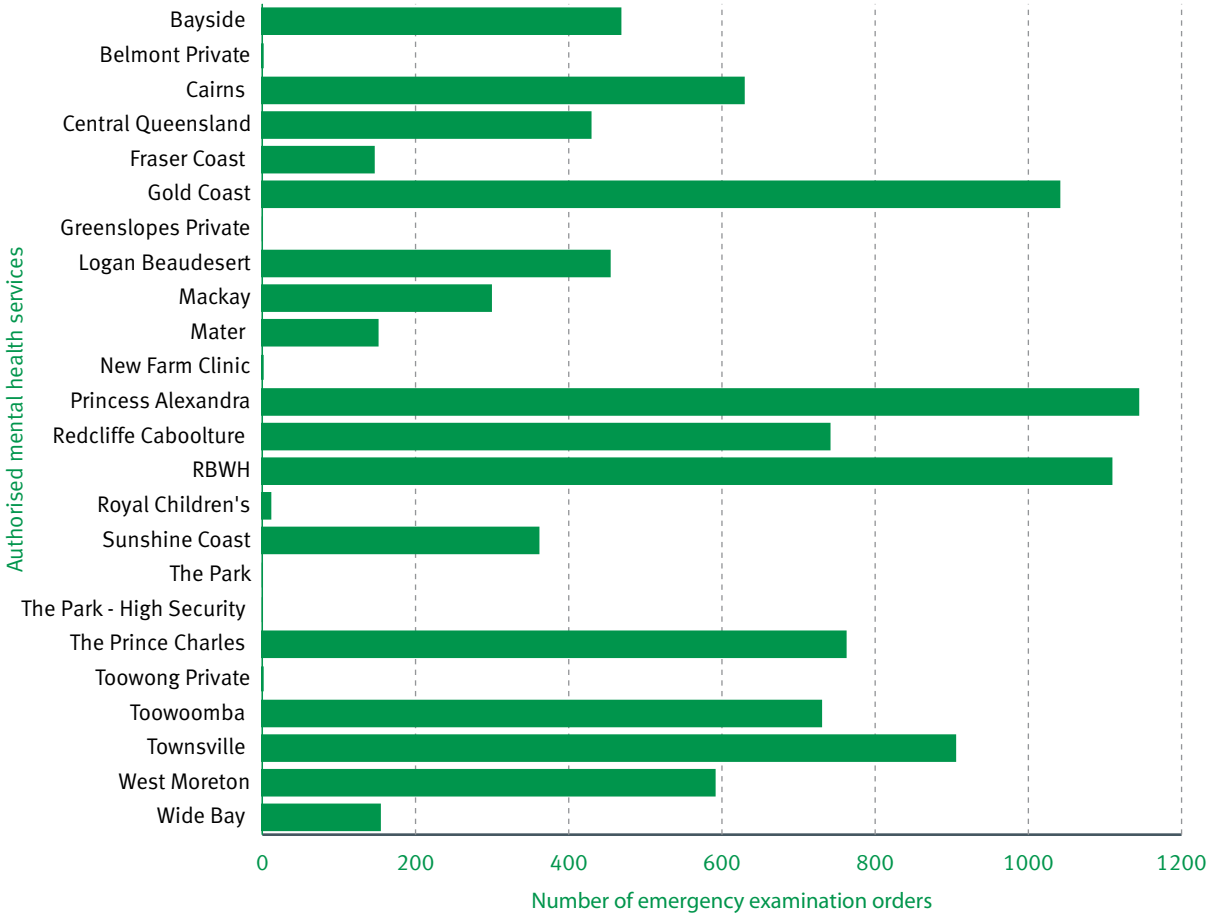
** See Appendix 4 for full AMHS title

A proportion of EEOs (657) expired before a doctor or AMHP was able to examine the person. As previously noted, the EEO expires six hours after the person arrives at the AMHS. In some instances, the person cannot be examined within this period due to a range of factors including alcohol intoxication or other substance use. In these instances, the person may voluntarily remain at the service until they can be appropriately examined.

In 254 cases, the person was already subject to the involuntary provisions of the Act. In these situations, the person's pre-existing involuntary status is determined when CIMHA records are checked after the person's presentation at the AMHS. The person is then returned to their treating AMHS or assessed and/or treated under the involuntary order at the AMHS where they have presented.

Figure 3 is a graphical representation of the number of EEOs made at each AMHS in the reporting period.

Figure 3: Total number of emergency examination orders by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

The emergency examination (police or ambulance) form was revised and reissued during the reporting period in collaboration with the Queensland Police Service and the Queensland Ambulance Service. The revised form aims to further assist police and ambulance officers in making an EEO and facilitate compliance by police and ambulance officers and AMHS with legislative requirements.

Key changes to the emergency examination (police or ambulance) form include:

- prompts for identifying specific behaviours or ideas indicating that the person appears to have a mental illness, presents an imminent risk of physical harm to self or others and needs to be taken to an AMHS for examination without delay
- clarity in relation to the criterion for imminent risk of physical harm
- ability for police or ambulance officers to record additional information, e.g. the person is indicating or exhibiting a method of harming self or others, or has a history of alcohol and/or drug abuse and any evidence that the person may be under the influence of alcohol and/or drugs.

In addition, a doctor or AMHP must record on the form:

- actions taken to examine the person, including the times the examination was attempted and the outcome (e.g. examination could not be conducted as the person was intoxicated)
- the management plan in place to ensure appropriate follow up
- details of the consultation with a psychiatrist on the outcome of the EEO and the management plan.

Classified patient admissions

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

Three documents must be completed to allow a classified patient to be admitted to an AMHS. These documents are:

- a recommendation for assessment
- an agreement for assessment
- either a court assessment order, or a custodian's assessment authority.

On admission to an AMHS, an AD must assess the patient within three days. The patient can be treated voluntarily if they consent to treatment, or under an ITO if the treatment criteria listed in Section 14 of the Act are satisfied.

A person's status as a classified patient ends if:

- there are changes to their treatment needs (e.g. they no longer require inpatient care and can be returned to court or custody)
- the charges against them are finalised, or
- their custodial requirements cease.

Table 6 sets out the details of classified patient admissions during the 2011–2012 reporting period.

During the reporting period, 147 classified patients were admitted to an AMHS. Of these, 100 were transferred from a correctional centre; 45 were transferred from a watchhouse; and two were transferred from court. These figures represent an 11 per cent increase in the number of classified patients since 2010–2011, when the total was 133.

Table 6: Classified patient admissions 2011–2012*

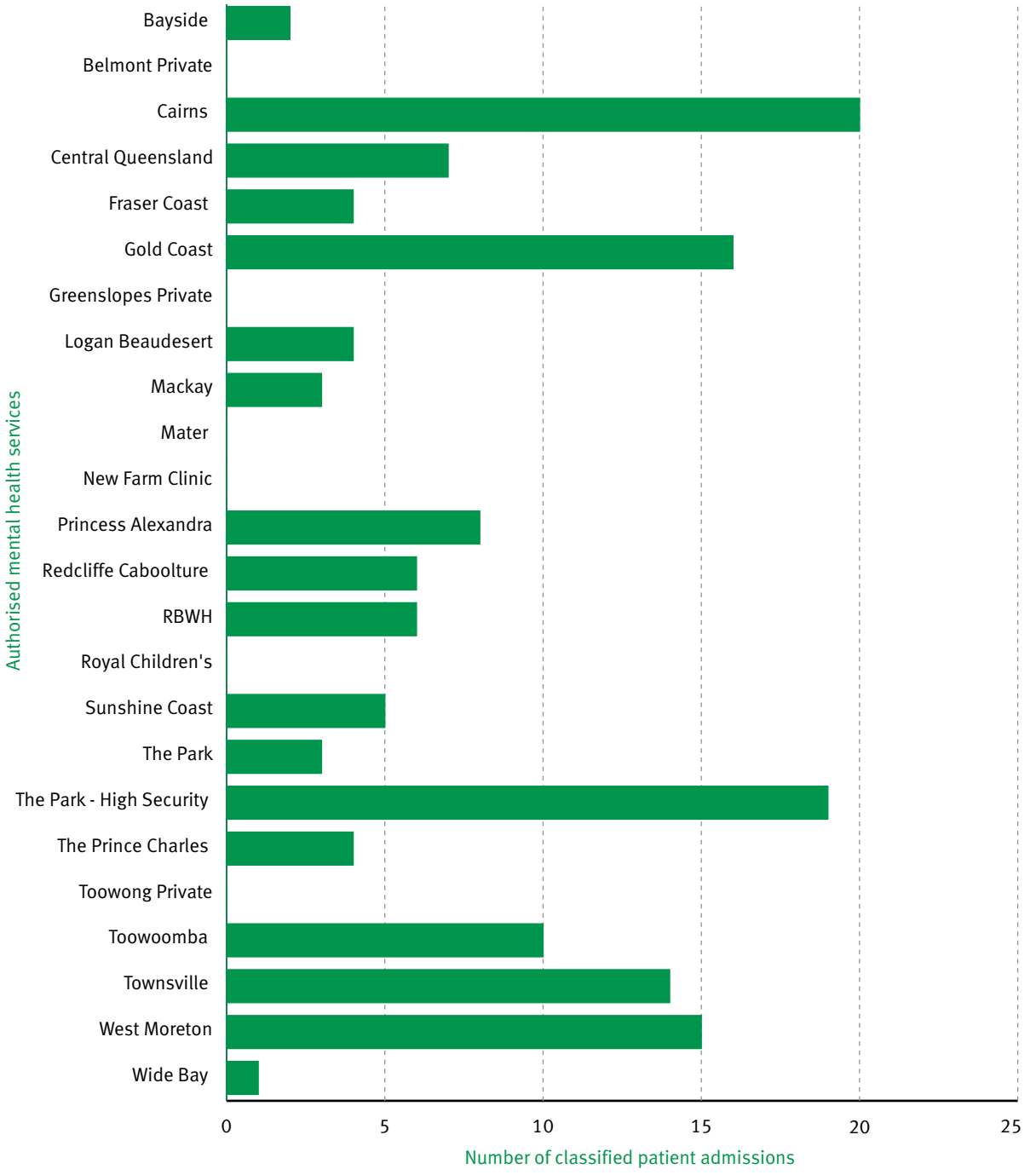
Authorised mental health service**	Total	Court		Watchhouse		Queensland Correctional centres	
Bayside	2	0	0%	1	50%	1	50%
Belmont Private	0	0	0%	0	0%	0	0%
Cairns	20	0	0%	6	30%	14	70%
Central Queensland	7	0	0%	3	43%	4	57%
Fraser Coast	4	0	0%	1	25%	3	75%
Gold Coast	16	0	0%	7	44%	9	56%
Greenslopes Private	0	0	0%	0	0%	0	0%
Logan Beaudesert	4	0	0%	0	0%	4	100%
Mackay	3	0	0%	3	100%	0	0%
Mater	0	0	0%	0	0%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%
Princess Alexandra	8	0	0%	3	38%	5	63%
Redcliffe Caboolture	6	0	0%	1	17%	5	83%
RBWH	6	0	0%	5	83%	1	17%
Royal Children's	0	0	0%	0	0%	0	0%
Sunshine Coast	5	0	0%	2	40%	3	60%
The Park	3	0	0%	0	0%	3	0%
The Park - High Security	19	1	5%	1	5%	17	89%
The Prince Charles	4	0	0%	0	0%	4	100%
Toowong Private	0	0	0%	0	0%	0	0%
Toowoomba	10	1	10%	3	30%	6	60%
Townsville	14	0	0%	6	43%	8	57%
West Moreton	15	0	0%	3	20%	12	80%
Wide Bay	1	0	0%	0	0%	1	100%
Totals	**147**	**2**	**1%**	**45**	**31%**	**100**	**68%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

Figure 4 sets out the total number of classified patient admissions by AMHS in the 2011–2012 reporting period.

Figure 4: Total number of classified patient admissions by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

Overview of examination and assessment activity

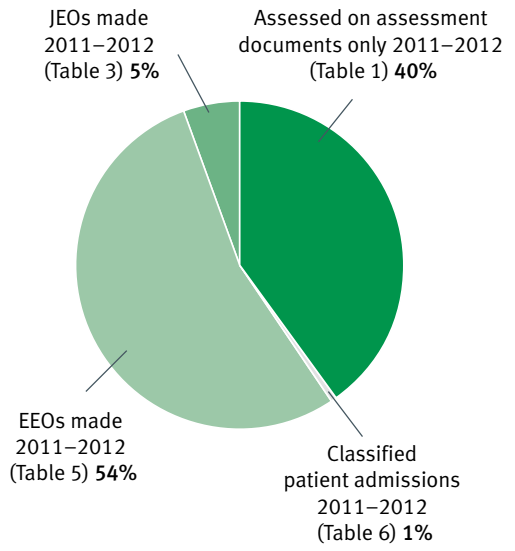
The preceding sections have focused on the involuntary examination and assessment processes under the Act and associated activity during the reporting period of 2011–2012.

In summary, there are four avenues to commence the involuntary examination and assessment processes. These are:

- assessment documents alone (request for assessment and recommendation for assessment)
- JEO preceding the assessment documents
- EEO preceding the assessment documents
- the classified patient process for patients in custody or before a court.

Figure 5 below displays the percentage of activity of the four involuntary examination and assessment provisions.

Figure 5: Breakdown of involuntary examination and assessment processes 2011–2012



Involuntary treatment orders

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

The Act allows an AD to make an ITO for a patient who is subject to involuntary assessment, or for a classified patient. In making an ITO, the AD must be satisfied that all six treatment criteria in Section 14 of the Act are met.

The treatment criteria are as follows:

- the person has a mental illness - mental illness is defined in section 12 of the Act as a condition characterised by a clinically significant disturbance of thought, mood, perception or memory
- the person's illness requires immediate treatment
- the proposed treatment is available at an AMHS
- because of the person's illness:
  - there is an imminent risk that the person may cause harm to himself or herself or someone else
  - the person is likely to suffer serious mental or physical deterioration
- there is no less restrictive way of ensuring the person receives appropriate treatment or care for the illness
- the person:
  - lacks capacity to consent to be treated for the illness or
  - has unreasonably refused proposed treatment for the illness.

As a safeguard, a second examination by a psychiatrist is required if the AD making the ITO is not a psychiatrist, or if the initial examination was conducted by audiovisual link. If a second examination is required, it must be conducted within three days of the first examination. At the second examination, the psychiatrist must either confirm or revoke the ITO, depending on whether the psychiatrist believes that each of the six treatment criteria apply to the patient.

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

Patients subject to an ITO must also be regularly reviewed by the Mental Health Review Tribunal (the Tribunal). A patient must be reviewed within the first six weeks of making the order and thereafter at intervals of no longer than six months. Patients can also apply for review within these statutory time frames. When reviewing the patient's ITO, the Tribunal must also consider whether the treatment criteria continue to apply and confirm or revoke the order accordingly.

The Act requires that an ITO ceases to have effect when the patient does not receive treatment for six months or when a forensic order is made.

The total number of ITOs made in the 2011–2012 reporting period and the means by which they are made is set out in Table 7.

A total of 6125 ITOs were made in 2011–2012. This figure represents a 15 per cent increase in the total number of ITOs from the 2010–2011 reporting period. The majority of ITOs, 5998 (98 per cent), were initiated as inpatient category as opposed to community category.

Of the 6125 ITOs made, 4331 (71 per cent) required a second examination, of which 3274 (76 per cent) were confirmed and 1057 (24 per cent) were revoked.

Table 7: Involuntary treatment orders made 2011–2012*

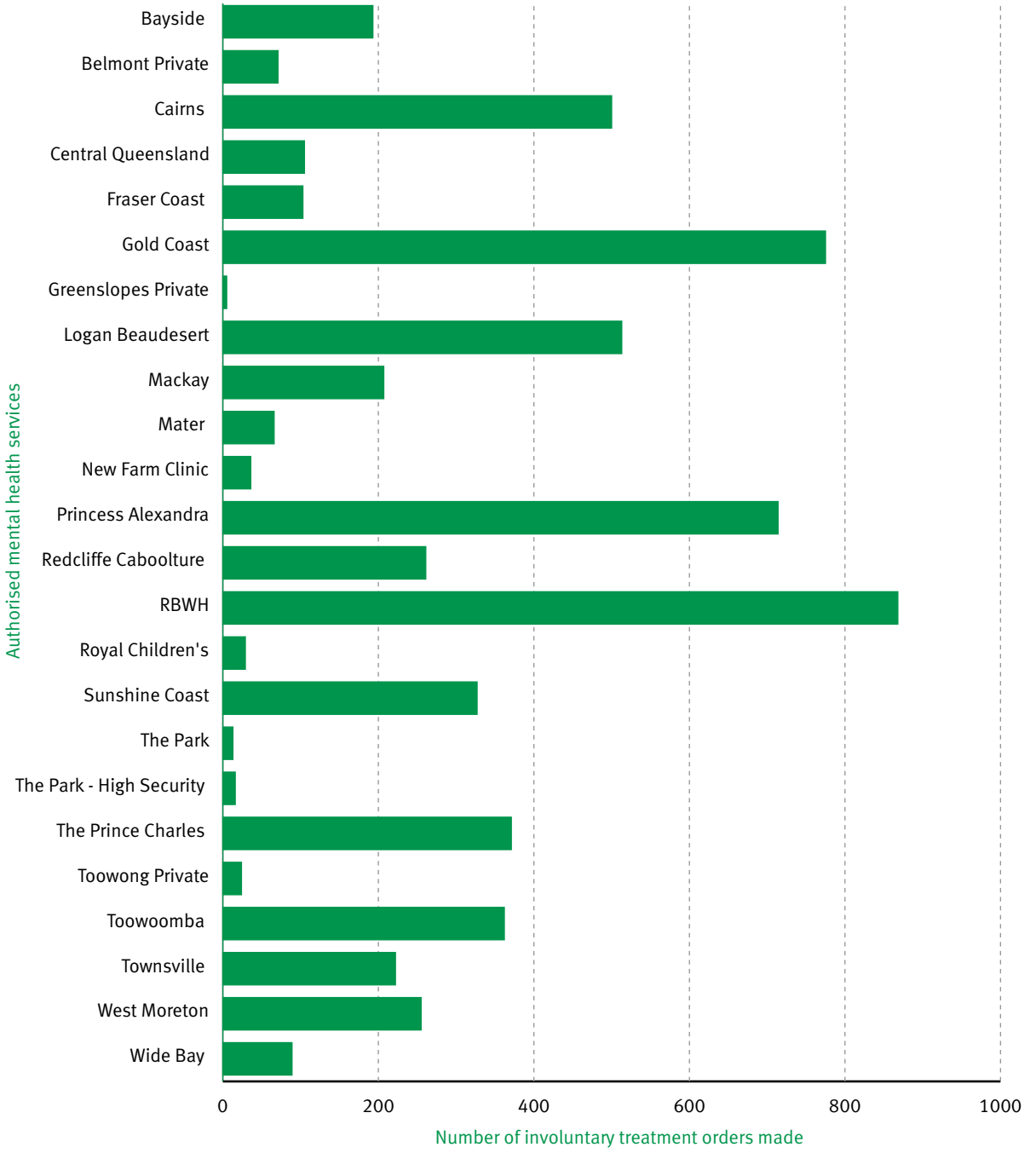
Authorised mental health service**	Total ITO made	Category of initial order				Second examination required		Second examination details			
		Inpatient		Community				ITO confirmed		ITO not confirmed	
Bayside	193	189	98%	4	2%	116	60%	94	81%	22	19%
Belmont Private	71	71	100%	0	0%	8	11%	7	88%	1	13%
Cairns	500	491	98%	9	2%	290	58%	253	87%	37	13%
Central Queensland	105	97	92%	8	8%	78	74%	75	96%	3	4%
Fraser Coast	103	100	97%	3	3%	73	71%	62	85%	11	15%
Gold Coast	775	762	98%	13	2%	614	79%	464	76%	150	24%
Greenslopes Private	5	5	100%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	513	503	98%	10	2%	364	71%	278	76%	86	24%
Mackay	207	199	96%	8	4%	109	53%	77	71%	32	29%
Mater	66	66	100%	0	0%	35	53%	22	63%	13	37%
New Farm Clinic	36	36	100%	0	0%	11	31%	10	91%	1	9%
Princess Alexandra	714	701	98%	13	2%	547	77%	415	76%	132	24%
Redcliffe Caboolture	261	259	99%	2	1%	179	69%	94	53%	85	47%
RBWH	868	859	99%	9	1%	765	88%	539	70%	226	30%
Royal Children's	29	26	90%	3	10%	14	48%	10	71%	4	29%
Sunshine Coast	327	312	95%	15	5%	236	72%	184	78%	52	22%
The Park	13	13	100%	0	0%	8	62%	8	100%	0	0%
The Park - High Security	16	16	100%	0	0%	9	56%	8	89%	1	11%
The Prince Charles	371	361	97%	10	3%	312	84%	217	70%	95	30%
Toowong Private	24	24	100%	0	0%	2	8%	2	100%	0	0%
Toowoomba	362	359	99%	3	1%	218	60%	178	82%	40	18%
Townsville	222	214	96%	8	4%	110	50%	91	83%	19	17%
West Moreton	255	249	98%	6	2%	179	70%	151	84%	28	16%
Wide Bay	89	86	97%	3	3%	54	61%	35	65%	19	35%
Total	**6125**	**5998**	**98%**	**127**	**2%**	**4331**	**71%**	**3274**	**76%**	**1057**	**24%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

Figure 6 is a graphical representation of the total number of ITOs per AMHS in the reporting period.

Figure 6: Total number of involuntary treatment orders made by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

There are seven circumstances in which an ITO can be ended:

- the ITO is revoked by an AD, the Tribunal or the Mental Health Court
- the ITO ceases to have effect (as the person did not receive involuntary treatment for a period of at least six months)
- a forensic order was made
- an ITO already exists (the person was made subject to ITO on a previous occasion and is receiving treatment under that ITO)
- the person is transferred interstate
- the patient is deceased, or
- the ITO is revoked or not confirmed when the second examination is conducted.

The number of ITOs ending in the reporting period and the way in which they were ended is detailed in Table 8.

A total of 5156 ITOs ended in the reporting period. Of these, 4686 (91 per cent) were revoked (either by an AD, the Tribunal or through an appeal to the Mental Health Court). This proportion of ITOs ended is consistent with previous years.

A total of 61 (one per cent) ITOs ended because the patient did not receive treatment within a six-month period, resulting in the order automatically ceasing to have effect. This outcome is generally the result of a patient being absent without permission (AWOP) for an extended period.

A total of 73 (just over one per cent) ITOs ended when a forensic order was made by the Mental Health Court.

A total of 36 (just under one per cent) of patients were already subject to an ITO when a subsequent order was made. This situation can arise from a patient's use of an alias, or if a patient is already receiving treatment at another AMHS.

During the reporting period, 261 (five per cent) ITOs ended because the patient either did not receive the required second examination, or the ITO was not confirmed or revoked within the period of 72 hours allowed for examination.

A total of 36 patients (just under one per cent) under an ITO died during the reporting period. The death of any patient of a mental health service is reported by a number of mechanisms. An inpatient death is immediately reported to the Coroner by the treating team. Any suspected suicide or unexplained death of a patient in the community is a reportable death under the *Coroners Act 2003* and is referred to the Coroner by the Queensland Police Service or the treating team. The treating team also reports the death to the Queensland Health Patient Safety and Quality Improvement Service (PSQIS). A report to the PSQIS is made through a reportable incident brief. The Director of Mental Health is also notified by way of a mortality report form.

Table 8: Involuntary treatment orders ended 2011–2012*

Authorised mental health service**	Total	ITO revoked by authorised doctor, the Tribunal# or the Mental Health Court		ITO ceased to have effect		Forensic order made		ITO already exists		Transferred interstate		Patient deceased		ITO neither revoked nor confirmed within the assessment period	
Bayside	152	146	96%	1	1%	2	1%	0	0%	0	0%	0	0%	3	2%
Belmont Private	82	82	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	354	321	91%	1	0%	9	3%	5	1%	0	0%	4	1%	14	4%
Central Queensland	118	111	94%	2	2%	2	2%	0	0%	0	0%	1	1%	2	2%
Fraser Coast	89	86	97%	0	0%	2	2%	0	0%	0	0%	0	0%	1	1%
Gold Coast	584	524	90%	10	2%	7	1%	1	0%	0	0%	7	1%	35	6%
Greenslopes Private	3	3	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	318	285	90%	0	0%	0	0%	4	1%	0	0%	1	0%	28	9%
Mackay	155	144	93%	4	3%	2	1%	2	1%	0	0%	2	1%	1	1%
Mater	28	25	89%	0	0%	0	0%	0	0%	0	0%	0	0%	3	11%
New Farm Clinic	57	54	95%	0	0%	0	0%	2	4%	0	0%	0	0%	1	2%
Princess Alexandra	707	646	91%	5	1%	9	1%	4	1%	1	0%	1	0%	41	6%
Redcliffe Caboolture	278	248	89%	1	0%	2	1%	6	2%	0	0%	2	1%	19	7%
RBWH	674	592	88%	21	3%	5	1%	7	1%	0	0%	8	1%	41	6%
Royal Children's	12	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Sunshine Coast	291	268	92%	5	2%	3	1%	0	0%	0	0%	1	0%	14	5%
The Park	18	14	78%	0	0%	1	6%	0	0%	0	0%	0	0%	3	17%
The Park - High Security	14	9	64%	0	0%	4	29%	0	0%	1	7%	0	0%	0	0%
The Prince Charles	343	299	87%	7	2%	8	2%	3	1%	0	0%	3	1%	23	7%
Toowong Private	45	45	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	308	287	93%	1	0%	6	2%	1	0%	1	0%	2	1%	10	3%
Townsville	188	169	90%	1	1%	5	3%	0	0%	0	0%	2	1%	11	6%
West Moreton	263	247	94%	0	0%	4	2%	1	0%	0	0%	0	0%	11	4%
Wide Bay	75	69	92%	2	3%	2	3%	0	0%	0	0%	2	3%	0	0%
Total	**5156**	**4686**	**91%**	**61**	**1%**	**73**	**1%**	**36**	**1%**	**3**	**0%**	**36**	**1%**	**261**	**5%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers. Therefore, in some instances the sum of percentages may not equal 100.

** See Appendix 4 for full AMHS title

\# The Tribunal – Mental Health Review Tribunal

Forensic orders

The Act contains provisions for making a forensic order. Forensic orders are usually made by the Mental Health Court following a finding that the person was of unsound mind or unfit for trial. A person on a forensic order is a forensic patient under the Act.

Activity relating to forensic orders for the reporting period is represented in Table 9. Figure 7 is a graphical representation of the number of new forensic orders made in respect of each AMHS in the reporting period. The total number of forensic orders made during 2011–2012 was 129, which was five less than 2010–2011, representing a four per cent decrease.

However, the number of patients on forensic orders as at 30 June 2012 was 719, which represent a four per cent increase from the previous year which was 693.

A special sub-category of forensic order was created in 2008 in line with recommendations of the P*romoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000* (Butler Report). The special notification forensic patient (SNFP) category refers to patients who have been charged with unlawful homicide, attempted murder, dangerous operation of a motor vehicle involving the death of another person, rape and assault with the intent to commit rape. As at 30 June 2012, there was a total of 142 SNFP in Queensland compared to 133 in 2010–2011, representing a seven per cent increase from the previous reporting period.

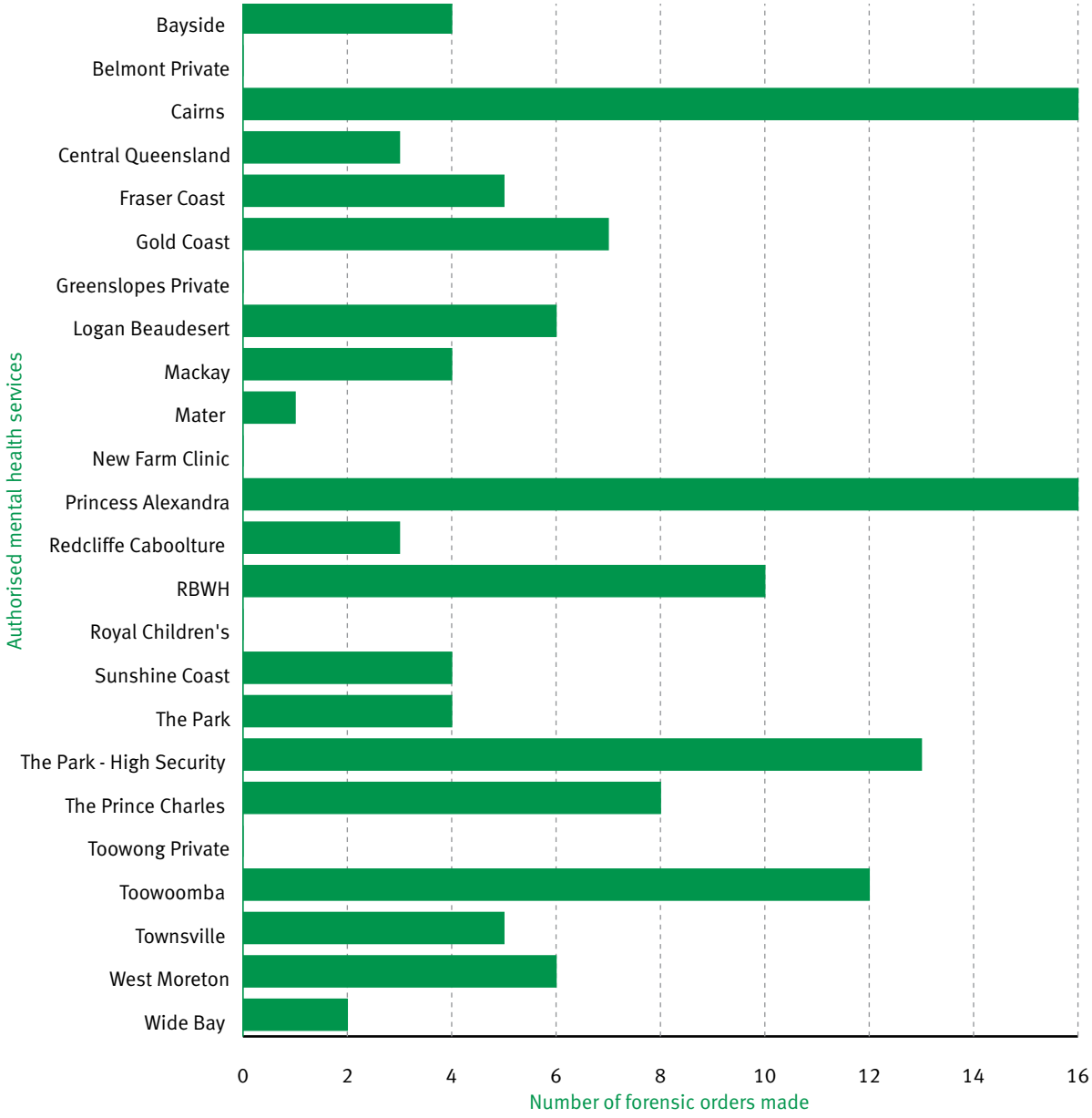
Table 9: Forensic orders made and ended in 2011–2012 and number of forensic orders and special notification forensic patients (SNFP) at 30 June 2012

Authorised mental health service*	Forensic orders made	Forensic order ended	Number of patients with forensic orders at 30 June 2012	Number of SNFPs at 30 June 2012**
Bayside	4	0	20	4
Belmont Private	0	0	0	0
Cairns	16	6	44	4
Central Queensland	3	4	24	1
Fraser Coast	5	2	13	0
Gold Coast	7	14	51	9
Greenslopes Private	0	0	0	0
Logan Beaudesert	6	5	42	6
Mackay	4	0	16	4
Mater	1	0	0	0
New Farm Clinic	0	0	0	0
Princess Alexandra	16	13	74	13
Redcliffe Caboolture	3	5	25	4
RBWH	10	6	56	7
Royal Children's	0	0	0	0
Sunshine Coast	4	7	31	1
The Park	4	1	33	9
The Park - High Security	13	1	59	43
The Prince Charles	8	3	50	10
Toowong Private	0	0	0	0
Toowoomba	12	6	67	9
Townsville	5	5	53	9
West Moreton	6	4	48	9
Wide Bay	2	2	13	0
Total	**129**	**84**	**719**	**142**

* See Appendix 4 for full AMHS title

** Patients represented in this column are also in Column Four, 'total number of patients with forensic orders as at 30 June 2012'.

Figure 7: Total number of forensic orders made by authorised mental health service* 2011–2012



* See Appendix 4 for full AMHS title

Forensic Orders – Disability

Amendments to the *Mental Health Act 2000* in the *Forensic Disability Act 2011* (FD Act), which commenced on 1 July 2011, enable the Mental Health Court to make a new type of forensic order for people with an intellectual or cognitive disability. A forensic order (Mental Health Court – Disability) authorises a person to be managed by the Forensic Disability Service at Wacol (administered by the Department of Communities) or an AMHS.

A forensic order (Mental Health Court – Disability) enables a person to receive care appropriate to their individual needs, including rehabilitation, habilitation, support and other services. Following the implementation of the FD Act, seven patients were transferred from AMHS to the forensic disability service at Wacol.

As at 30 June 2012, there were 13 people subject to a forensic order (Mental Health Court – Disability) who were managed by an AMHS.

Overview of involuntary status

Figure 8 and Table 10 provide a summary of patients with involuntary status as at 30 June 2012. The percentage breakdown of involuntary status remains largely unchanged from the last reporting period.

However, there has been an overall increase of three percent in the number of involuntary patients as at the end of the reporting period from 2010–2011 to 2011–2012. This increase is consistent across all streams, with the exception of forensic patients.

Figure 8: Breakdown of involuntary status as at 30 June 2012

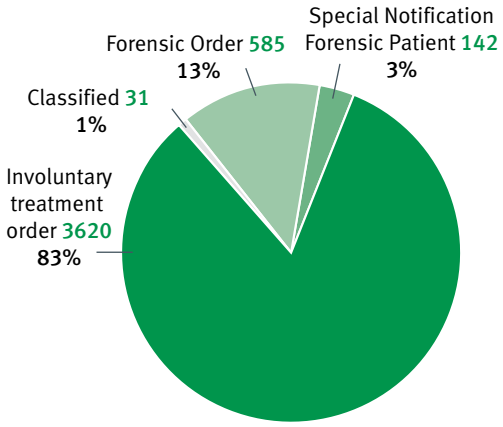


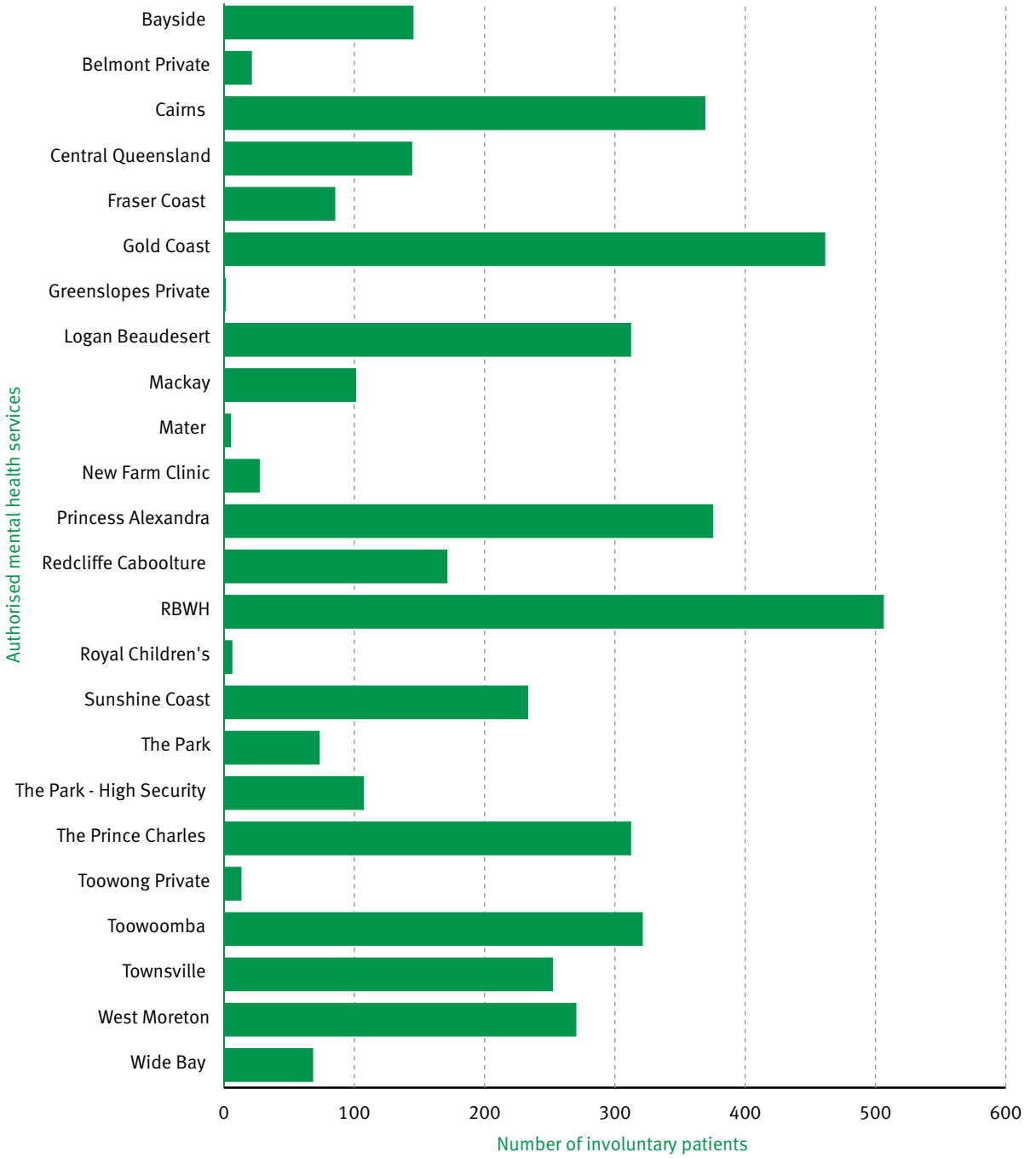
Table 10: Number of involuntary patients as at 30 June 2012

Authorised mental health service*	Involuntary treatment order patients	Classified patients	Forensic order patients – not including special notification forensic patient	Forensic order patients – special notification forensic patient only	Total
Bayside	124	0	17	4	145
Belmont Private	21	0	0	0	21
Cairns	322	3	40	4	369
Central Queensland	119	1	23	1	144
Fraser Coast	72	0	13	0	85
Gold Coast	404	5	43	9	461
Greenslopes Private	1	0	0	0	1
Logan Beaudesert	269	1	36	6	312
Mackay	84	1	12	4	101
Mater	5	0	0	0	5
New Farm Clinic	27	0	0	0	27
Princess Alexandra	301	0	61	13	375
Redcliffe Caboolture	144	2	21	4	171
RBWH	449	0	50	7	506
Royal Children's	6	0	0	0	6
Sunshine Coast	201	1	30	1	233
The Park	38	2	24	9	73
The Park - High Security	35	9	20	43	107
The Prince Charles	261	1	40	10	312
Toowong Private	13	0	0	0	13
Toowoomba	250	4	58	9	321
Townsville	198	0	45	9	252
West Moreton	221	1	39	9	270
Wide Bay	55	0	13	0	68
Total	**3620**	**31**	**585**	**142**	**4378**

* See Appendix 4 for full AMHS title

Figure 9 is a graphical representation of the total number of involuntary patients by AMHS as at 30 June 2012.

Figure 9: Total number of involuntary patients by authorised mental health service* as at 30 June 2012



* See Appendix 4 for full AMHS title

Patients charged with an offence

When a person who is subject to an ITO or a forensic order is charged with an offence, the provisions under Chapter 7, Part 2 of the Act apply. These provisions ensure that if a patient under the Act is charged with an offence, due consideration is given to establishing culpability and fitness for trial. To help decide the matter, the Act provides that a psychiatrist must examine a patient to prepare a report referred to as a Section 238 report. The administrator of the AMHS responsible for the patient's treatment must provide the Section 238 report to the Director of Mental Health within 21 days of Chapter 7, Part 2 commencing.

Table 11 identifies activity under Chapter 7, Part 2 of the Act for the 2011–2012 reporting period. This table shows that these provisions applied to 963 patients. This figure represents a 15 per cent increase from the previous reporting period.

Often a patient will come under these provisions on more than one occasion. This situation is reflected in the difference between the number of patients under the provisions (963) and the number of occasions in which activity under these provisions commenced (1598).

Table 11: Actions taken under Chapter 7, Part 2 (patients charged with an offence) 2011–2012

Authorised mental health service*	Number of patients for whom Chapter 7 provisions were commenced	Number of occasions in which activity under the Chapter 7 provisions commenced
Bayside	19	30
Belmont Private	0	0
Cairns	109	184
Central Queensland	49	85
Fraser Coast	17	21
Gold Coast	107	163
Greenslopes Private	0	0
Logan Beaudesert	71	113
Mackay	30	41
Mater	0	0
New Farm Clinic	0	0
Princess Alexandra	73	115
Redcliffe Caboolture	41	77
RBWH	133	300
Royal Children's	1	3
Sunshine Coast	54	69
The Park	5	9
The Park - High Security	15	16
The Prince Charles	55	100
Toowong Private	0	0
Toowoomba	56	80
Townsville	70	102
West Moreton	44	66
Wide Bay	14	24
Total	**963**	**1598**

* See Appendix 4 for full AMHS title

On receiving the Section 238 report, the Director of Mental Health is required to refer the matter to the Office of the Director of Public Prosecutions (DPP) or the Mental Health Court within 14 days. A copy of the psychiatrist's report is provided with the Director's references. The Director of Mental Health may elect to defer the reference on the grounds that the patient is unfit for trial but likely to become fit for trial.

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

- offences the Director of Mental Health considers not to be of a serious nature, or
- offences of a serious nature where the psychiatrist reports the person was not of unsound mind at the time of the offence and is fit for trial.

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

During 2011–2012, the Director of Mental Health referred 1106 matters, which represents an increase of 22 per cent from 2010–2011 (905). Of these references, 968 were made to the DPP, which represents an increase of 26 per cent from 2010–2011 (766). The remaining 138 matters were referred to the Mental Health Court, which was a decrease of less than one per cent from 2010–2011 (139).

Table 12 details all references made by the Director of the Mental Health to the DPP and the Mental Health Court for the reporting period 2011–2012.

Table 12: References made by the Director of Mental Health 2011–2012

Authorised mental health service*	Number of Chapter 7 references to the DPP**	Number of Chapter 7 references to the Mental Health Court	Total number of references made by the Director of Mental Health
Bayside	17	8	25
Belmont Private	0	0	0
Cairns	130	18	148
Central Queensland	45	5	50
Fraser Coast	11	4	15
Gold Coast	87	12	99
Greenslopes Private	0	0	0
Logan Beaudesert	57	9	66
Mackay	22	6	28
Mater	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra	69	9	78
Redcliffe Caboolture	42	6	48
RBWH	204	13	217
Royal Children's	2	0	2
Sunshine Coast	47	3	50
The Park	4	3	7
The Park - High Security	3	12	15
The Prince Charles	66	5	71
Toowong Private	0	0	0
Toowoomba	45	5	50
Townsville	53	11	64
West Moreton	56	8	64
Wide Bay	8	1	9
Total	**968**	**138**	**1106**

* See Appendix 4 for full AMHS title

** DPP – Director of Public Prosecutions

Recommendations of the Butler Report and resulting amendments to the Act in 2008 increased the scope of decisions that may be made by the DPP. This has resulted in an increased number of references to the DPP.

The Butler Report highlighted long-standing concerns about compliance with the 21 day statutory timeframe for the administrator of an AMHS to provide a Section 238 report to the Director of Mental Health. The Director of Mental Health cannot make a reference to the DPP or the Mental Health Court until the Section 238 report is completed to the standard required under the Act. Delays in receiving Section 238 reports increase delays in court processes and consequently may have adverse impacts on patients, families and victims.

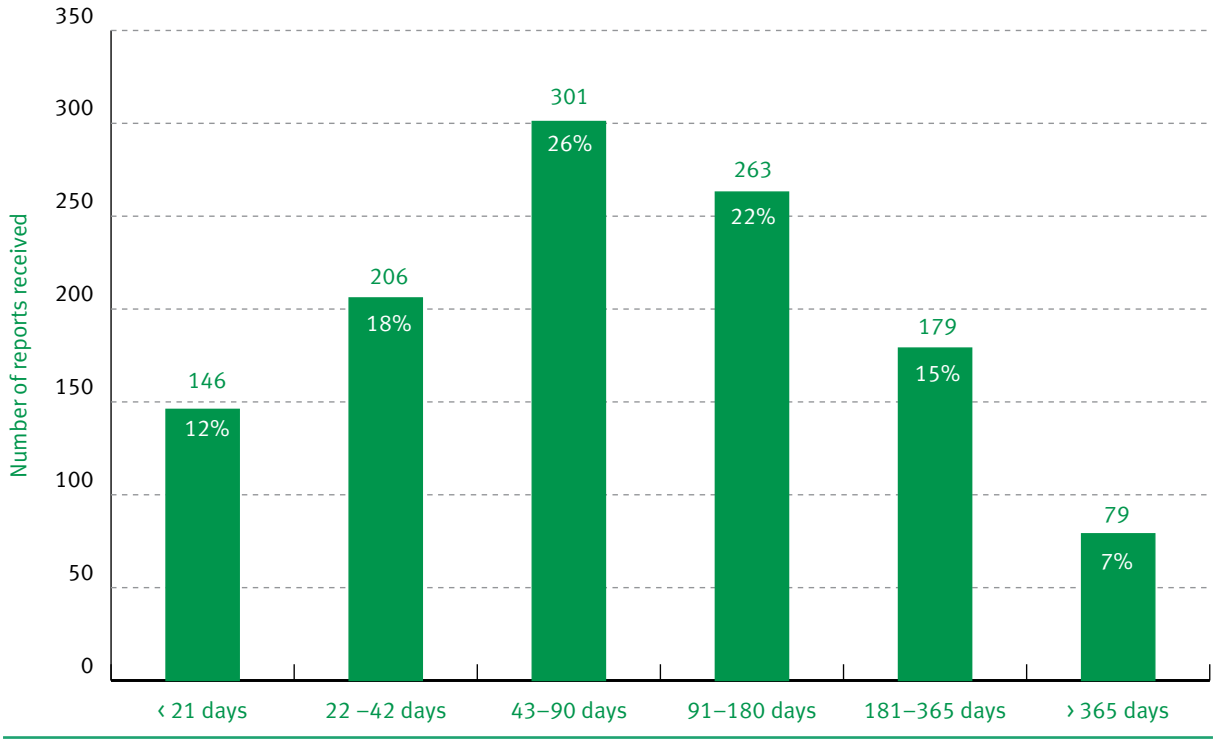
There are many reasons for delays in providing these reports which include:

- the time required to prepare reports, particularly in relation to serious offences and where there is a complex relationship between the patient's mental illness and their offending behaviour
- delays in receiving material from other agencies, particularly in relation to serious offences
- the patient may be too unwell to be interviewed for an extended period of time
- the patient may be AWOP for a lengthy period or may not comply with scheduled appointments.

To improve the reporting process, the Director of Mental Health has a weekly, monthly and quarterly reporting system that identifies overdue Section 238 reports and brings them to the attention of AMHS administrators.

Figure 10 provides a breakdown of timeframes for the receipt of Section 238 reports in 2011–2012 from the statutory timeframe of up to 21 days to more than 365 days. This graph demonstrates that 30 per cent of reports were received in the period of up to 42 days from request by the Director of Mental Health, while 56 per cent were received up to 90 days from the request. Seven per cent of reports were received more than 365 days after the request. These reports have a significant statistical effect on both the average and median time for receipt of the reports.

Figure 10: Timeframes for receipt of Section 238 reports 2011–2012



There are also challenges in compliance with the 14-day timeframe for the Director of Mental Health to refer a matter to the DPP or Mental Health Court. These can be caused by multiple factors, including the need to obtain further information to ensure that the report meets the statutory requirements.

Table 13 indicates that in the 2011–2012 reporting period, there was an average of 12.4 days for matters to be referred to the DPP, and an average of 14.5 days for matters to be referred to the Mental Health Court. These figures represent a decrease from 2010–2011, in which the average number of days for matters to be referred to the DPP was 17, and there was an average of 19 days for matters to be referred to the Mental Health Court.

The Director of Mental Health continues to work closely with the Queensland Police Service and the DPP to improve processes for obtaining material required to complete Section 238 reports and make references to the DPP or the Mental Health Court.

Table 13: Reference timeframes for section 238 reports received by the Director of Mental Health 2011–2012

Referred to	Average length in days	Median in days
Director of Public Prosecutions	12.4	7
Mental Health Court	14.5	10

Patient information orders

People who are victims of an offence committed by a classified patient may apply to the Director of Mental Health to receive certain information about the detention of that classified patient. After reviewing the application, the Director of Mental Health may make a classified patient information order (CPIO) which enables information to be provided to the victim. A parallel scheme exists for forensic patients, enabling victims or other interested persons to apply to the Tribunal for a forensic patient information order (FPIO). In the 2011–2012 reporting period, amendments made to the Act enabled victims to apply for information orders in relation to forensic disability patients. FPIOs are now known as forensic information orders (FIO).

The Director of Mental Health administers the victim information registers for classified and forensic patients and is responsible for providing information to registered persons. The system allows victims to receive certain information about a patient's status under the Act which is relevant to the victim's safety and well-being. This information may include the patient's absence without approval; transfer to another AMHS; or approval to undertake limited community treatment. In practice, information is provided to holders of information orders through the Queensland Health Victim Support Service (QHVSS). The QHVSS provides support, information and referral for victims of offences by people with a mental illness.

As at 30 June 2012 there were:

- four classified patients with CPIOs
- 80 forensic patients with FIOs.

The Director of Mental Health is responsible for determining CPIO applications and the Tribunal is responsible for determining FIO applications. In the 2011–2012 reporting period, the Director of Mental Health approved four CPIOs, which is consistent with the previous period.

Patients absent without permission

Part of a patient's treatment can include the authorisation of leave from their treating AMHS. A patient may have limited community treatment (LCT) approved as part of their treatment plan or be granted a temporary absence for compassionate reasons, for example to attend the funeral of a family member.

If a patient is absent without appropriate approval, the Act contains provisions to authorise their return to the AMHS to resume treatment and care. In this instance, an AD may issue an authority to return. Where requested, police provide assistance to the AMHP in returning the patient.

An AWOP status may result from a number of circumstances, including:

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

Table 14 sets out the number of patients who were AWOP and the number of authorities to return issued at each AMHS for the reporting period. Of the 3182 authorities to return issued in 2011–2012, 69 per cent of patients were returned to the AMHS within one day and 90 per cent were returned within seven days. The average length of time an authority to return was in force during the reporting period was approximately 7.5 days. AWOP activity has slightly increased from the previous reporting period with 3182 authorities to return issued to a total of 1799 patients, compared to 3102 authorities to return issued to a total of 1692 patients in 2010–2011.

Table 14: Authority to return activity 2011–2012

Authorised mental health service*	Number of patients	Number of authorities to return issued	Average length of time authority to return in force (days)
Bayside	58	100	2
Belmont Private	3	3	1
Cairns	174	350	10
Central Queensland	75	141	5
Fraser Coast	41	54	11
Gold Coast	188	327	7
Greenslopes Private	0	0	0
Logan Beaudesert	132	199	9
Mackay	68	106	8
Mater	3	3	0
New Farm Clinic	4	5	6
Princess Alexandra	206	445	6
Redcliffe Caboolture	91	156	7
RBWH	248	415	9
Royal Children's	5	7	2
Sunshine Coast	80	134	10
The Park	18	30	1
The Park - High Security	0	0	0
The Prince Charles	136	229	5
Toowong Private	1	1	7
Toowoomba	77	112	11
Townsville	100	200	3
West Moreton	65	114	4
Wide Bay	26	51	10
Total	**1799**	**3182**	**7.5**

* See Appendix 4 for full AMHS title

Seclusion and mechanical restraint

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

At present, there is no capacity to electronically register episodes of mechanical restraint, however, AMHS must notify the Director of Mental Health of any episodes of mechanical restraint.

Table 15 sets out the data for 2011–2012 from three clinical indicators relating to the use of seclusion in both acute and extended treatment settings. An accurate comparison cannot be made with the seclusion data from previous reporting periods as the methodology to analyse data which was implemented in 2010–2011 has been further refined during 2011–2012. This methodology relies on information drawn exclusively from CIMHA. The revised methodology will continue to be used in future reports.

However, when compared with 2010–2011, the data demonstrates a reduction in seclusion events, the proportion of inpatient episodes with one or more seclusion events and the mean duration of seclusion events in acute units. While there has been an apparent increase in seclusion events in extended treatment units, there has been a significant decrease in the mean duration of seclusion events in these units from the previous reporting period.

The increase in seclusion events in extended treatment units along with the decrease in mean duration of seclusion events could be attributed to revised management of long term inpatients with complex needs in line with changes to seclusion provisions under the Act which were implemented from 1 October 2011.

Table 15: Statewide clinical indicators of seclusion for 2011–2012

Indicator	2011–2012
Seclusion events per 1,000 accrued patient days (acute)	13.1
Proportion of acute inpatient episodes with one or more seclusion events	5.6%
Average (mean) duration of acute seclusion events (hours)	4
Seclusion events per 1,000 accrued patient days (extended treatment)	17.1
Proportion of extended treatment inpatient episodes with one or more seclusion events	9.1%
Average (mean) duration of extended treatment seclusion events (hours)	12

Notes:

- The data source utilised to construct these indicators has undergone further refinement from that which was used for the 2010–2011 report and as such there will be variation to data previously reported.
- As distinct from previous reports, data has been sourced for both acute and non-acute mental health inpatient units and relates to all age groups.
- As of 2010–2011, all data is now sourced from CIMHA.
- Data is subject to revision due to improved methodology.

Use of electroconvulsive therapy

Electroconvulsive therapy (ECT) is a regulated treatment under the Act and may only be performed in a facility which has been authorised by the Director of Mental Health. The authorised facilities in 2011–2012 include all AMHS and those private facilities as set out in Appendix 6.

Private health facilities have the ability to administer ECT if the Director of Mental Health is satisfied that:

- the services provided at the hospital are part of a mental health program approved by the Chief Health Officer and are incorporated into the relevant licence to operate a private health facility; and
- the service has established policies, procedures and quality activities for the administration of ECT which are consistent with the Act; or
- the hospital has demonstrated its preparedness to institute appropriate procedures that ensure ECT is administered in accordance with the requirements of the Act.

It is an offence to perform ECT other than in accordance with the Act. ECT may be performed on a patient (voluntary or involuntary) at an AMHS only if:

- informed consent has been given by the patient, or
- the Tribunal has given approval for the treatment.

A psychiatrist may make a treatment application (ECT) to the Tribunal if the psychiatrist is satisfied that:

- ECT is the most clinically appropriate treatment for the patient having regard to the patient's clinical condition and treatment history, and
- the patient is incapable of giving informed consent to the treatment.

On making the treatment application, the psychiatrist must also ensure the patient and allied person have been informed. The Tribunal must hear and decide the treatment application within a reasonable time after it is made. If the Tribunal decides to approve the application, its decision must state the number of treatments that may be given and the period in which the treatments may be given.

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

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

The psychiatrist must immediately give the Tribunal the treatment application and a copy of the certificate to perform emergency ECT.

Table 16 sets out the number of Tribunal applications approved and number of emergency ECT treatments given at each AMHS during 2011–2012. There was a total of 479 Tribunal approvals for ECT and 119 instances of emergency ECT.

Table 16: Number of Mental Health Review Tribunal applications approved and emergency electroconvulsive therapy (ECT) treatments at each authorised mental health service for 2011–2012

Authorised mental health service*	Number of Mental Health Review Tribunal applications approved	Number of emergency ECT treatments
Bayside	11	0
Belmont Private	11	8
Cairns	26	5
Central Queensland	4	0
Fraser Coast	4	0
Gold Coast	30	9
Greenslopes Private	3	0
Logan Beaudesert	19	8
Mackay	6	2
Mater	0	0
New Farm Clinic	3	3
Princess Alexandra	73	26
Redcliffe Caboolture	16	1
RBWH	83	17
Royal Children's	0	0
Sunshine Coast	12	7
The Park	16	0
The Park - High Security	19	0
The Prince Charles	65	14
Toowong Private	3	3
Toowoomba	32	7
Townsville	19	1
West Moreton	15	3
Wide Bay	9	5
Total	**479**	**119**

* See Appendix 4 for full AMHS title

Monitoring and compliance

Mental Health Act 2000 – Statutory auditing

The Act is the legal safeguard governing care for people with a severe mental illness and protecting their rights. Under section 489 of the Act, the Director of Mental Health is responsible for monitoring and auditing legislative compliance and therefore has established a formal statutory audit process.

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

A rolling statutory audit process has been established to ensure each AMHS is audited against relevant Act provisions. The audits are conducted by staff within the office of the Director of Mental Health. The Director of Mental Health and/or Chief Psychiatrist also participate at key points in the audit process and are committed to improving services.

Officers involved in the statutory audits are appointed as 'approved officers' by the Director of Mental Health under section 500 of the Act. This appointment enables service staff to provide auditors with patient information without breaching confidentiality requirements.

The statutory audit process primarily focuses on system issues (i.e. how the service manages/ implements the Act processes and policy requirements) rather than on individual staff performance. The audit process involves a number of activities including:

- review of information system data
- review of local procedure documents relating to the Act
- consultation with service staff
- review of selected clinical and administrator files.

Statutory audit findings are used by the AMHS to develop an action plan which highlights the AMHS commitment to address identified compliance issues. Auditors contact services 12 months after an action plan has been developed to identify progress with compliance. Audit findings also help inform decisions about statewide issues that need addressing in the area of policy, administration and legislation.

The first round of statutory audits was completed with the audit of the Townsville AMHS on 11–15 July 2011.

An analysis of the key audit findings was undertaken and presented at the Mental Health Law and Practice Seminar held as part of the Senior Leaders' Forum in November 2011.

After the first round of audits, it was decided that snapshot targeted audits would be conducted to examine compliance with selected provisions of the Act where issues were commonly identified during previous audits.

During the reporting period, snapshot audits were conducted at:

- The Prince Charles Hospital AMHS: 23–24 February 2012
- Royal Brisbane and Women's Hospital AMHS: 5–7 March 2012
- Redcliffe Caboolture AMHS: 13–15 March 2012.

These audits examined compliance with involuntary assessment and ECT provisions of the Act. The auditors also examined the process and outcomes of any self-auditing system that the AMHS has developed.

In addition, targeted audits were requested by the following AMHS:

- New Farm Clinic AMHS: 25 October 2011
- Toowoomba AMHS: 14 December 2011.

With the first round of audits completed, options for future audit activity are being examined. A key focus is the improved use of technology to assist the audit and reporting process.

Clinical audits

Clinical audits are coordinated by the Office of the Chief Psychiatrist in partnership with the local Health Service District. They are conducted in conjunction with the statutory compliance audits as part of a systematic and coordinated approach.

In 2011–2012, clinical audits have continued to be embedded in service practice and updated to reflect contemporary quality improvement activities. The clinical audit tools have evolved from the pilot process and are now mapped against the National Standards for Mental Health Services 2010.

Following the clinical audits, mental health services are requested to perform annual internal audits using the clinical audit tools. The intention is to ensure that services are continuously monitoring their performance and identifying areas for improvement.

Investigations

The Director of Mental Health has statutory powers to commission investigations under the Act into the assessment, treatment and detention of patients in AMHS.

The decision to conduct an Act investigation rests with the Director of Mental Health. An investigation under the Act is conducted as an impartial and systematic process to examine certain complaints or the occurrence of an incident to determine what occurred. Act investigations aim to identify, prevent or reduce actual or potential harm in mental health care delivery. However, not all complaints or issues will trigger an investigation. Act investigation reports provide recommendations on how to address the issues to prevent the incident recurring. Should the investigation highlight potential breaches of legislation other than the Act, the Director of Mental Health will refer the matter to the appropriate agency.

Three investigations under the Act were conducted in the 2011–2012 reporting period. Two of these investigations examined the mental health services provided to two consumers prior to their deaths. The outcome and recommendations of these investigations have been submitted to the Queensland Coroner. The third investigation involved a review of the JEO application process after a complaint was made. Upon review, anomalies were identified with the application of the JEO in question and remedial action was taken to minimise opportunity for recurrence.

The Office of the Chief Psychiatrist will continue to support mental health services to develop and monitor self-auditing processes to ensure safe clinical practice.

Supporting quality improvements in mental health services

Forensic Disability Reforms

During the reporting period, implementation of legislative reforms responding to recommendations contained in *Promoting balance in the forensic mental health system* (the Butler Report) and *Challenging Behaviour and Disability – A Targeted Response* (the Carter Report) were finalised. Specifically, these reforms relate to providing improved responses, including secure care, for people with an intellectual or cognitive disability who exhibit challenging behaviours.

The *Forensic Disability Act 2011* (the FD Act) commenced on 1 July 2011 and established the operation of a purpose-built 10 bed forensic disability service operated by the Department of Communities, Child Safety and Disability Services, for people with an intellectual or cognitive disability subject to a forensic order.

The FD Act resulted in significant amendments to the *Mental Health Act 2000* (the Act) to provide better care for people with an intellectual or cognitive disability who are placed on a forensic order and support the establishment of the forensic disability service. The amendments reflect the distinction between the involuntary treatment and care of persons with a mental illness and the care of persons with an intellectual or cognitive disability. The care of such persons includes the provision of rehabilitation, habilitation, support and other services.

The amendments to the Act primarily enable:

- the Mental Health Court to make a new type of 'disability' forensic order to detain a person in either the forensic disability service or an authorised mental health service (AMHS) for care
- the Mental Health Review Tribunal to review individuals with an intellectual or cognitive disability on a disability forensic order against criteria relevant to their behaviour, and
- the transfer of a person on a disability forensic order between an AMHS and the forensic disability service.

Significantly, the amendments also empower the Director of Mental Health to establish specific policies for the care of people on a disability forensic order in AMHS. To this end, the Director of Mental Health's Policy and Practice Guidelines for the Care of Disability Forensic Patients was issued on 1 October 2011. This policy details particular requirements relating to the care of this cohort and was developed by an expert reference group comprised of representatives from the forensic mental health and disability sectors, consumer representatives and clinicians. The policy includes guidelines for ensuring that a person who has an intellectual or cognitive disability has a management plan that provides more comprehensive strategies for dealing with behavioural problems, and that existing resources such as funded disability support services are being used to maximum benefit. It is intended that this policy will be reviewed in the next reporting period.

Success in implementing the FD Act and the associated amendments to the Act requires a collaborative working relationship between Queensland Health and the Department of Communities, Child Safety and Disability Services. To support this relationship, a Memorandum of Understanding between Queensland Health and the Department of Communities has been developed to set out responsibilities and obligations for both agencies in relation to meeting the needs of these individuals across both mental health and disability services.

Seclusion and mechanical restraint

The FD Act resulted in other significant amendments to the Act to establish new requirements with respect to the use of seclusion and mechanical restraint within AMHS. These amendments:

- limit the duration of a doctor's authorisation for seclusion to a maximum period of three hours (reduced from 12 hours)
- limit the duration of a doctor's authorisation for restraint to a maximum period of three hours (previously no timeframe)
- limit the use of mechanical restraint to appliances that are approved by the Director of Mental Health
- authorise the Director of Mental Health to order the removal of mechanical restraint or release from seclusion, and
- increase reporting obligations for services with respect to seclusion and mechanical restraint.

To support these amendments, the Director of Mental Health issued updated policies on 1 October 2011 on seclusion and mechanical restraint use in AMHS to clarify authorisation, clinical management and notification requirements. Significantly, after reviewing best practice guidelines, the Director of Mental Health has restricted the use of mechanical restraints within AMHS to 'wrist cuffs to waist belt; a band fastened around the waist linking to bands fastened around the wrists'. Alternative mechanical appliances may only be utilised with the written approval of the Director of Mental Health. Any such approval will only apply to that individual for the period specified by the Director of Mental Health.

In line with the new reporting requirements regarding seclusion and mechanical restraint in AMHS, the Director of Mental Health has established processes for monitoring the use of seclusion and mechanical restraint from both clinical and legislative compliance perspectives. This monitoring and review is supported by a data matching process against data collected in the Consumer Integrated Mental Health Application (CIMHA) and by services. To improve clinical service and legislative compliance, the Director of Mental Health provides regular feedback to administrators on trends in the use of seclusion and mechanical restraint in AMHS.

The Mental Health Act 2000 Resource Guide

The *Mental Health Act 2000 Resource Guide* (the Resource Guide) is issued by the Director of Mental Health under sections 309A and 493A of the Act. It provides explanatory information about the Act and related legislation, and sets out the Director of Mental Health's policies and guidelines.

The Resource Guide is a supporting document for the Mental Health Services Policy: National Standards for Mental Health Services 2010 and the Implementation Standard for Upholding Rights and Responsibilities which have been issued under the Queensland Health Policy Management Policy framework.

During the reporting period, work commenced on revising the Resource Guide in line with legislative reforms resulting from the FD Act and feedback from consumers, carers, AMHS and audits. The revised Resource Guide will incorporate all existing stand alone Director of Mental Health polices in the one document. It is anticipated that this work will be completed early in the next reporting period.

Allied persons and patient rights

A substantial review of the allied persons policy and resources to support the patient rights provisions under the Act was completed in the reporting period. This review was based on targeted consultation with key stakeholders, including consumers, carers, mental health services and the Tribunal.

A more comprehensive policy on administration of the allied persons provisions was developed. This policy outlines the responsibility of clinicians and administrators to ensure involuntary patients are informed of their right to nominate an allied person and that they are supported in exercising this right from the time they enter the mental health system. This policy will be incorporated into the revised Resource Guide.

Existing resources were revised and new resources were developed on the role of the allied person and patient rights to support the relevant provisions in the Act. Under the Act, the Director of Mental Health is required to prepare a written statement about the rights of involuntary patients (a Statement of Rights). This statement must be given to the patient and the patient's allied person on admission to the AMHS. In addition to the statement, the administrator must ensure that the patient is given an oral explanation of their rights in a language and way that the patient understands.

New resources have also been developed specifically to meet the needs of people with low literacy skills, people from non-English speaking backgrounds and Aboriginal and Torres Strait Islander peoples.

These resources are available at the following sites:

www.health.qld.gov.au/mha2000/allied_persons.asp

www.health.qld.gov.au/mha2000/statement_rights.asp

Mental Health Act 2000 online training

The *Mental Health Act 2000* online training system was developed to provide mental health professionals with information about key components of the Act. Completion of the training is also a requirement for appointment as an authorised doctor or authorised mental health practitioner under the Act.

From December 2011 this training has been available on the Queensland Centre for Mental Health Learning (QCMHL) site.

During the reporting period, the QCMHL and the Mental Health Alcohol and Other Drugs Branch (MHAODB) collaborated on a project to review the training system. Feedback was sought from a range of stakeholders to assess information and/or training needs relating to the Act and assist the project team in making recommendations about the provision of training on the Act. This data was collected initially through a targeted online survey that was emailed to stakeholders.

The project made a number of recommendations for improvements and QCMHL and the MHAODB are collaborating on a project to redevelop the program. It is anticipated that this project will be completed in late 2012.

Administrator Delegates' Forum

Administrators and administrator delegates have significant roles in fulfilling the requirements of the Act and policies issued by the Director of Mental Health at local AMHS level.

The annual Administrator Delegates' Forum was held in Brisbane on 22 and 23 August 2011 and was attended by administrator delegates across the state. The Forum provided an opportunity for professional development and networking with other delegates and officers of the MHAODB. The program included presentations on the FD Act and the Act amendments, processes for patients who are absent without permission, policy developments and sharing good practices and audit findings. Administrator delegates were also given the opportunity to visit the Tribunal.

Senior Leaders' Forum

The Senior Leaders' Forum was held in Brisbane in November 2011. An important component was the Mental Health Law and Practice Seminar specifically designed to provide support to AMHS administrators.

It was recognised that there have been limited opportunities to bring AMHS leaders together to explore legal complexities and challenges that affect patient care, treatment and outcomes. To help examine these complex requirements, the following keynote speakers were invited to the Forum:

- Professor Bernadette McSherry, Director, Centre for the Advancement of Law and Mental Health
- Magistrate John Lock, Brisbane Coroner
- Dr Jeffery Chan, Chief Practitioner Disability, Department of Communities
- Mr John Tate, Executive Legal Consultant, Crown Law and
- Ms Julie White, Principal Lawyer, Queensland Health.

The forum was successful in highlighting challenges regarding the interaction between the law and everyday clinical decision-making. There was overall agreement that it provided a good opportunity to learn from others.

Administrators' Forum

On 19 January 2012, the first AMHS administrators' forum was held. The meeting followed on from the Senior Leaders' Forum: Mental Health Laws and Practice in November 2011, where it was agreed to establish a regular forum for administrators to share issues and solutions relating to legislative requirements and compliance.

A key focus for the meeting was the changes to the legislation and policy in relation to seclusion and mechanical restraint. These changes require administrators to provide written notification to the Director of Mental Health of all authorisations for mechanical restraint and of the third authorisation of seclusion within a 24 hour period. The purpose of increased notification obligations is to support new powers for the Director of Mental Health to order a patient's release from seclusion or mechanical restraint.

Overall, AMHS have complied with seclusion and restraint notification requirements. Some non-compliance issues have arisen relating to incomplete and/or insufficient documentation and misunderstanding about when notification is required.

On 8 June 2012, the second administrators' forum was held to continue the momentum of sharing issues and solutions relating to legislative compliance and current work. Updates were provided on the seclusion and mechanical restraint notification process and reporting, upcoming Act amendments and Director of Mental Health policies and resources.

Eighth National Seclusion and Restraint Reduction Forum

The National Mental Health Seclusion and Restraint Project (Beacon Project) commenced in 2007 to reduce and where possible, eliminate the use of seclusion and restraint in public mental health services. The project was developed in response to the *National Safety Priorities in Mental Health: a National Plan for Reducing Harm*.

In November 2011, Queensland Health was nominated by the Safety and Quality Partnership Subcommittee to host the Eighth National Seclusion and Restraint Reduction Forum 2012. The forum will bring together healthcare professionals, consumers and carers, and focus on the key strategies services use in the reduction of seclusion and restraint.

Electroconvulsive therapy training

The Electroconvulsive Therapy (ECT) Committee was established under the auspices of the Director of Mental Health. This committee provides a training program for psychiatrists, nurses and multidisciplinary teams on the administration of ECT, including a session from the consumer perspective.

The program was developed in consultation with clinical directors from across the state and national experts, and is accredited by the Director of Mental Health. ECT training sessions are tailored to the attendees' scope of clinical practice and contribute to the consistent and safe delivery of ECT. All prescribers and clinicians must complete this, or an equivalent training to administer ECT in AMHS.

In 2011–2012, ECT training was held at the Pine Rivers Private Hospital and at public mental health services at Rockhampton and Maryborough (52 participants in total). In addition, the ECT Committee has reviewed and published statewide resources and clinical practice guidelines to assist clinicians and inform consumers and carers of the ECT processes, consent, and their rights and responsibilities.

Appendix 1

Our statutory roles and facilities

About the *Mental Health Act 2000*

Until 2 April 2012, the Director of Mental Health reported to the Minister for Health and the Minister for Disability Services, Mental Health regarding the administration of the *Mental Health Act 2000* (the Act). From 3 April 2012, the Minister for Health has been responsible for the administration of the Act.

The Act contains provisions for initiating involuntary assessment, authorising involuntary treatment, independent review of involuntary treatment and protection of patient rights. It provides processes for the diversion of mentally ill offenders from court or custody and decisions about criminal responsibility where the person has a mental illness. It also provides for victim information orders and non-contact provisions for family members, victims of crime and other interested persons, as well as provisions addressing community safety.

The Director of Mental Health appointment

Appointments

On 22 September 2005, Her Excellency the Governor approved the appointment of Dr Aaron Groves MBBS, FRANZCP as the Director of Mental Health under the Act.

On 19 April 2012, Her Excellency the Governor approved the appointment of Associate Professor Jagmohan Gilhotra MBBS, MMed FRANZCP FRACMA, FRC Psych. in the position as Director of Mental Health on and from 20 April 2012.

Powers and functions

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

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

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

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

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

- receiving expert psychiatric reports in relation to involuntary patients charged with an offence and referring these matters to the Director of Public Prosecutions (DPP) or the Mental Health Court for determination
- ordering the transfer of classified patients (patients admitted to a health service from a court or place of custody) and forensic patients (patients found to be of unsound mind or not fit for trial in relation to a criminal offence)
- facilitating return to court or custody for classified patients who no longer need to be detained for treatment and care of a mental illness
- approving limited community treatment (LCT) for classified patients.

Delegation of Director of Mental Health's powers

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

During 2011–2012, the Director of Mental Health was assisted by a number of psychiatrists who performed duties as delegate. A list of delegates granted various powers and functions during the reporting period is set out in Table 17.

Table 17: Director of Mental Health delegates for 2011–2012

Delegate	Power delegated	Dates of delegation	Delegated by
Dr Curtis Gray	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	13 July 2010 to 1 September 2011	Dr Aaron Groves
Dr Curtis Gray	Chapters 2, 3, 4, 5 (except ss184 and 185), 6, 7 (except s309A), 7A, 8, 12 and 13 (except ss.493A, 494, 495, 496, 497, 500 and 503), and ss.602, 603, 607, 609, 610, 612	2 September 2011 to current	Dr Aaron Groves
Associate Professor David Crompton	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	11 February 2009 to 1 September 2011	Dr Aaron Groves
Associate Professor David Crompton	Chapters 2, 3, 4, 5 (except ss169A, 169B, 169D, 169E, 169I, 169K, 184 and 185), 6, 7 (except ss309A and 309B), 7A, 8, 12 and 13 (except ss493A, 494, 495, 496, 497, 500, 503), and ss.609, 610, 612.	2 September 2011 to current	Dr Aaron Groves
Dr Jacinta Powell	Chapter 5, Pt 2 - specifically ss184 and 185	10 February 2004 to 1 September 2011	Dr Arnold Waugh
Dr Jacinta Powell	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	11 February 2009 to 1 September 2011	Dr Aaron Groves
Dr Jacinta Powell	Chapters 2, 3, 4, 5 (excepting ss169A, 169B, 169D, 169E, 169I and 169K) 6, 7 (excepting ss309A and 309B), 7A, 8, 12 and 13 (excepting ss493A, 494, 495, 496, 497, 500, 503), and ss.609, 610, 612	7 October 2011 to current	Dr Aaron Groves
Dr William Kingswell	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	11 February 2009 to 1 September 2011	Dr Aaron Groves
Dr William Kingswell	Ch's 2, 3, 4, 5, 6, 7, (except s309A), 7A, 8, 12, 13 (except ss493A, 494, 495, 496, 497, 500, 503), and ss. 602, 603, 607, 609, 610, 612	2 September 2011 to 2 November 2011	Dr Aaron Groves
Dr William Kingswell	All powers of the Director of Mental Health with the exclusion of any powers under Chapter 13, part 2	3 November 2011 to 30 June 2012	Dr Aaron Groves
Associate Professor William Brett Emmerson	Chapter 5, Pt 2 - specifically ss184 and 185	11 July 2008 to 1 September 2011	Dr Aaron Groves
Associate Professor William Brett Emmerson	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	30 June 2006 to 1 September 2011	Dr Aaron Groves
Associate Professor William Brett Emmerson	Chapters 2, 3, 4, 5, 6, 7 (except s309A), 7A, 8, 12 and 13 (except ss493A, 494, 495, 496, 497, 500, 503), and ss.602, 603, 607, 609, 610, 612. Limitations on exercise of ss169A, 169B, 169D, 169E, 169I, 169K, 309B, and ss. 602, 603 and 607 where they conflict with his role in the RBWH AMHS.	2 September 2011 to current	Dr Aaron Groves

Delegate	Power delegated	Dates of delegation	Delegated by
Associate Professor Jagmohan Gilhotra	Chapter 5, Pt 2 - specifically ss184 and 185	3 June 2008 to1 September 2011	Dr Aaron Groves
Associate Professor Jagmohan Gilhotra	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	2 January 2008 to 1 September 2011	Dr Aaron Groves
Associate Professor Jagmohan Gilhotra	Chapters 2, 3, 4, 5, 6, 7, (except s309A), 7A, 8, 12, 13 (except ss493A, 494, 495, 496, 497, 500, 503), and ss. 602, 603, 607, 609, 610, 612	2 September 2011 to 31 October 2011	Dr Aaron Groves
Associate Professor Jagmohan Gilhotra	All powers of the Director of Mental Health with the exclusion of any powers under Chapter 13, part 2	1 November 2011 to 1 December 2011	Dr Aaron Groves
Associate Professor Jagmohan Gilhotra	All powers of the Director of Mental Health with the exclusion of any powers under Chapter 13, part 2 and section 500.	2 December 2011 to 19 April 2012	Dr Aaron Groves
Dr Terry Stedman	Chapter 5, Pt 2 - specifically ss184 and 185	30 June 2008 to 1 September 2011	Dr Aaron Groves
Dr Terry Stedman	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	26 May 2006 to 1 September 2011	Dr Aaron Groves
Dr Terry Stedman	Chapters 2, 3, 4, 5 (except ss169A 169B, 169D, 169E, 169I and 169K), 6, 7 (except ss309A and 309B), 7A, 8, 12 and 13 (except ss493A, 500, 503), and ss.609, 610, 612	2 September 2011 to current	Dr Aaron Groves
Dr Cassandra Griffin	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and s499	14 February 2004 to 1 September 2011	Dr Arnold Waugh
Dr Cassandra Griffin	Chapters 2, 3, 4, 5 (excepting ss169A, 169B, 169D, 169E, 169I and 169K) 6, 7 (excepting ss309A and 309B), 7A, 8, 12 and 13 (excepting ss493A, 494, 495, 496, 497, 500, 503), and ss.609, 610, 612	7 October 2011 to current	Dr Aaron Groves
Dr Edward Heffernan	Chapters 2, 3, 4, 5, 6, 7 (except s309A), 7A, 8, and 12	14 June 2012 to current	Associate Professor Jagmohan Gilhotra

The Director of Mental Health has also delegated limited functions to specified senior clinical positions. These functions relate to approving a patient's temporary absence to receive medical care as specified under the Act or to appear before a court, tribunal or other body.

Table 18 sets out a list of positions which have been delegated limited functions as at 30 June 2012.

Table 18: Director of Mental Health delegates (limited functions) for 2011–2012

Delegate	Power delegated	In relation to patients at	Dates of delegation	Delegated by
Psychiatrist on call, The Park – Centre for Mental Health	184, 185, 186(2)(a) and 186(2)(b)	The Park – Centre for Mental Health AMHS and the Park High Security Program: Central and Southern Zones	11 February 2009 to current	Dr Aaron Groves
Clinical Director	184, 185, 186(2)(a) and 186(2)(b)	The Park – Centre for Mental Health AMHS and the Park High Security Program: Central and Southern Zones	11 February 2009 to current	Dr Aaron Groves
Director of Clinical Services, The Park – Centre for Mental Health	184, 185, 186(2)(a) and 186(2)(b)	The Park – Centre for Mental Health AMHS and the Park High Security Program: Central and Southern Zones	11 February 2009 to current	Dr Aaron Groves

Authorised mental health services

AMHS are health services authorised under the Act to provide involuntary examination, assessment, treatment and care for persons with mental illness and to provide care for persons with an intellectual or cognitive disability. The care of such persons includes the provision of rehabilitation, habilitation, support and other services. AMHS include both public and private sector health services (Appendix 3).

In authorising AMHS, the Director of Mental Health takes account of the professional expertise required in the assessment and treatment of people with a mental illness, as well as the need to ensure appropriate access to services across the state. In most instances, AMHS comprise inpatient and community components. Inpatient facilities are generally based in metropolitan and regional centres, while community components are established in rural and remote locations as well as major centres. In addition, Section 15 of the Act provides that a public hospital may be an AMHS for the purpose of a person's examination or assessment under the Act if there is no AMHS readily accessible, for example, in a remote or rural area of the state.

Authorised mental health services administering electroconvulsive therapy

A small number of private sector health services have been established as AMHS for the specific purpose of administering electroconvulsive therapy (ECT) to patients who have given informed consent (Appendix 6). This ensures that private sector patients continue to have appropriate access to this treatment. The private sector facilities established for this purpose are licensed under the *Private Health Facilities Act 1999* and have demonstrated that their practices comply with legislative requirements.

High security units

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

As of 30 June 2012, The Park High Security Program and Princess Alexandra Hospital High Security Program were declared as high security units (Appendix 5).

Administrators of authorised mental health services and high security units

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

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

A list of AMHS administrators as at 30 June 2012 is set out at Appendix 2.

Powers and functions of the administrator include:

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

Authorised doctors

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

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

Table 19 sets out the number of AD, including authorised psychiatrists, appointed to each AMHS as at 30 June 2012.

The functions performed by an AD require a good understanding of the provisions of the Act. The Director of Mental Health's policy for appointment, renewal and cessation as an authorised doctor was developed to assist services with streamlining their procedures in relation to appointing AD. The policy provides standardised appointment processes and sets out the skills and training required to undertake statutory responsibilities under the Act.

The functions and powers of the AD include:

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

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

Table 19: Number of authorised doctors (including authorised psychiatrists) appointed to each authorised mental health service as at 30 June 2012

Authorised mental health service*	Authorised psychiatrist	Other	Total
Bayside	15	29	44
Belmont Private	33	4	37
Cairns	19	17	36
Central Queensland	10	17	27
Fraser Coast	5	6	11
Gold Coast	38	49	87
Greenslopes Private	6	0	6
Logan Beaudesert	24	21	45
Mackay	5	8	13
Mater	14	19	33
New Farm Clinic	43	12	55
Princess Alexandra	36	36	72
Redcliffe Caboolture	16	34	50
RBWH	36	57	93
Royal Children's	7	9	16
Sunshine Coast	17	21	38
The Park	30	13	43
The Park - High Security	30	13	43
The Prince Charles	22	25	47
Toowong Private	42	2	44
Toowoomba	33	32	65
Townsville	22	15	37
West Moreton	14	13	27
Wide Bay	3	7	10
Total	520	459	979

Note: Doctors may be appointed as an AD at more than one AMHS

* See Appendix 4 for full AMHS title

Authorised mental health practitioners

AMHP play an important role in initiating involuntary assessment. An AMHP may, if satisfied that the assessment criteria apply to a person, make a recommendation for assessment. This document, together with a request for assessment authorises the taking of the person to an AMHS for assessment.

AMHP are appointed by the Director of Mental Health. Nominations are made by the administrator of the relevant AMHS. The Director of Mental Health's policy for appointment, renewal, transfer and cessation as an authorised mental health practitioner was developed to regulate procedures across Queensland. The policy requires AMHP to possess the necessary competence to fulfil their statutory responsibilities and outlines the minimum requirements for appointment as an AMHP, including:

- being a health practitioner, as defined under the Act
- being a health service employee of an AMHS or another officer or employee of Queensland Health
- having the requisite knowledge of the Act and ability to communicate this knowledge to others – demonstration of knowledge includes completion of specified training
- a minimum of two years' experience working in mental health service provision, including training and expertise required to assess persons believed to have a mental illness
- participating in regular clinical supervision
- awareness of potential conflicts of interest and the importance of not exercising powers in circumstances where such conflicts exist, for example, a practitioner who, under an administrator delegation, agrees to the assessment of a person as a classified patient should not complete the recommendation for assessment for that person.

The policy also states AMHP may, subject to administrator approval, operate across different services. In addition, the policy provides for annual renewal of appointments.

The AMHP renewal process is intended to ensure practitioners maintain up-to-date knowledge of legislative changes and associated policies and procedures.

Table 20 sets out the number of AMHP at each AMHS as at 30 June 2012.

Table 20: Number of authorised mental health practitioners at each authorised mental health service as at 30 June 2012

Authorised mental health service*	Total authorised mental health practitioners
Bayside	53
Belmont Private	28
Cairns	90
Central Queensland	45
Fraser Coast	25
Gold Coast	98
Greenslopes Private	7
Logan Beaudesert	80
Mackay	27
Mater	24
New Farm Clinic	22
Princess Alexandra	83
Redcliffe Caboolture	75
RBWH	117
Royal Children's	30
Sunshine Coast	106
The Park	18
The Park - High Security	0
The Prince Charles	86
Toowong Private	14
Toowoomba	64
Townsville	83
West Moreton	61
Wide Bay	39
Total	**1275**

* See Appendix 4 for full AMHS title

Statewide information and liaison service

Mental Health Act Liaison Officers (MHALO) in the Mental Health Alcohol and Other Drugs Branch provide information on the Act and patient rights. The service provided by MHALOs is used by consumers, carers, service providers, non-government and government organisations and members of the public. MHALOs are available for Act related queries during standard business hours on free call 1800 989 451 and via email at MHA2000@health.qld.gov.au

Appendix 2

Administrators of authorised mental health services

as at 30 June 2012

Authorised mental health service*	Title
Archerview Clinic – Hillcrest Rockhampton Private Hospital	Chief Executive Officer
Bayside	Executive Director, Mental Health
Belmont Private	Director, Belmont Private Hospital
Cairns	Executive Director of Mental Health
Central Queensland	Service Manager
Fraser Coast	Executive Director Wide Bay Fraser Coast
Gold Coast	Director of Psychiatry
Greenslopes Private	Director of Psychiatry
Logan-Beaudesert	Executive Director, Mental Health
Mackay	Service Manager
Mater Health Services, Child and Youth	Director of Mater Health Services, Child and Youth Mental Health Services
New Farm Clinic	Director of Clinical Services
Pine Rivers Private Hospital	Director of Nursing
Princess Alexandra Hospital	Executive Director Mental Health
Princess Alexandra Hospital – High Security Program	Executive Director Mental Health
Redcliffe Caboolture	Clinical Director
RBWH	Clinical Director, Royal Brisbane and Women's Hospital Mental Health Service
Royal Children's	Executive Director
Sunshine Coast	Executive Director, Mental Health Service
Sunshine Coast Private Hospital	General Manager
St Andrew's Hospital Toowoomba	Chief Executive Officer
The Park	Executive Director of Mental Health Services
The Park - High Security	Executive Director of Mental Health Services
The Prince Charles	Clinical Director, Metro North Mental Health Service
Toowong Private	Chief Executive Officer
Toowoomba	Executive Director of Mental Health Services
Townsville	Director of Mental Health Services
West Moreton	Executive Director of Mental Health Services
Wide Bay	Executive Director Wide Bay Fraser Coast

* See Appendix 4 for full AMHS title

Appendix 3

Schedule of authorised mental health services

as at 30 June 2012

Mental Health Act 2000 Schedule of authorised mental health services

Authorised mental health service	Component facilities	Address
Cairns and Hinterland Health Service District, Cape York Health Service District and Torres Strait-Northern Peninsula Health Service District		
Cairns Network Authorised Mental Health Service	Cairns Base Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	The Esplanade Cairns QLD 4870
	Smithfield Mental Health Service (North Team)	Smithfield Community Health Centre 16 Danbulan Street Smithfield Cairns QLD 4870
	Acute Care Mental Health Service	165 Sheridan Street Cairns QLD 4870
	Child and Youth Mental Health Service	130 McLeod Street Cairns QLD 4870
	Evolve Team	1A Water Street Cairns QLD 4870
	Forensic Mental Health Team	1A Water Street Cairns QLD 4870
	Far North Queensland Intensive Rehabilitation and Recovery Support Team – FIRRST	165 Sheridan Street North Cairns QLD 4878
	Homeless Health Outreach Team	125 Sheridan Street Cairns QLD 4870
	Edmonton Mental Health Service (South Team)	Edmonton Mental Health Service (South Team) 10–12 Robert Road Edmonton QLD 4869
	Innisfail Mental Health Service – Innisfail	Innisfail Hospital Innisfail QLD 4860

Authorised mental health service	Component facilities	Address
Cairns and Hinterland Health Service District, Cape York Health Service District and Torres Straight–Northern Peninsula Health Service District *(continued)*		
Cairns Network Authorised Mental Health Service	Innisfail District Community Mental Health Service – Tully	Tully Community Health Centre Tully QLD 4854
	Tablelands District Mental Health Service – Atherton	Atherton Health Centre Louise Street Atherton QLD 4883
	Tablelands District Mental Health Service – Mareeba	Lloyd Street Mareeba QLD 4880
	Cape York Health Service District Mental Health Service	Corner of Northern and Central Avenue Weipa QLD 4874
	Cooktown Multi Purpose Health Service	Cooktown Multi Purpose Health Service Hope Street Cooktown QLD 4871
	Torres Strait / Northern Peninsula Area Community Mental Health Service	Thursday Island Community Health Centre Thursday Island QLD 4875
	Torres Strait / Northern Peninsula Area Community Mental Health Service	Bamaga Health Centre Bamaga QLD 4876
Central Queensland Health Service District		
Central Queensland Network Authorised Mental Health Service	Rockhampton Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Canning Street Rockhampton QLD 4700
	Community Mental Health Service	Quarry Street Rockhampton QLD 4700
	Child and Youth Mental Health Service	Quarry Street Rockhampton QLD 4700
	Psychogeriatric beds within Eventide Home	North and Campbell Street Rockhampton QLD 4700
	Capricorn Coast Community Mental Health Service	8 Hoskyn Drive Yeppoon QLD 4703
	Gladstone Community Adult Mental Health Service	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Gladstone Child and Youth Mental Health Service	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Gladstone Hospital Emergency Department	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Biloela Community Mental Health Service	Outpatients Department Biloela Hospital 2 Hospital Road Biloela QLD 4715
	Central Highlands Mental Health Service – Emerald	Community Health Service on the hospital campus Hospital Road Emerald QLD 4720

Authorised mental health service	Component facilities	Address
Children's Health Service District		
Mater Health Services Child and Youth Authorised Mental Health Service	Mater Children's Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Raymond Terrace South Brisbane QLD 4101
	Mater Child and Youth Mental Health Service	Raymond Terrace South Brisbane QLD 4101
	Greenslopes Clinic – Mater Child and Youth Mental Health Service	34 Curd Street Greenslopes QLD 4120
	Inala Clinic – Mater Child and Youth Mental Health Service	7 Kittyhawk Avenue Inala QLD 4077
	Yeronga Clinic – Mater Child and Youth Mental Health Service	51 Park Road Yeronga QLD 4104
	Brisbane South Evolve – Mater Child & Youth Mental Health Service	Ground Floor, Block C Garden Square 643 Kessels Road Upper Mt Gravatt QLD 4122
Royal Children's Hospital Authorised Mental Health Service	Royal Children's Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Bramston Terrace Herston QLD 4029
	The Royal Children's Hospital and Health Service District Child and Youth Mental Health Service	Corner Rogers and Waters Streets Spring Hill QLD 4000
	Evolve Therapeutic Services	289 Wardell Street Enoggera QLD 4051
	Nundah Child and Youth Mental Health Clinic	Nundah Community Health Centre 10 Nellie Street Nundah QLD 4012
	Pine Rivers Child and Youth Mental Health Clinic	Pine Rivers Community Health Centre 568 Gympie Road Strathpine QLD 4500
	North West Child and Youth Mental Health Clinic	North West Community Health Centre 49 Corrigan Street Keperra QLD 4054
	Future Families	31–33 Robinson Road Nundah QLD 4012
Darling Downs-West Moreton Health Service District and South West Health Service District		
The Park – Centre for Mental Health Authorised Mental Health Service	The Park – Centre for Mental Health in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	The Park – Centre for Mental Health Treatment, Education & Research corner Ellerton Drive and Wolston Park Road Wacol QLD 4076
The Park – High Security Program Authorised Mental Health Service	The Park – High Security Program	The Park – Centre for Mental Health Treatment, Education & Research corner Ellerton Drive and Wolston Park Road Wacol QLD 4076

Authorised mental health service	Component facilities	Address
Darling Downs-West Moreton Health Service District and South West Health Service District *(continued)*		
Toowoomba and Darling Downs Network Authorised Mental Health Service	Toowoomba Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Pechey Street Toowoomba QLD 4350
	Baillie Henderson Hospital in-patient and specialist health units (excluding the intellectual disability beds, the grounds of the hospital and non-treatment facilities on the hospital campus)	Hogg Street Toowoomba QLD 4350
	Adult Community Mental Health Service	Fountain House, Toowoomba Hospital Pechey Street Toowoomba QLD 4350
	Child and Youth Mental Health Service	Pechey Street Toowoomba QLD 4350
	Older Persons Mental Health Service	Armstrong Clinic, Toowoomba Hospital Pechey Street Toowoomba QLD 4350
	Dalby Mental Health Service	Dalby Hospital Hospital Road Dalby QLD 4405
	Gatton Community Mental Health Service	97–103 William Street Gatton QLD 4343
	Goondiwindi Mental Health Service	122 Marshall Street Goondiwindi QLD 4390
	Stanthorpe Community Mental Health Service	The Boulders Stanthorpe Hospital McGregor Terrace Stanthorpe QLD 4380
	Southern Downs Community Mental Health Service	McCarthy House 56 Locke Street Warwick QLD 4370
	Inglewood Community Mental Health Service	Inglewood Hospital, Cunningham Highway Inglewood QLD 4387
	Chinchilla Mental Health Service	Cnr Heeney and Hypatia Street Chinchilla QLD 4413
	Roma Community Mental Health Service	Arthur Street Roma QLD 4455
	Charleville Community Mental Health Service	2 Eyre Street Charleville QLD 4470
West Moreton South Burnett Authorised Mental Health Service	Evolve Therapeutic Service - Ipswich	Ipswich Health Plaza 12 Bell Street Ipswich QLD 4305
	Goodna Community Health Centre	81 Queen Street Goodna QLD 4300
	Ipswich Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Chelmsford Street Ipswich QLD 4305

Authorised mental health service	Component facilities	Address
West Moreton South Burnett Authorised Mental Health Service *(continued)*	West Moreton Child and Youth Mental Health Service	Ipswich Health Plaza 12 Bell Street Ipswich QLD 4305
	West Moreton Integrated Mental Health Service	Bell Street Ipswich QLD 4305
Gold Coast Health Service District		
Gold Coast Authorised Mental Health Service	Gold Coast Hospital, Southport Campus in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Nerang Street Southport QLD 4215
	Gold Coast Hospital, Robina Campus in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	2 Bayberry Lane Robina QLD 4226
	Burleigh Child and Youth Mental Health Service	18 Park Avenue Burleigh Heads QLD 4220
	Palm Beach Community Clinic	9 Fifth Avenue Palm Beach QLD 4221
	Ashmore Community Mental Health Service	Suite 10, Ashmore Commercial Centre 207 Currumburra Road Ashmore QLD 4214
	Southport Child and Youth Mental Health Service	60 High Street Southport QLD 4215
	Child and Youth Mental Health Service – Access Team	Suite 13, Riverwalk Place, 238 Robina Town Centre Drive, Robina QLD 4226
	Child and Youth Mental Health Service – Evolve Therapeutic Services	Level 1, 67 Davenport Street Southport QLD 4215
	Gold Coast Early Psychosis Service	191 West Burleigh Road West Burleigh QLD 4220
Mackay Health Service District		
Mackay Authorised Mental Health Service	Mackay Base Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus.	Bridge Road Mackay QLD 4740
	Mackay Integrated Adult Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	Mackay Child and Youth Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	Whitsunday Community Health Centre	12 Altmann Avenue Cannonvale QLD 4802
	Moranbah District Mental Health Service	Moranbah Community Health Centre 142 Mills Avenue Moranbah QLD 4744
	Bowen Community Mental Health Service	Gregory Street Bowen QLD 4805
	Whitsunday Mental Health Service	26–32 Taylor Street Proserpine QLD 4800

Authorised mental health service	Component facilities	Address
Metro North Health Service District		
Redcliffe Caboolture Authorised Mental Health Service	Caboolture Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	9 McKean Street Caboolture QLD 4510
	Redcliffe Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Anzac Avenue Redcliffe QLD 4020
	Caboolture Adult Mental Health Service	6/69 King Street Caboolture QLD 4051
	Redcliffe Adult Mental Health Service	181 Anzac Avenue Kippa Ring QLD 4020
	Redcliffe Caboolture Child and Youth Mental Health Service	181 Anzac Avenue Kippa Ring QLD 4020
	Redcliffe Caboolture Child and Youth Mental Health Service	80 King Street Caboolture QLD 4051
	Redcliffe Caboolture Acute Care Team	5/69 King Street Caboolture QLD 4051
	Cooinda House Psychogeriatric Unit	Recreation Street Redcliffe QLD 4020
Royal Brisbane and Women's Hospital Authorised Mental Health Service	Royal Brisbane and Women's Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Herston Road Herston QLD 4029
	Inner North Brisbane Mental Health Service	162 Alfred Street Fortitude Valley QLD 4006
The Prince Charles Hospital Authorised Mental Health Service	The Prince Charles Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Rode Road Chermside QLD 4032
	Aspley Community Mental Health Service	Cnr Zillmere and Brickfield Road Aspley QLD 4034
	Nundah Community Mental Health Service	Corner Nellie Street and Melton Road Nundah QLD 4012
	Pine Rivers Community Mental Health Service	568 Gympie Road Strathpine QLD 4500
	Chermside Community Mental Health Service	The Prince Charles Hospital Rode Road Chermside QLD 4032
	The Prince Charles Hospital Acquired Brain Injury/Mental Health Unit	Eventide Beaconsfield Terrace Brighton QLD 4017
	16 Psychogeriatric beds within Flinders House Eventide Nursing Home	Eventide Beaconsfield Terrace Brighton QLD 4017

Authorised mental health service	Component facilities	Address
Metro South Health Service District		
Bayside Authorised Mental Health Service	Redland Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Weppin Street Cleveland QLD 4163
	Daintree Psychogeriatric Inpatient Unit	New Lindum Road Wynnum West QLD 4178
	Wynnum Continuing Care	New Lindum Road Wynnum West QLD 4178
	Bayside Community Mental Health Service: • Redlands Continuing Care Team • Bayside Child and Youth Mental Health Service • Acute Care Team • Older Persons Mental Health Service • Resource Recovery and Partnership Team	2 Weppin Street Cleveland QLD 4163
	Acquired Brain Injury Unit Extended Care	New Lindum Road Wynnum West QLD 4178
Logan Beaudesert Authorised Mental Health Service	Logan Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Corner Armstrong and Loganlea Roads Meadowbrook QLD 4131
	Beenleigh Adult Mental Health Service	10–18 Mount Warren Boulevard Mt Warren Park QLD 4207
	Beenleigh Child and Youth Mental Health Service	10–18 Mount Warren Boulevard Mt Warren Park QLD 4207
	Logan Central Adult Mental Health Service	Corner Wembley and Ewing Roads Logan Central QLD 4114
	Child and Youth Mental Health Service	91 Wembley Road Logan Central QLD 4114
	Child and Youth Mental Health Service	39a Wembley Road Logan Central QLD 4114
	Acute Care Team	91 Wembley Road Logan QLD 4114
	Evolve Therapeutic Support Service	Unit 12/3–19 University Drive Meadowbrook QLD 4131
	Mental Health Community Centre	51 Wembley Road Logan Central QLD 4114
	Older Persons Mental Health	2 Mooney Street Logan QLD 4114
	Alternatives to Hospitalisation Program	91 Wembley Road Logan QLD 4114
	Beaudesert Hospital – Community Mental Health Service	Beaudesert Hospital Tina Street Beaudesert QLD 4285
	Mobile Intensive Treatment Team	91 Wembley Road Logan QLD 4114
	Browns Plains Adult Community Mental Health Service	Cnr Middle Road and Wineglass Drive Hillcrest QLD 4118

Authorised mental health service	Component facilities	Address
Metro South Health Service District *(continued)*		
Princess Alexandra Hospital Authorised Mental Health Service	Princess Alexandra Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Ipswich Road Woolloongabba QLD 4102
	Burke Street Community Mental Health Service	2 Burke Street Woolloongabba QLD 4102
	Inala Adult Mental Health Service	64 Wirraway Parade Inala QLD 4077
	Mount Gravatt Adult Mental Health Service	519 Kessels Road Macgregor QLD 4109
	Mater Misercordiae Hospital (Adult and Mothers) in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Raymond Terrace South Brisbane QLD 4101
	Queen Elizabeth II Jubilee Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Kessels Road Coopers Plains QLD 4108
	Princess Alexandra Hospital – High Security Program Authorised Mental Health Service	Ipswich Road Woolloongabba QLD 4102
Sunshine Coast-Wide Bay Health Service District		
Fraser Coast Authorised Mental Health Service	Hervey Bay Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Corner Nissan and Urraween Roads Hervey Bay QLD 4655
	Maryborough Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	185 Walker Street Maryborough QLD 4650
	Fraser Coast Integrated Mental Health Service, Village Community Mental Health Service	34 Torquay Road Pialba QLD 4655
	Fraser Coast Integrated Mental Health Service, Bauer Wiles Community Health Centre	167 Neptune Street Maryborough QLD 4650
	Nambour Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Hospital Road Nambour QLD 4560
Sunshine Coast Network Authorised Mental Health Service	Glenbrook Residential Aged Care Unit	4 Jack Street Nambour QLD 4560
	Gympie Mental Health Service	20 Alfred Street Gympie QLD 4570
	Community Mental Health Service	Ground Floor, Centenary Square Nambour QLD 4560
	Community Mental Health Service	100 Sixth Avenue Maroochydore QLD 4558

Authorised mental health service	Component facilities	Address
Sunshine Coast-Wide Bay Health Service District *(continued)*		
Sunshine Coast Network Authorised Mental Health Service	Child and Youth Mental Health Service	15 Beach Road Maroochydore QLD 4558
	Mobile Outreach Team	2 Lady Musgrave Drive Mountain Creek QLD 4557
	Evolve Therapeutic Support Team	108 Brisbane Road Mooloolaba QLD 4557
Sunshine Coast-Wide Bay Health Service District		
Wide Bay Authorised Mental Health Service	Bundaberg Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Bourbong Street Bundaberg QLD 4670
	Bundaberg Adult Community Mental Health Service	Bourbong Street Bundaberg QLD 4670
	Bundaberg Child and Youth Mental Health Service including Evolve Therapeutic Services	Bourbong Street Bundaberg QLD 4670
	Wide Bay Rural Mental Health Team based at :	
	Gayndah Hospital	69 Warton Street Gayndah QLD 4625
	Monto Hospital	Flinders Street Monto QLD 4630
	Childers Hospital	44 Broadhurst Street Childers QLD 4660
	Gin Gin Hospital	5 King Street Gin Gin QLD 4671
Townsville Health Service District and Mount Isa Health Service District		
Townsville Network Authorised Mental Health Service	Townsville Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	100 Angus Smith Drive, Douglas Townsville QLD 4814
	Ayr Community Mental Health Service	Ayr Hospital 2 Chippendale Street Ayr QLD 4807
	Kirwan Rehabilitation Unit and Acquired Brain Injury Unit	Thuringowa Drive Kirwan QLD 4817
	Palm Island Community Mental Health Service	Joyce Palmer Hospital Palm Island QLD 4816
	Ingham Community Mental Health Service	Ingham Community Health McIlwraith Street Ingham QLD 4850
	Charters Towers Community Mental Health Service	Gill Street Charters Towers QLD 4820
	Charters Towers Rehabilitation and Transitional Unit	Gladstone Road Charters Towers QLD 4820

Authorised mental health service	Component facilities	Address
Townsville Health Service District and Mount Isa Health Service District *(continued)*		
Townsville Network Authorised Mental Health Service	Pandanas Special Care Unit	Eventide Nursing Home Charters Towers QLD 4820
	Townsville Community Mental Health Service	138 Thuringowa Drive Kirwan QLD 4817
	Townsville Homeless Health Outreach Team	142–201 Walker Street Townsville QLD 4810
	Parklands Residential Aged Care Facility – Pandora Unit	138 Thuringowa Drive Kirwan QLD 4817
	Townsville Community Mental Health Service	33 Gregory Street North Ward QLD 4810
	Mount Isa Integrated Mental Health Service	26–28 Camooweal Street Mt Isa QLD 4825
Private Sector Services		
Belmont Private Hospital Authorised Mental Health Service	Belmont Private Hospital in-patient and specialist mental health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	1220 Creek Road Carina QLD 4152
Greenslopes Private Hospital Authorised Mental Health Service	Greenslopes Private Hospital in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	Newdegate Street Greenslopes QLD 4120
New Farm Clinic Authorised Mental Health Service	New Farm Clinic in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	22 Sargent Street New Farm QLD 4005
Toowong Private Hospital Authorised Mental Health Service	Toowong Private Hospital in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	496 Milton Road Toowong QLD 4066

Appendix 4

Authorised mental health service abbreviations

Authorised mental health service (abbreviated)	Authorised mental health service (full title)
Bayside	Bayside Authorised Mental Health Service
Belmont Private	Belmont Private Hospital Authorised Mental Health Service
Cairns	Cairns Network Authorised Mental Health Service
Central Queensland	Central Queensland Area Network Authorised Mental Health Service
Fraser Coast	Fraser Coast Authorised Mental Health Service
Gold Coast	Gold Coast Network Authorised Mental Health Service
Greenslopes Private	Greenslopes Private Hospital Authorised Mental Health Service
Logan-Beaudesert	Logan-Beaudesert Authorised Mental Health Service
Mackay	Mackay Network Authorised Mental Health Service
Mater	Mater Health Services Child and Youth Authorised Mental Health Service
New Farm Clinic	New Farm Clinic Authorised Mental Health Service
Princess Alexandra Hospital	Princess Alexandra Hospital Authorised Mental Health Service
Princess Alexandra Hospital High Security Program	Princess Alexandra Hospital High Security Program Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
RBWH	Royal Brisbane and Women's Hospital Authorised Mental Health Service
Royal Children's	Royal Children's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast and Cooloola Authorised Mental Health Service
The Park	The Park – Centre for Mental Health Authorised Mental Health Service
The Park – High Security	The Park High Security Program Authorised Mental Health Service
The Prince Charles	The Prince Charles Hospital Authorised Mental Health Service
Toowong Private	Toowong Private Hospital Authorised Mental Health Service
Toowoomba	Toowoomba and Darling Downs Network Authorised Mental Health Service
Townsville	Townsville Network Authorised Mental Health Service
West Moreton	West Moreton South Burnett Authorised Mental Health Service
Wide Bay	Wide Bay Authorised Mental Health Service

Appendix 5

High security units

as at 30 June 2012

The Park High Security Program Authorised Mental Health Service

Administrator:

Executive Director of Mental Health Services

Address:

The Park – Centre for Mental Health Treatment, Education and Research

Cnr Ellerton Drive and Wolston Park Road,
Wacol QLD 4076

Princess Alexandra Hospital High Security Program Authorised Mental Health Service

Administrator:

Executive Director Mental Health

Address:

Princess Alexandra Hospital Secure Unit
Ipswich Road
Woolloongabba QLD 4102

Appendix 6

Facilities established as authorised mental health services

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

as at 30 June 2012

Sunshine Coast Private Hospital Authorised Mental Health Service

Address:

Sunshine Coast Private Hospital
Syd Lingard Drive, Buderim QLD 4556

St Andrew's Hospital Toowoomba Authorised Mental Health Service

Address:

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

Pine Rivers Private Hospital Authorised Mental Health Service

Address:

Pine Rivers Private Hospital
Dixon Street, Strathpine QLD 4500

Archerview Clinic – Hillcrest Rockhampton Private Hospital Authorised Mental Health Service

Address:

Hillcrest Rockhampton Private Hospital
4 Talford Street, Rockhampton QLD 4700

Appendix 7

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Appendix 9

Abbreviations and acronyms

Acronym	Full title
AD	authorised doctor
AMHP	authorised mental health practitioner
AMHS	authorised mental health service
AP	authorised psychiatrist
AWOP	absent without permission
Butler Report	Promoting balance in the forensic mental health system – Final Report – Review of the Queensland *Mental Health Act 2000*
CIMHA	Consumer Integrated Mental Health Application
COAG	Council of Australian Governments
CPIO	classified patient information order
CSS	Child Safety Services
DPP	Director of Public Prosecutions
ECT	electroconvulsive therapy
EEO	emergency examination order
FD Act	*Forensic Disability Act 2011*
FIO	forensic information order
ITO	involuntary treatment order
JEO	justices examination order
JP	Justice of the Peace
LCT	limited community treatment
MHALO	Mental Health Act liaison officer
QHEPS	Queensland Health Electronic Publishing Service
SNFP	special notification forensic patient
The Act	*Mental Health Act 2000*
The Tribunal	Mental Health Review Tribunal

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Your feedback is welcome

We welcome your feedback on this annual report. We have included a feedback form on the final page for you to complete and return to us.

Obtaining copies of the report

This report is available both on our website and in limited hardcopy.

To obtain a hard copy contact the Legislation Unit in the Mental Health Alcohol and Other Drugs Branch

Phone: 1800 989 451

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

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

How you can contact us

Phone: 1800 989 451

Email: mha2000@health.qld.gov.au

www.health.qld.gov.au/mentalhealth

Feedback form

Please fill out this form and return it via:

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

Post: Legislation Unit
Mental Health Alcohol and Other Drugs Branch
Queensland Health
GPO Box 2368
Fortitude Valley BC QLD 4006

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

   ☐ Very effectively
   ☐ Effectively
   ☐ Average
   ☐ Poorly
   ☐ Very poorly

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

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

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

3. **Which version of the annual report did you find most useful?** *(If more than one, please indicate.)*

   ☐ Printed version
   ☐ PDF on website
   ☐ HTML on website
   ☐ Electronic word version

4. **For what purpose did you read or refer to the annual report?**

   ☐ Background information on public mental health services in Queensland
   ☐ Information on our performance in 2011–2012
   ☐ Other

   _____

   _____

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

   _____

   _____

   _____

   _____

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

   _____

   _____

   _____

7. **Please indicate the group that best describes you.**

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

   _____

   _____

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

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