

2014

**ANNUAL  
REPORT**

2015




## Communication objective

This annual report aims to describe the administration of the Mental Health Act 2000 and associated activities and achievements for the 2014–2015 financial year in an open and transparent manner to inform the Minister for Health and Minister for Ambulance Services, the Queensland Parliament and members of the public.

### 2014–2015 Annual Report of the Director of Mental Health

Published by the State of Queensland (Queensland Health), October 2015

ISSN 2200-6370 

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**Queensland  
Government**

To:  
The Honourable Cameron Dick MP  
Minister for Health and Minister for Ambulance Services

Dear Minister

It is with much pleasure that I present the 2014–2015 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

**Assoc Prof John Allan  
Director of Mental Health**





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# Message from the Director of Mental Health

**I am pleased to present the 14th annual report of the Director of Mental Health in accordance with my appointment on 1 July 2015 to the position of the Director of Mental Health.**

In doing so, I take this opportunity to acknowledge the invaluable contribution of Dr Bill Kingswell to the position of Director of Mental Health from 28 September 2013 to 30 June 2015.

This report sets out key activities in the administration of the *Mental Health Act 2000* (the Act). In addition, it outlines some significant safety and quality improvement initiatives in accordance with the Act and Queensland's progress with mental health legislative reform.

## **Safety and quality improvement initiatives**

A number of quality and safety initiatives have been progressed during the 2014–2015 reporting period to better provide for the needs of involuntary patients and their families and carers. Key initiatives include ongoing work on reducing patient absence without permission, implementation of an interagency agreement on the safe transport of people with a mental illness or suspected mental illness and the Minister's announcement of a statewide review of sentinel events involving mental health patients.

Since late 2013, the Mental Health Alcohol and Other Drugs Branch (MHAODB) and Hospital and Health Services (HHS)s have collaborated on reducing patient absence without permission, particularly from inpatient mental health services, with the aim of safeguarding patient and community safety. In 2014–2015, absence without permission reduction strategies have primarily focussed on clinical practice improvements with a greater emphasis on consumer centred care, environmental safety, policy development and benchmarking across services.

While there are fluctuations in absence without permission data, I am pleased to report these strategies have led to a significant reduction in inpatient absence without permission activity over the past two reporting periods.

*Safe transport of people with a mental illness: a Queensland interagency agreement* was released in August 2014. The agreement was developed as a result of collaborative work between Queensland Health, including the Queensland Ambulance Service, and the Queensland Police Service and aligns with *National safety priorities in mental health: a national plan for reducing harm*. Safe transport of people with mental illness or suspected mental illness is one of four key priorities of the National Safety Priorities. In June 2015, the MHAODB undertook an evaluation of implementation of the agreement and will report to HHSs on the findings in the coming months.

On 8 May 2015, the Minister for Health and Minister for Ambulance Services announced the establishment of a statewide review of sentinel events involving people in receipt of Queensland public mental health, alcohol and other drugs services or people with a known or suspected mental illness.

The review will be undertaken by an expert committee. The focus will be on sentinel incidents of homicides or attempted homicides involving persons with a mental illness (either as a victim or perpetrator) and fatalities involving persons with mental illness or suspected to have mental illness arising from police use of force intervention, that occurred between January 2013 and April 2015.

I anticipate this review will make a number of recommendations for quality improvements in mental health service delivery.

## **Legislative reform**

The comprehensive review of Queensland's mental health legislation which commenced in June 2013 is nearing completion. Improvements to the Act are being made to reflect contemporary clinical practices, international, national and state policy directions and community expectations in collaboration with a broad range of stakeholders.

I look forward to working with mental health services, clinicians and consumers in implementing the outcomes of this review.

## **The year ahead**

In 2015–2016, my office will continue to work in close collaboration with HHSs and other key stakeholders including consumers, carers, specialist mental health services, primary care services,

Government and non-Government agencies and the Queensland Mental Health Commission, to promote strategic reforms and improvements within mental health services in Queensland.

I take this opportunity to acknowledge the contribution of staff at service and corporate levels in the administration of the Act and to thank them for their ongoing commitment to providing optimal mental health care in Queensland.

**Assoc Prof John Allan**

Director of Mental Health



# Statutory roles and facilities

## Director of Mental Health

On 1 July 2015, His Excellency the Honorable Paul de Jersey, Governor of Queensland, approved the appointment of Associate Professor John Allan to the position of Director of Mental Health, for a two year term of office commencing on 1 July 2015.

### Powers and functions

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

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

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

- ▶ powers to issue policies and practice guidelines
- ▶ declaring authorised mental health services (AMHS)s and high security units to provide treatment and care for persons with mental illness
- ▶ declaring Administrators of AMHSs and high security units

- ▶ appointing authorised mental health practitioners (AMHP)s
- ▶ appointing approved officers to conduct investigations under the Act
- ▶ developing a Statement of Rights for involuntary patients and their allied persons
- ▶ approving forms used under the Act, excluding those required by the Mental Health Review Tribunal (the Tribunal) or the Mental Health Court.

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

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

## Delegation of Director of Mental Health's powers

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

During 2014–2015, the Director of Mental Health was assisted by a number of psychiatrists who performed duties as delegated.

In addition, the Director of Mental Health has delegated powers relating to the publication of information about a patient in specified circumstances to HHS Chief Executives. This power aligns with, and may be used in conjunction with, the power of Chief Executives to disclose information under the *Hospital and Health Boards Act 2011*.

To assist with administrative processes in fulfilling the Director of Mental Health's statutory responsibilities, the Director of Mental Health has made a small number of limited delegations to specified positions within the MHAODB.

A list of delegates and delegated powers and functions as at 30 June 2015 is set out in Appendix 1.

## 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 a high security unit.

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

Powers and functions of the Administrator include:

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

- ▶ maintaining records and registers and providing information on involuntary patients to the Director of Mental Health.

The schedule of AMHS Administrators as at 30 June 2015 is set out in Appendix 2.

## Authorised doctors

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

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

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

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

- ▶ making an involuntary treatment order (ITO)
- ▶ determining where a patient subject to an ITO is to receive treatment in an inpatient facility or in the community
- ▶ ensuring a treatment plan is prepared for an involuntary patient
- ▶ requiring a patient to be taken to an AMHS when the patient is receiving treatment in the community and has not complied with the requirements of their ITO
- ▶ authorising LCT for an involuntary patient receiving treatment in an inpatient facility

- ▶ documenting the requirement to return a patient who is absent without permission
- ▶ revoking a patient's ITO, if satisfied that the treatment criteria no longer apply.

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

The number of authorised doctors (including authorised psychiatrists) as at 30 June 2015 is set out in Appendix 3.

## Authorised mental health practitioners

AMHPs play an important role in initiating involuntary assessment.

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

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

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

- ▶ being a health practitioner, as defined under the Act
- ▶ being a health service employee of an AMHS or another officer or employee of the Department of Health
- ▶ having the requisite knowledge of the Act and ability to communicate this knowledge to others—demonstration of knowledge includes completion of specified training

<sup>1</sup> See Chapter 2 of the Mental Health Act 2000 Resource Guide and Appendix 2 of this report for further information.

<sup>2</sup> See Chapter 2 of the Mental Health Act 2000 Resource Guide and Appendix 3 of this report for further information.

- ▶ a minimum of two years experience working in mental health service provision, including training and expertise required to assess persons believed to have a mental illness
- ▶ participating in regular clinical supervision
- ▶ awareness of potential conflicts of interest and the importance of not exercising powers in circumstances where such conflicts exist.

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

The number of AMHPs as at 30 June 2015 is set out in Appendix 4.

### **Authorised mental health services**

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

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

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

The schedule of AMHSs as at 30 June 2015 is set out in Appendix 6. Appendix 5 sets out AMHS abbreviations.

### **High security units**

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

The facilities declared as high security units as at 30 June 2015 are set out in Appendix 7.

### **Authorised mental health services administering electroconvulsive therapy**

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

### **Authorised mental health services administering psychosurgery**

St Andrew's War Memorial Hospital has been declared an AMHS for the purpose of performing psychosurgery on a person who has given informed consent, and the Tribunal has given approval to the treatment.

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



# Reporting on the *Mental Health Act 2000*

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

Civil involuntary provisions may apply to a person who 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 their illness.

Forensic provisions provide for the diversion of people with a mental illness and/or intellectual or cognitive disability who are charged with an indictable offence from court or custody to the mental health system, as well as decisions about criminal responsibility where the person has mental illness. The Act also provides for information orders for victims of mentally ill offenders and non-contact provisions for family members, victims of crime and other interested persons, as well as provisions addressing community safety.

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

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

Approximately 24,200 people have an open patient record at a public mental health service on any given day. Involuntary patients comprise approximately 21 per cent of the total number of people receiving public mental health services.

This chapter details the involuntary provisions and related legislative processes that applied between 1 July 2014 and 30 June 2015. Data on these activities is recorded in the Consumer Integrated Mental Health Application (CIMHA) and records maintained by the MHAODB.

## Overview of examination and assessment activity

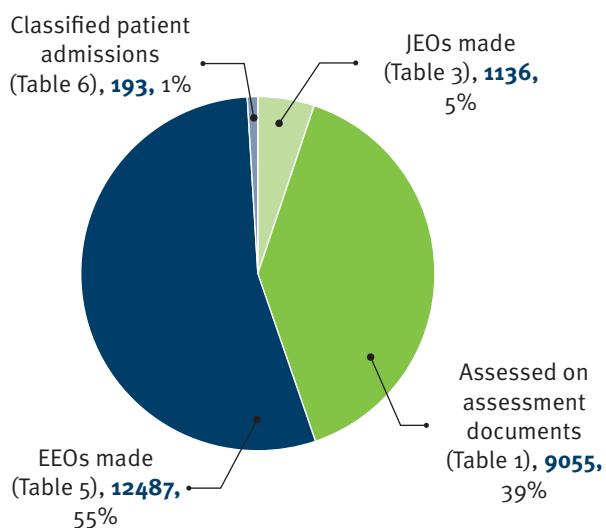
The following sections focus on the involuntary examination and assessment processes under the Act and associated activity during the 2014–2015 reporting period.

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

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

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

**Figure 1: Breakdown of involuntary examination and assessment processes 2014–2015**



## Involuntary assessment

The Act allows for the involuntary assessment<sup>3</sup> of a person who may have a mental illness. Two separate forms must be completed, each declared by a different person, to initiate an involuntary assessment. Together, these forms are known as the ‘assessment documents’.

The assessment documents authorise a health practitioner or ambulance officer to take the person to an AMHS. This must occur within seven days of the recommendation for assessment form being completed.

Involuntary assessment under the Act may also arise when a person has been voluntarily receiving treatment at an AMHS and it is determined that the assessment criteria under the Act 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 may be detained for an initial period of 24 hours for assessment by an authorised doctor to determine whether the treatment criteria apply. If satisfied that the treatment criteria under the Act apply, the authorised doctor may make an 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.

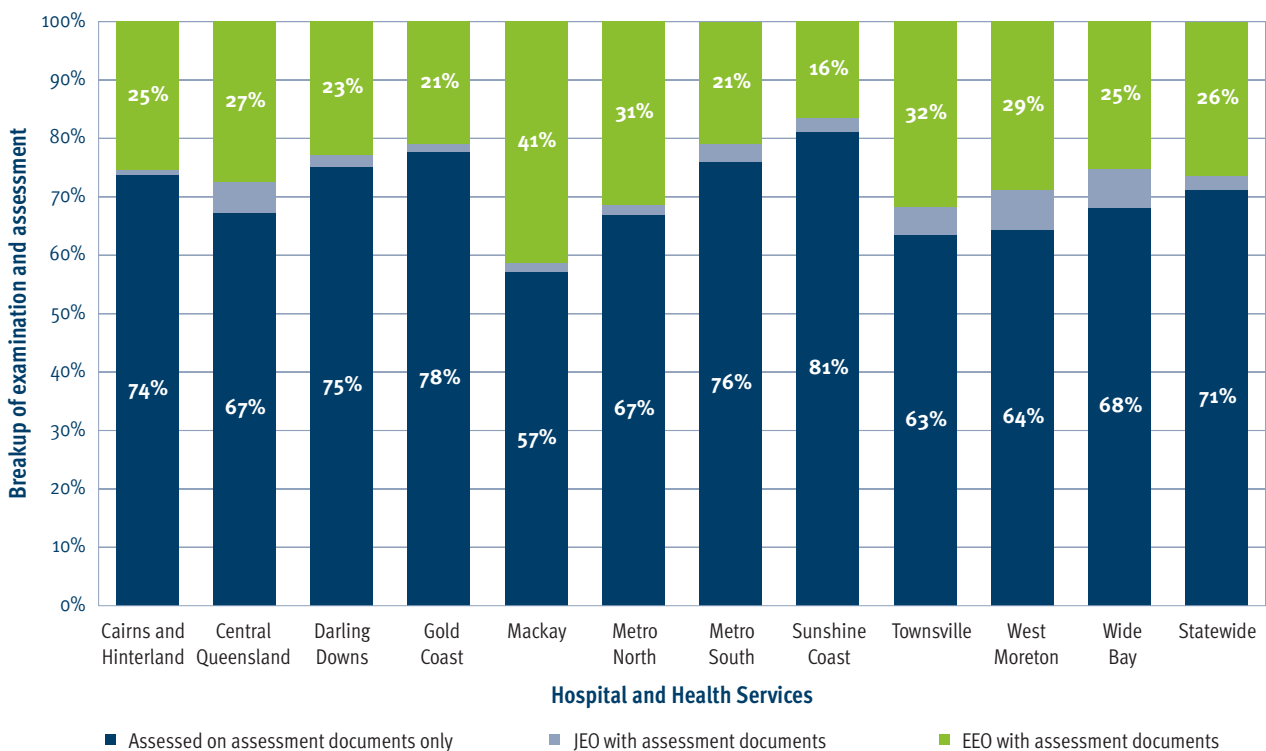
<sup>3</sup> See Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide for further information.

## Involuntary assessment entry pathways

As discussed earlier, the involuntary assessment provisions apply when a request and recommendation for assessment are made. In some instances, it may not be possible for the person to be examined by a doctor or AMHP e.g. the person refuses to see a doctor or AMHP or requires more urgent examination. In these instances, an involuntary assessment may be preceded by a JEO or an EEO.

Figure 2 identifies patients assessed under the involuntary assessment provisions, and whether the assessment commenced with involuntary assessment documents or followed the issuing of a JEO or EEO. For technical reasons, data is presented by Hospital and Health Service rather than AMHS. While there is variation between HHSs, the significant proportion of patient assessments are based on assessment documents alone without the need for an EEO or JEO.

**Figure 2: Entry pathway for assessment by Hospital and Health Service 2014–2015**



## Involuntary assessment commenced with assessment documents

A total of 9,055 involuntary assessments were conducted following a request for assessment and recommendation for assessment during the 2014–2015 reporting period, representing an 11 per cent increase from the previous year. Of these assessments, 5,753 (64 per cent) resulted in an ITO being made, and 3,240 (36 per cent) did not result in an ITO being made before the end of the assessment period<sup>4</sup>.

In some circumstances an ITO is not made because the person is already subject to the involuntary provisions of the Act at another AMHS. The existing involuntary status becomes apparent when CIMHA records are checked by mental health practitioners. The patient’s ongoing treatment may be provided at the original AMHS or the AMHS where they have presented. In 2014–2015, there were 62 instances in which an ITO was not made because of pre-existing involuntary status, representing less than 1 per cent of the total assessments.

<sup>4</sup> See section 48 of the Act for further information.

The data in Table 1 and Figure 3 does not include instances where involuntary assessment was preceded by other processes such as an EEO or JEO.

**Table 1: Involuntary assessment: involuntary processes commenced with assessment documents 2014–2015\***

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	233	157	67%	73	31%	3	1%
Belmont Private	81	62	77%	19	24%	0	0%
Cairns	862	503	58%	349	41%	10	1%
Central Queensland	167	102	61%	64	38%	1	1%
Children's Health Queensland	57	30	53%	27	47%	0	0%
Darling Downs	492	325	66%	165	34%	2	0%
Fraser Coast	184	98	53%	85	46%	1	1%
Gold Coast	1039	746	72%	283	27%	10	1%
Greenslopes Private	4	3	75%	1	25%	0	0%
Logan Beaudesert	731	453	62%	273	37%	5	1%
Mackay	327	161	49%	165	51%	1	0%
Mater***	16	7	44%	9	56%	0	0%
New Farm Clinic	32	30	94%	2	6%	0	0%
Princess Alexandra	1081	715	66%	362	34%	4	0%
Redcliffe Caboolture	1218	699	57%	503	41%	16	1%
RBWH	501	344	69%	157	31%	0	0%
Royal Children's***	12	6	50%	6	50%	0	0%
Sunshine Coast	477	380	80%	96	20%	1	0%
The Park	1	1	100%	0	0%	0	0%
The Park High Security	5	5	100%	0	0%	0	0%
The Prince Charles	666	441	66%	220	33%	5	1%
Toowong Private	36	24	67%	12	33%	0	0%
Townsville	406	182	45%	223	55%	1	0%
West Moreton	314	207	66%	105	33%	2	1%
Wide Bay	113	72	64%	41	36%	0	0%
<b>Total</b>	<b>9055</b>	<b>5753</b>	<b>64%</b>	<b>3240</b>	<b>35%</b>	<b>62</b>	<b>1%</b>

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

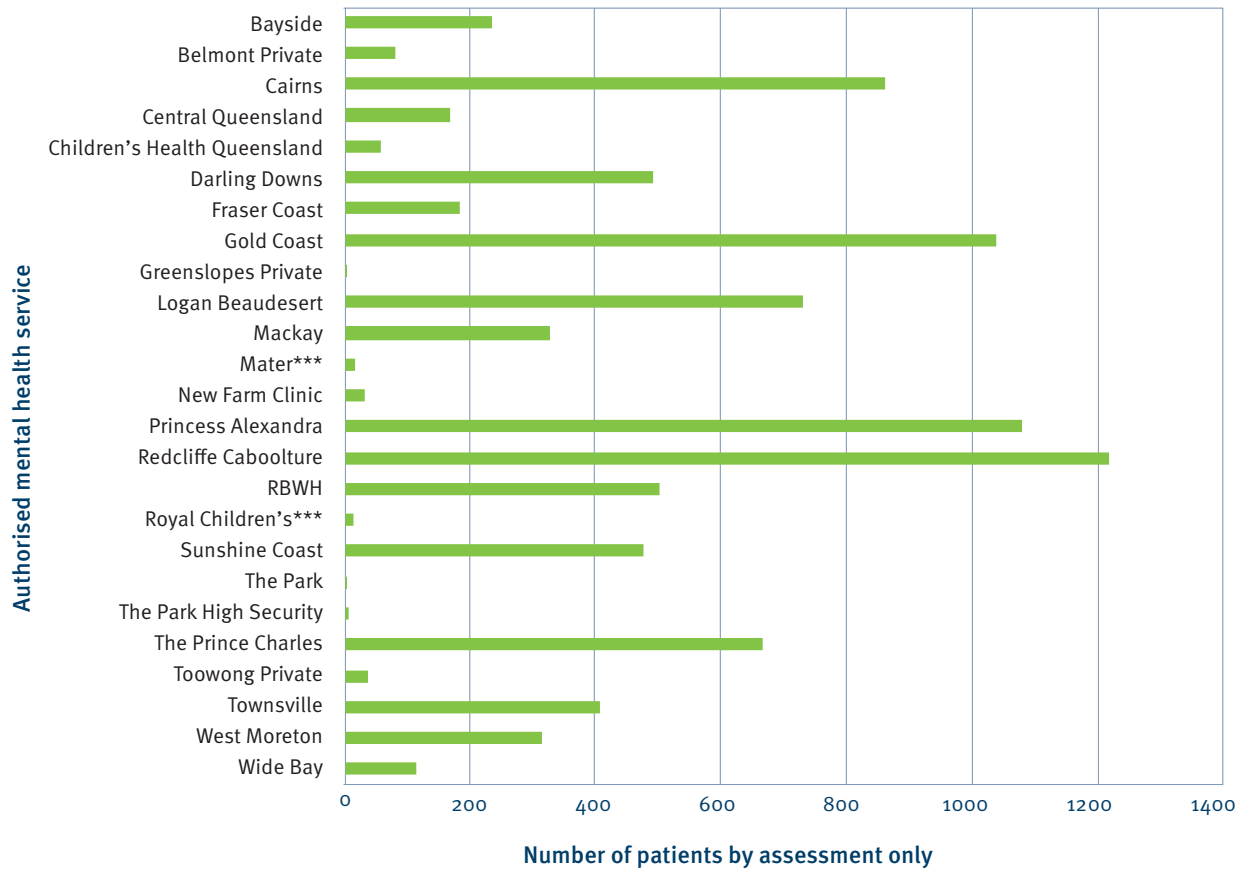
\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014



Figure 3 is a graphical representation of the number of instances in which involuntary processes commenced with assessment documents at each AMHS in the reporting period.

**Figure 3: Total number of instances in which involuntary processes commenced with assessment documents 2014–2015**



\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

## Justices examination orders

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

Table 2 identifies that 1,109 (98 per cent) of the 1,136 JEOs made during the 2014–2015 reporting period were made by a Justice of the Peace and 27 (2 per cent) were made by a Magistrate.

**Table 2: Justices examination orders 2014–2015**

Authorised mental health service**	Justice of The Peace	Magistrate	Total
Bayside	55	0	55
Belmont Private	0	0	0
Cairns	32	15	47
Central Queensland	70	2	72
Children's Health Queensland	3	0	3
Darling Downs	87	1	88
Fraser Coast	66	0	66
Gold Coast	66	1	67
Greenslopes Private	0	0	0
Logan Beaudesert	102	0	102
Mackay	61	0	61
Mater***	1	0	1
New Farm Clinic	0	0	0
Princess Alexandra	110	0	110
Redcliffe Caboolture	67	0	67
RBWH	38	1	39
Royal Children's***	3	0	3
Sunshine Coast	55	0	55
The Park	0	0	0
The Park High Security	0	0	0
The Prince Charles	77	2	79
Toowong Private	0	0	0
Townsville	85	5	90
West Moreton	102	0	102
Wide Bay	29	0	29
<b>Total</b>	<b>1109</b>	<b>27</b>	<b>1136</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

<sup>5</sup> See Division 2, Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide for further information.

Table 3 illustrates the outcomes of JEOs made in the reporting period. A total of 1,136 JEOs were made during 2014–2015. This represents a 7 per cent increase from the 2013–2014 reporting period where the total was 1,061.

**Table 3: Justices examination orders and outcomes 2014–2015\***

Authorised mental health service**	Assessment documents made				Assessment documents not made						Total
	ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		JEO ended before examination		Pre-existing involuntary status		
Bayside	12	22%	0	0%	39	71%	3	6%	1	2%	55
Belmont Private	0	0%	0	0%	0	0%	0	0%	0	0%	0
Cairns	10	21%	0	0%	32	68%	5	11%	0	0%	47
Central Queensland	11	15%	2	3%	53	74%	5	7%	1	1%	72
Children's Health Queensland	0	0%	0	0%	1	33%	2	67%	0	0%	3
Darling Downs	11	13%	2	2%	71	81%	4	5%	0	0%	88
Fraser Coast	16	24%	1	2%	45	68%	4	6%	0	0%	66
Gold Coast	14	21%	2	3%	35	52%	16	24%	0	0%	67
Greenslopes Private	0	0%	0	0%	0	0%	0	0%	0	0%	0
Logan Beaudesert	21	21%	5	5%	63	62%	11	11%	2	2%	102
Mackay	7	12%	2	3%	41	67%	10	16%	1	2%	61
Mater***	0	0%	0	0%	1	100%	0	0%	0	0%	1
New Farm Clinic	0	0%	0	0%	0	0%	0	0%	0	0%	0
Princess Alexandra	43	39%	4	4%	50	46%	13	12%	0	0%	110
Redcliffe Caboolture	15	22%	2	3%	33	49%	15	22%	2	3%	67
RBWH	13	33%	3	8%	17	44%	6	15%	0	0%	39
Royal Children's***	0	0%	0	0%	3	100%	0	0%	0	0%	3
Sunshine Coast	14	26%	0	0%	35	64%	6	11%	0	0%	55
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	22	28%	4	5%	36	46%	16	20%	1	1%	79
Toowong Private	0	0%	0	0%	0	0%	0	0%	0	0%	0
Townsville	24	27%	7	8%	49	54%	10	11%	0	0%	90
West Moreton	31	30%	2	2%	47	46%	21	21%	1	1%	102
Wide Bay	10	35%	2	7%	13	45%	3	10%	1	3%	29
<b>Total</b>	<b>274</b>	<b>24%</b>	<b>38</b>	<b>3%</b>	<b>664</b>	<b>59%</b>	<b>150</b>	<b>13%</b>	<b>10</b>	<b>1%</b>	<b>1136</b>

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

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

Of the 1,136 JEOs made, 312 (27 per cent) resulted in assessment documents being made. Of these, 274 resulted in an ITO being made following assessment and 38 did not result in an ITO being made.

Of the total JEOs made in the 2014–2015 reporting period, 824 (73 per cent) did not result in assessment documents being made. Of these, 664 were found to not meet the assessment criteria. For example, the doctor or AMHP found the person did not appear to have a mental illness, or the person agreed to engage voluntarily with the mental health service.

In some instances, the JEO expires prior to an examination being conducted under the JEO. This situation may occur when the person is unable to be located, or voluntarily attends an AMHS within the seven day period covered by the order and is examined as part of this attendance.

In 2014–2015, 150 (13 per cent) of JEOs ended before an examination was conducted.

In 2014–2015, 10 (1 per cent) of all JEOs were made for people already subject to the involuntary provisions of the Act, that is, an ITO or forensic order (FO). An existing involuntary status is usually identified from CIMHA records prior to examining the person.

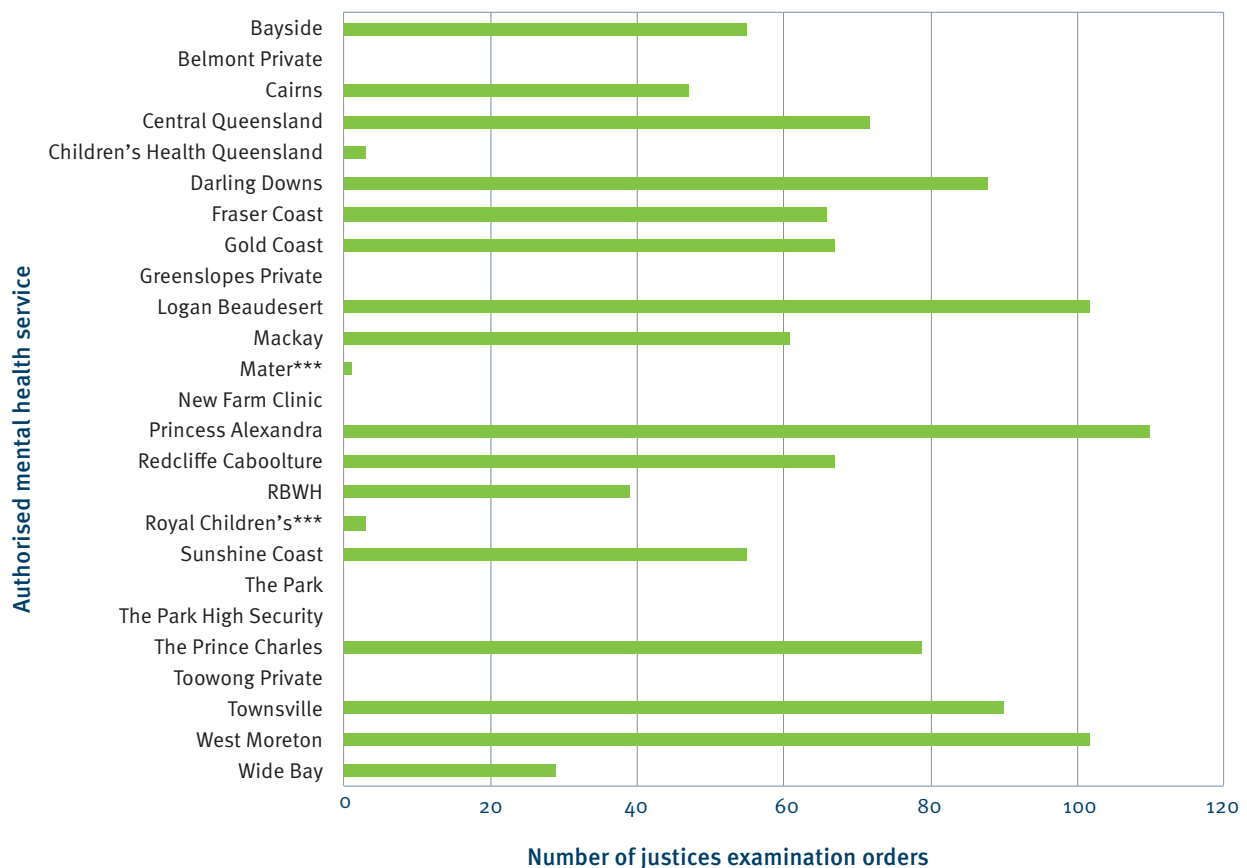
Figure 4 shows the number of JEOs received at each AMHS in the reporting period.

### Emergency examination orders

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

<sup>6</sup> See Division 3, Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide for further information.

**Figure 4: Total number of justices examination orders 2014–2015**



\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

Table 4 sets out the details of EEOs made in 2014–2015. A total of 12,487 EEOs were made during the reporting period. This represents an 11 per cent increase from 2013–2014.

Ambulance officers made 5,530 (44 per cent) of the total number of EEOs in 2014–2015. This figure represents an 11 per cent increase on the total number of EEOs made by ambulance officers in the 2013–2014 reporting period.

Police officers made 6,931 (56 per cent) of the total number of EEOs in 2014–2015. This figure represents an 12 per cent increase on the total number of EEOs made by police officers in the 2013–2014 reporting period. Psychiatrists made less than one per cent of the EEOs in 2014–2015. This figure is comparable to 2013–2014 results.

**Table 4: Emergency examination orders made 2014–2015\***

Authorised mental health service**	Ambulance officer		Police officer		Psychiatrist		Total
Bayside	295	48%	321	52%	1	0%	617
Belmont Private	1	100%	0	0%	0	0%	1
Cairns	265	37%	449	63%	1	0%	715
Central Queensland	334	49%	352	51%	2	0%	688
Children's Health Queensland	59	46%	69	54%	0	0%	128
Darling Downs	284	38%	467	62%	2	0%	753
Fraser Coast	51	26%	147	74%	0	0%	198
Gold Coast	426	35%	777	64%	6	1%	1209
Greenslopes Private	0	0%	0	0%	0	0%	0
Logan Beaudesert	630	59%	439	41%	0	0%	1069
Mackay	292	53%	255	47%	0	0%	547
Mater***	53	54%	46	47%	0	0%	99
New Farm Clinic	0	0%	0	0%	0	0%	0
Princess Alexandra	641	48%	690	52%	4	0%	1335
Redcliffe Caboolture	346	45%	415	55%	1	0%	762
RBWH	480	46%	556	54%	4	0%	1040
Royal Children's***	5	39%	8	62%	0	0%	13
Sunshine Coast	242	46%	280	54%	1	0%	523
The Park	0	0%	0	0%	0	0%	0
The Park - High Security	0	0%	0	0%	0	0%	0
The Prince Charles	361	41%	520	59%	3	0%	884
Toowong Private	0	0%	0	0%	0	0%	0
Townsville	369	37%	635	63%	0	0%	1004
West Moreton	327	45%	405	55%	1	0%	733
Wide Bay	69	41%	100	59%	0	0%	169
<b>Total</b>	<b>5530</b>	<b>44%</b>	<b>6931</b>	<b>56%</b>	<b>26</b>	<b>0%</b>	<b>12487</b>

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

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

Table 5 illustrates the outcomes of the EEOs made in 2014–2015.

Of the 12,487 EEOs made in the reporting period, 3,303 (26 per cent) resulted in assessment documents being made and 9,184 (74 per cent) did not result in assessment documents being made.

Of the 3,303 assessment documents made, 1,374 resulted in an ITO being made following assessment, while 1,929 did not result in an ITO being made.

**Table 5: Emergency examination orders and outcomes 2014–2015\***

Authorised mental health service**	Assessment documents made				Assessment documents not made						Total
	ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		EEO ended before examination		Pre-existing involuntary status		
Bayside	61	10%	49	8%	487	79%	11	2%	9	2%	617
Belmont Private	1	100%	0	0%	0	0%	0	0%	0	0%	1
Cairns	106	15%	191	27%	401	56%	3	0%	14	2%	715
Central Queensland	16	2%	52	8%	585	85%	22	3%	13	2%	688
Children's Health Queensland	5	3%	18	14%	103	82%	2	2%	0	0%	128
Darling Downs	79	11%	71	9%	597	79%	0	0%	6	1%	753
Fraser Coast	30	15%	44	22%	113	57%	7	4%	4	2%	198
Gold Coast	147	12%	133	11%	789	65%	115	10%	25	2%	1209
Greenslopes Private	0	0%	0	0%	0	0%	0	0%	0	0%	0
Logan Beaudesert	98	9%	95	9%	652	61%	209	20%	15	1%	1069
Mackay	71	13%	165	30%	286	52%	5	1%	20	4%	547
Mater***	4	4%	4	4%	89	90%	2	2%	0	0%	99
New Farm Clinic	0	0%	0	0%	0	0%	0	0%	0	0%	0
Princess Alexandra	155	12%	105	8%	596	45%	446	33%	33	3%	1335
Redcliffe Caboolture	94	12%	90	12%	530	70%	40	5%	8	1%	762
RBWH	159	15%	495	48%	305	29%	60	6%	21	2%	1040
Royal Children's***	1	8%	3	23%	9	69%	0	0%	0	0%	13
Sunshine Coast	58	11%	39	8%	391	75%	17	3%	18	3%	523
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	139	16%	145	16%	564	64%	19	2%	17	2%	884
Toowong Private	0	0%	0	0%	0	0%	0	0%	0	0%	0
Townsville	51	5%	152	15%	733	73%	47	5%	21	2%	1004
West Moreton	81	11%	60	8%	553	75%	26	4%	13	2%	733
Wide Bay	18	11%	18	11%	117	69%	12	7%	4	2%	169
<b>Total</b>	<b>1374</b>	<b>11%</b>	<b>1929</b>	<b>15%</b>	<b>7900</b>	<b>63%</b>	<b>1043</b>	<b>8%</b>	<b>241</b>	<b>2%</b>	<b>12487</b>

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

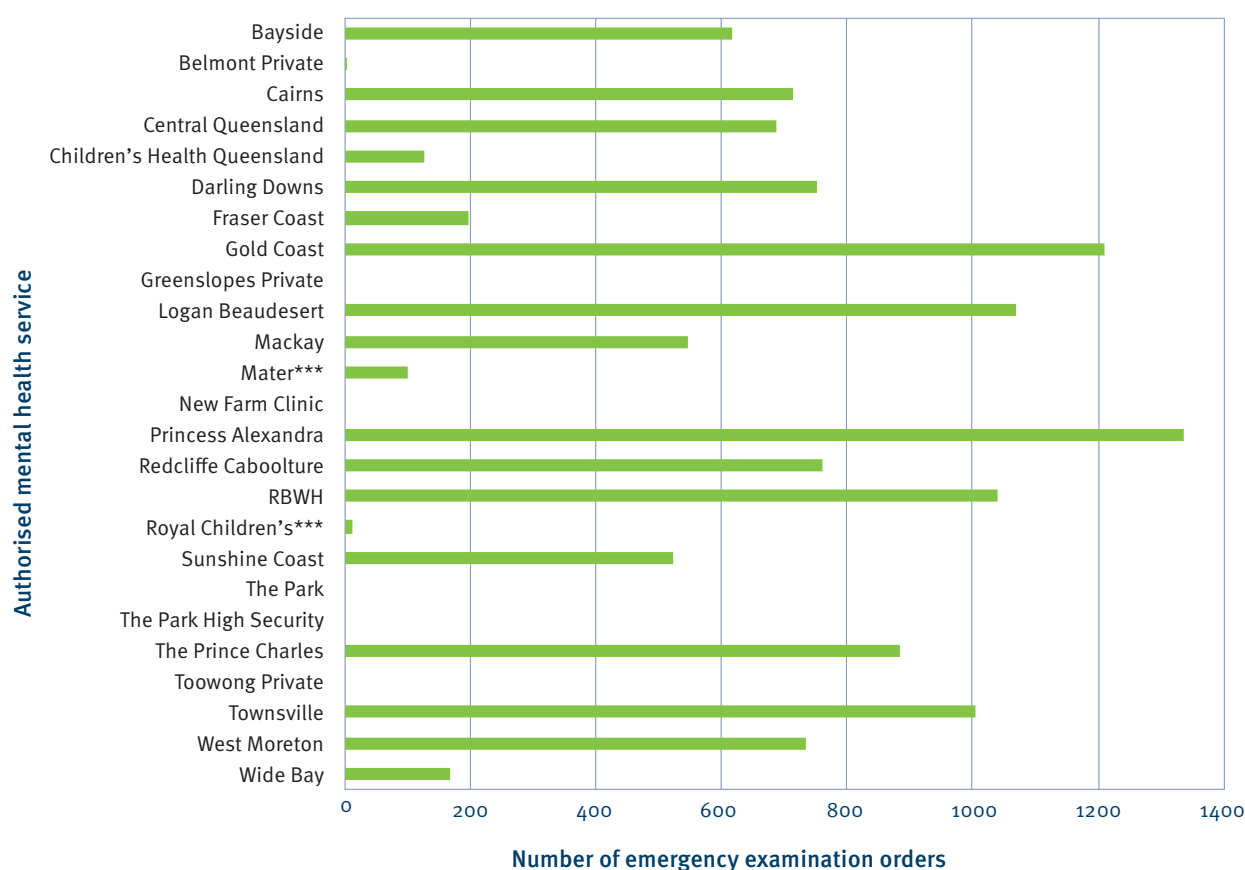
\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

The EEO expires six hours after the person arrives at the AMHS. In some instances, the person cannot be examined within this period e.g. due to alcohol intoxication or other substance use. In 1,043 instances (8 per cent of all EEOs) the EEO expired before a doctor or AMHP was able to examine the person. However, the person may voluntarily remain at the AMHS until they can be appropriately examined. In 241 instances (2 per cent of all EEOs) the person was already subject to the involuntary provisions of the Act. The person's existing involuntary status is identified when CIMHA records are checked after the person's presentation at the AMHS.

Figure 5 is a graphical representation of the number of EEOs made at each AMHS in the reporting period.

**Figure 5: Total number of emergency examination orders 2014–2015**



\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

## Classified patient admissions

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

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

<sup>7</sup> See Chapter 3 of the Act and Chapter 5 of the *Mental Health Act 2000* Resource Guide for further information.

Table 6 sets out the details of classified patient admissions during the 2014–2015 reporting period.

During the reporting period, 193 classified patients were admitted to an AMHS. This figure represents a 2 per cent decrease from the previous reporting period, when the total was 197.

Of the 193 classified patient admissions, 5 (3 per cent) were transferred from a court, 27 (14 per cent) were transferred from a watch-house, and 161 (83 per cent) were transferred from a correctional centre.

**Table 6: Classified patient admissions 2014–2015\***

Authorised mental health service**	Court		Watchhouse		Queensland Correctional Centres		Total
	Count	Percentage	Count	Percentage	Count	Percentage	
Bayside	0	0%	1	17%	5	83%	6
Belmont Private	0	0%	0	0%	0	0%	0
Cairns	0	0%	1	9%	10	91%	11
Central Queensland	0	0%	0	0%	5	100%	5
Children's Health Queensland	0	0%	0	0%	0	0%	0
Darling Downs	0	0%	3	17%	15	83%	18
Fraser Coast	0	0%	1	33%	2	67%	3
Gold Coast	1	6%	6	35%	10	59%	17
Greenslopes Private	0	0%	0	0%	0	0%	0
Logan Beaudesert	0	0%	0	0%	7	100%	7
Mackay	0	0%	0	0%	3	100%	3
Mater***	0	0%	0	0%	0	0%	0
New Farm Clinic	0	0%	0	0%	0	0%	0
Princess Alexandra	1	14%	0	0%	6	86%	7
Redcliffe Caboolture	0	0%	3	50%	3	50%	6
RBWH	0	0%	0	0%	17	100%	17
Royal Children's***	0	0%	0	0%	0	0%	0
Sunshine Coast	0	0%	1	20%	4	80%	5
The Park	0	0%	0	0%	0	0%	0
The Park - High Security	2	4%	1	2%	44	94%	47
The Prince Charles	0	0%	2	50%	2	50%	4
Toowong Private	0	0%	0	0%	0	0%	0
Townsville	0	0%	6	30%	14	70%	20
West Moreton	0	0%	0	0%	7	100%	7
Wide Bay	1	10%	2	20%	7	70%	10
<b>Total</b>	<b>5</b>	<b>3%</b>	<b>27</b>	<b>14%</b>	<b>161</b>	<b>83%</b>	<b>193</b>

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

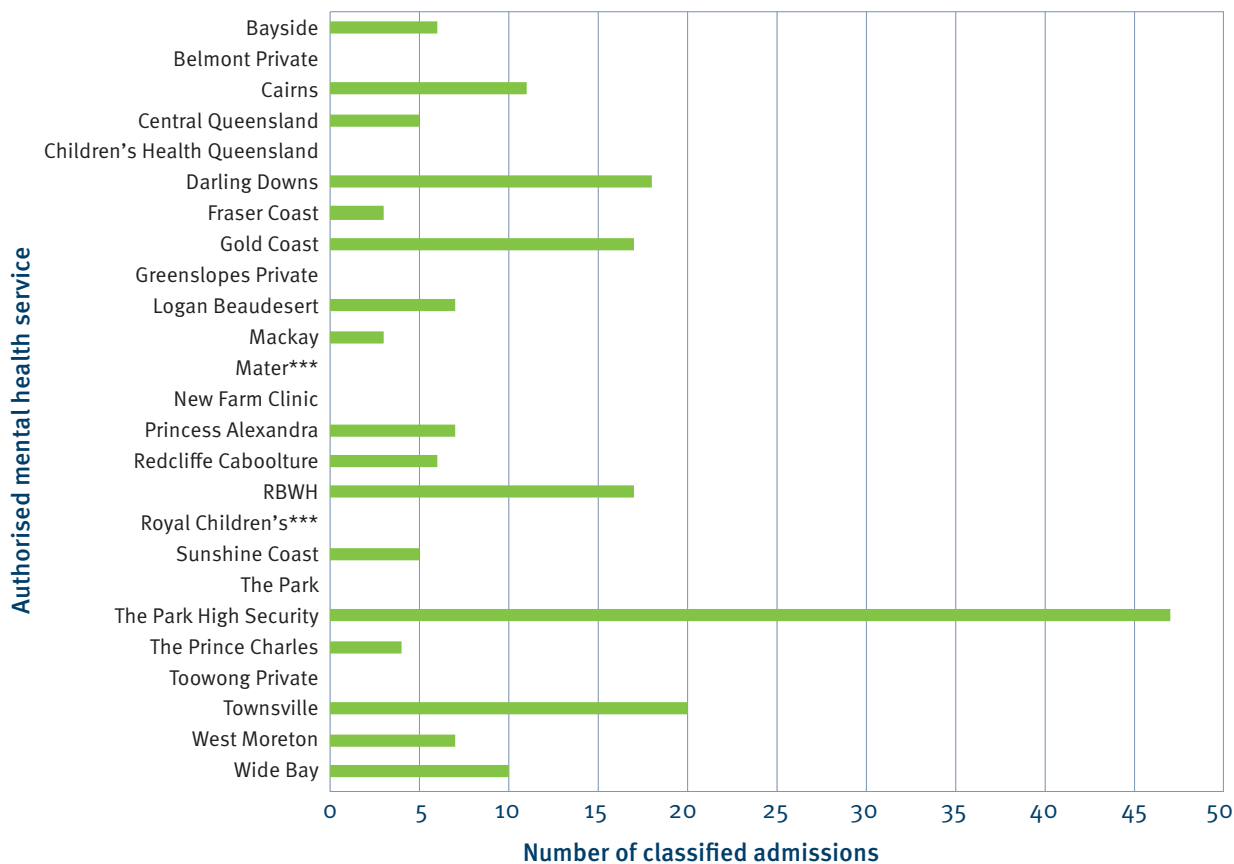
\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014



Figure 6 sets out the total number of classified patient admissions by AMHS in the 2014–2015 reporting period.

**Figure 6: Total number of classified patient admissions 2014–2015**



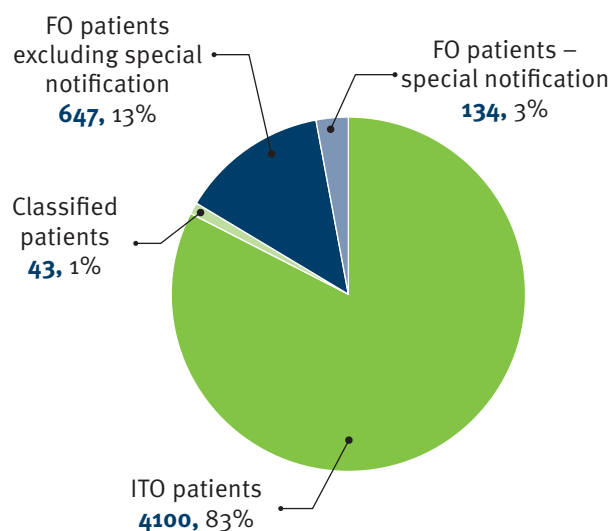
\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

### Snapshot of involuntary status as at 30 June 2015

Figure 7 and Table 7 provide a snapshot of patients with involuntary status, excluding patients subject to involuntary assessment documents, as at 30 June 2015. The total number of ITO, FO and classified patients as at 30 June 2015 is 4,924, which represents a 6 per cent increase from the previous reporting period (4,628). The percentage across each of the streams is consistent with the previous reporting period.

At 30 June 2015, 4,100 people were subject to an ITO, 781 were subject to a FO and 43 were classified patients.

**Figure 7: Breakdown of involuntary status as at 30 June 2014**



**Table 7: Number of involuntary patients, excluding people subject to assessment documents as at 30 June 2015**

Authorised mental health service <sup>**^</sup>	Involuntary treatment order patients	Classified patients	Forensic order patients (excluding SNFP)	Forensic order patients (SNFP only)	Total
Bayside	161	1	16	3	181
Belmont Private	11	0	0	0	11
Cairns	328	0	41	5	374
Central Queensland	182	0	26	2	210
Children's Health Queensland	13	0	0	0	13
Darling Downs	250	0	58	4	312
Fraser Coast	2	0	0	0	2
Gold Coast	454	2	52	6	514
Greenslopes Private	1	0	0	0	1
Logan Beaudesert	262	3	44	7	316
Mackay	111	0	19	3	133
Mater <sup>***</sup>	0	0	0	0	0
New Farm Clinic	16	0	0	0	16
Princess Alexandra	373	1	59	11	444
Redcliffe Caboolture	203	1	22	5	231
RBWH	452	1	60	8	521
Royal Children's <sup>***</sup>	0	0	0	0	0
Sunshine Coast	260	0	37	5	302
The Park	17	0	26	17	60
The Park - High Security	60	29	25	24	138
The Prince Charles	316	0	42	13	371
Toowong Private	8	0	0	0	8
Townsville	272	2	60	10	344
West Moreton	241	2	35	11	289
Wide Bay	107	1	25	0	133
<b>Total</b>	<b>4100</b>	<b>43</b>	<b>647</b>	<b>134</b>	<b>4924</b>

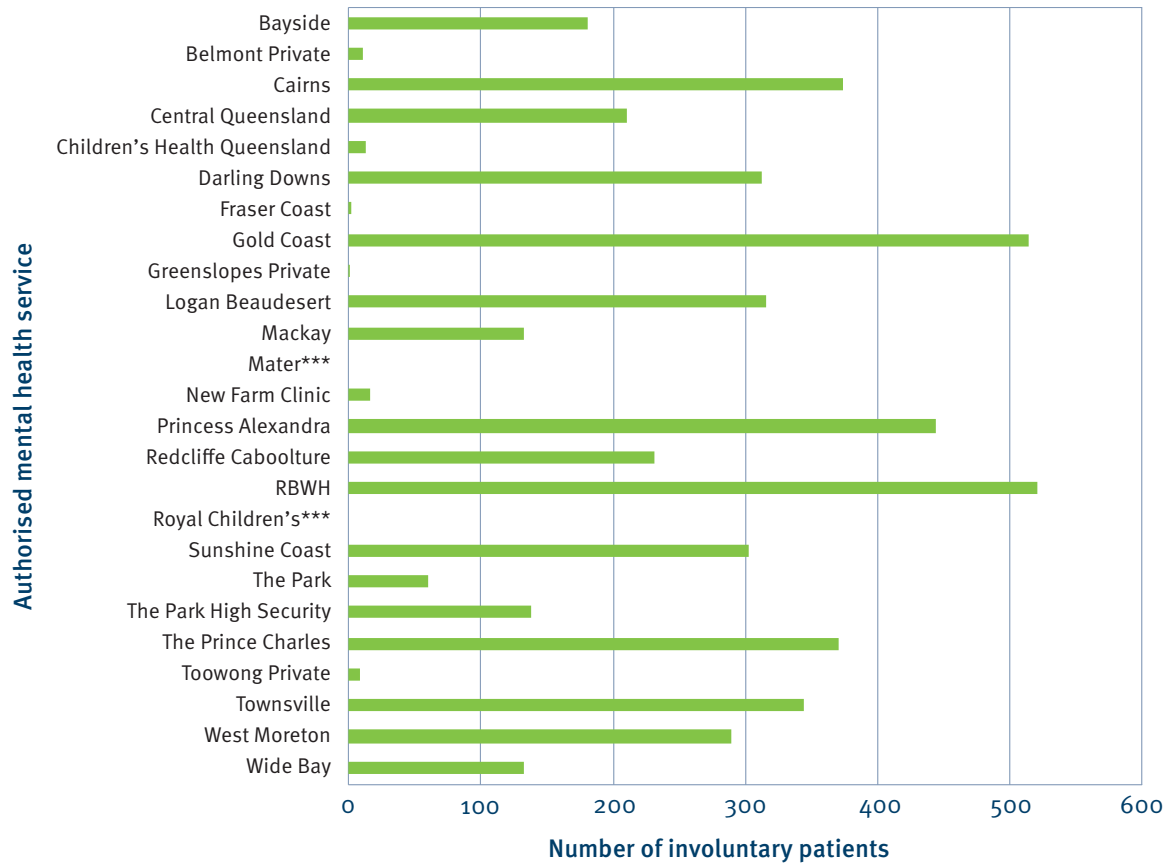
\*\* See Appendix 5 for full AMHS title

^ Excluding patients subject to involuntary assessment documents

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

Figure 8 is a graphical representation of the total number of involuntary patients, excluding patients who are subject to involuntary assessment documents, by AMHS as at 30 June 2015.

**Figure 8: Total number of involuntary patients as at 30 June 2015**



\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

## Involuntary treatment orders

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

The Act allows an authorised doctor to make an ITO for a patient who is subject to involuntary assessment, or for a classified patient. In making an ITO, the authorised doctor must be satisfied that all treatment criteria<sup>9</sup> are met.

The treatment criteria are as follows:

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

<sup>8</sup> See section 12 of the Act for the definition of 'mental illness'.

<sup>9</sup> See section 14 of the Act for the defined 'treatment criteria'.

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

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

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

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

The total number of ITOs made in the 2014–2015 reporting period, and the means by which they were made, is set out in Table 8.

**Table 8: Number of involuntary treatment orders made 2014–2015\***

Authorised mental health service**	Category of initial order				Second examination required		Second examination				Total ITO made
	Community		Inpatient				ITO confirmed		ITO not confirmed		
Bayside	5	2%	227	98%	154	66%	114	74%	40	26%	232
Belmont Private	1	1%	72	99%	14	19%	14	100%	0	0%	73
Cairns	10	2%	606	98%	206	33%	175	85%	31	15%	616
Central Queensland	8	7%	116	94%	62	50%	54	87%	8	13%	124
Children's Health Queensland	3	7%	42	93%	28	62%	14	50%	14	50%	45
Darling Downs	2	1%	408	100%	269	66%	226	84%	43	16%	410
Fraser Coast	5	4%	135	96%	100	71%	71	71%	29	29%	140
Gold Coast	17	2%	901	98%	765	83%	611	80%	154	20%	918
Greenslopes Private	0	0%	4	100%	0	0%	0	0%	0	0%	4
Logan Beaudesert	10	2%	573	98%	450	77%	306	68%	144	32%	583
Mackay	5	2%	240	98%	118	48%	85	72%	33	28%	245
Mater***	0	0%	8	100%	4	50%	1	25%	3	75%	8
New Farm Clinic	0	0%	31	100%	17	55%	16	94%	1	6%	31
Princess Alexandra	6	1%	900	99%	715	79%	539	75%	176	25%	906
Redcliffe Caboolture	3	1%	454	99%	365	80%	255	70%	110	30%	457
RBWH	5	1%	866	99%	761	87%	577	76%	184	24%	871
Royal Children's***	0	0%	3	100%	2	67%	0	0%	2	100%	3
Sunshine Coast	17	4%	436	96%	317	70%	251	79%	66	21%	453
The Park	0	0%	2	100%	1	50%	1	100%	0	0%	2
The Park - High Security	1	4%	25	96%	9	35%	9	100%	0	0%	26
The Prince Charles	3	1%	598	100%	458	76%	338	74%	120	26%	601
Toowong Private	1	5%	19	95%	3	15%	3	100%	0	0%	20
Townsville	14	5%	251	95%	124	47%	115	93%	9	7%	265
West Moreton	4	1%	319	99%	251	78%	187	75%	64	26%	323
Wide Bay	2	2%	110	98%	60	54%	40	67%	20	33%	112
<b>Total</b>	<b>122</b>	<b>2%</b>	<b>7346</b>	<b>98%</b>	<b>5253</b>	<b>70%</b>	<b>4002</b>	<b>76%</b>	<b>1251</b>	<b>24%</b>	<b>7468</b>

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

\*\* See Appendix 5 for full AMHS title

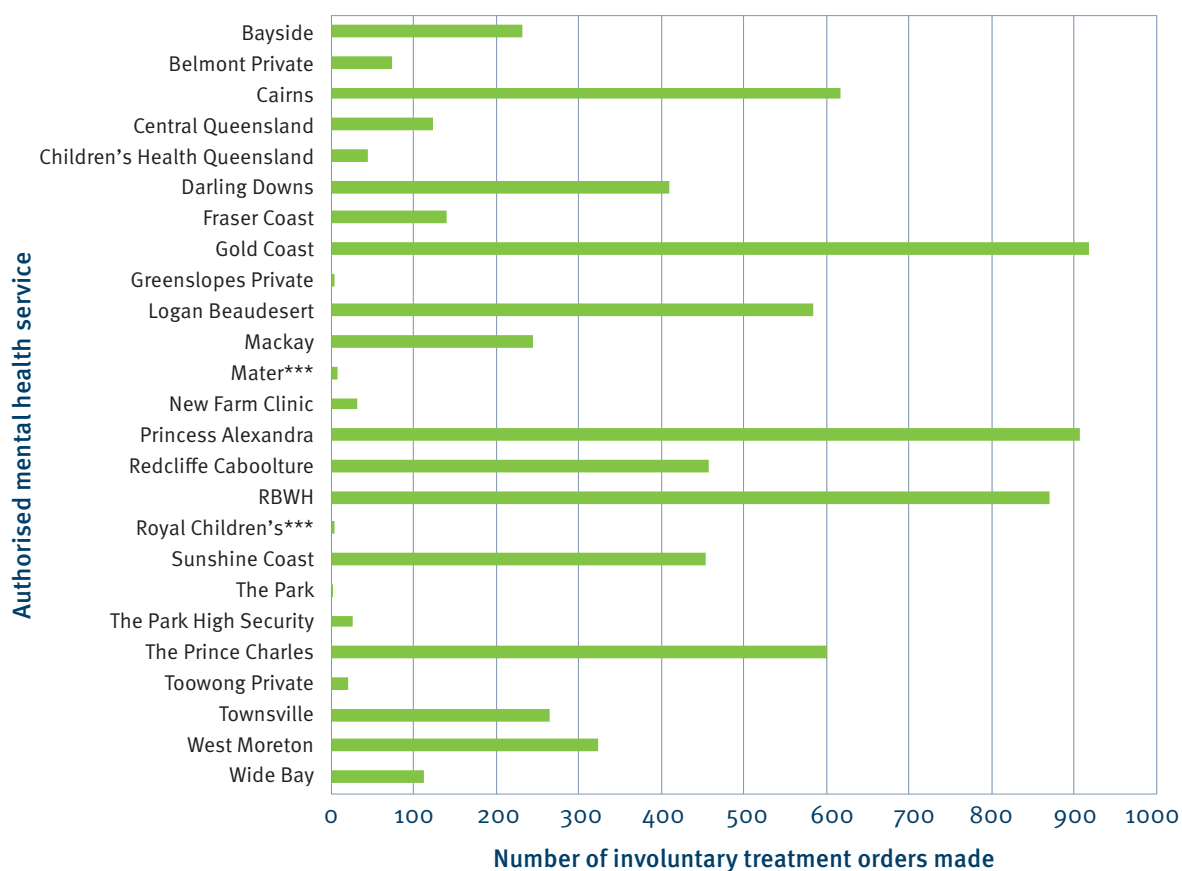
\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

A total of 7,468 ITOs were made in 2014–2015. This figure represents a 13 per cent increase from the 2013–2014 reporting period. The majority of ITOs, 7,346 (98 per cent), were initiated as inpatient category as opposed to community category.

Of the 7,468 ITOs made, 5,253 (70 per cent) required a second examination, of which 4,002 (76 per cent) were confirmed and 1,251 (24 per cent) were revoked.

Figure 9 is a graphical representation of the total number of ITOs made at each AMHS in the reporting period.

**Figure 9: Total number of involuntary treatment orders made 2014–2015**



\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

An ITO ceases in the following circumstances:

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

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

A total of 7,191 ITOs ended in the reporting period. Of these, 6,708 (93 per cent) were revoked, either by an authorised doctor, the Tribunal or through an appeal to the Mental Health Court. This proportion is consistent with the previous reporting period.

A total of 38 ITOs (less than 1 per cent) ended because the patient did not receive treatment within a six month period, resulting in the order ceasing to have effect. This outcome is usually the result of a patient being absent without permission for an extended period.

A total of 34 (less than 1 per cent) patients were already subject to an ITO when a subsequent order was made. This may arise from a patient's use of an alias, or when a patient is already receiving treatment at another AMHS.

A total of 57 ITOs (less than 1 per cent) ended when a FO was made by the Mental Health Court.

A total of 5 ITOs (less than 1 per cent) were ended due to the patient being transferred interstate, e.g. to be closer to family or other support systems.

During the reporting period, 290 ITOs (4 per cent) ended in circumstances where a second examination was required, and the order was not confirmed or revoked.

Of the total ITOs ended, 59 (less than 1 per cent) were the result of a patient death. The death of any patient of a mental health service is reported by a number of mechanisms. Any suspected suicide or unexplained death of a patient who is either an inpatient or residing in the community is a reportable death under the *Coroners Act 2003* and is referred to the Coroner by the Queensland Police Service. The treating team also reports the death to the Department of Health Patient Safety Unit through the PRIME Clinical Incident (PRIME CI) electronic system.

**Table 9: Involuntary treatment orders ended 2014–2015\***

Authorised mental health service**	ITO revoked by authorised doctor, tribunal or MHC		ITO ceased to have effect		Patient deceased		ITO already exists		ITO neither revoked nor confirmed within the initial 72 hour period		Forensic order made		Transferred interstate		Total
Bayside	219	91%	2	1%	3	1%	3	1%	15	6%	0	0%	0	0%	242
Belmont Private	97	96%	0	0%	0	0%	0	0%	4	4%	0	0%	0	0%	101
Cairns	620	97%	0	0%	6	1%	4	1%	11	2%	1	0%	0	0%	642
Central Queensland	97	94%	0	0%	2	2%	0	0%	1	1%	3	3%	0	0%	103
Children's Health Queensland	44	98%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	45
Darling Downs	366	95%	1	0%	5	1%	0	0%	7	2%	5	1%	0	0%	384
Fraser Coast	113	97%	2	2%	0	0%	0	0%	1	1%	0	0%	0	0%	116
Gold Coast	828	95%	2	0%	6	1%	3	0%	23	3%	4	1%	4	1%	870
Greenslopes Private	5	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	5
Logan Beaudesert	534	91%	4	1%	5	1%	1	0%	35	6%	5	1%	0	0%	584
Mackay	212	96%	2	1%	2	1%	0	0%	3	1%	2	1%	1	1%	222
Mater***	9	82%	0	0%	0	0%	0	0%	2	18%	0	0%	0	0%	11
New Farm Clinic	40	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	40
Princess Alexandra	767	90%	7	1%	5	1%	9	1%	65	8%	3	0%	0	0%	856
Redcliffe Caboolture	425	94%	1	0%	2	0%	1	0%	19	4%	2	0%	0	0%	450
RBWH	679	93%	9	1%	3	0%	3	0%	32	4%	7	1%	0	0%	733
Royal Children's***	7	88%	0	0%	0	0%	0	0%	1	13%	0	0%	0	0%	8
Sunshine Coast	402	94%	2	1%	6	1%	2	1%	13	3%	4	1%	0	0%	429
The Park	3	33%	0	0%	1	11%	0	0%	1	11%	4	44%	0	0%	9
The Park - High Security	8	44%	0	0%	1	6%	0	0%	1	6%	8	44%	0	0%	18
The Prince Charles	508	91%	2	0%	7	1%	5	1%	35	6%	3	1%	0	0%	560
Toowong Private	22	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	22
Townsville	237	94%	2	1%	5	2%	1	0%	4	2%	2	1%	0	0%	251
West Moreton	343	95%	2	1%	0	0%	2	1%	13	4%	1	0%	0	0%	361
Wide Bay	123	95%	0	0%	0	0%	0	0%	3	2%	3	2%	0	0%	129
<b>Total</b>	<b>6708</b>	<b>92%</b>	<b>38</b>	<b>1%</b>	<b>59</b>	<b>1%</b>	<b>34</b>	<b>1%</b>	<b>290</b>	<b>4%</b>	<b>57</b>	<b>1%</b>	<b>5</b>	<b>0%</b>	<b>7191</b>



Notes to Table 9:

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

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

Table 10 sets out the statewide rate of ITOs made per 10,000 population over the past five reporting periods. As identified, there are approximately 15:8 ITOs for every 10,000 population in Queensland. The rate has increased steadily over the past five reporting periods, with an average annual increase of 8 per cent.

**Table 10: Proportion of ITOs made per 10,000 population – five year trend**

Reporting period	Population	ITO made	ITOs made per 10,000 population	Five year average annual change
2010–2011	4,404,744	5,128	11.6	+ 8.0%
2011–2012	4,476,778	6,125	13.7	
2012–2013	4,568,205	6,508	14.2	
2013–2014	4,656,803	6,601	14.2	
2014–2015	4,722,447	7,458	15.8	

While the number of ITOs made has increased by an average 8 per cent per annum, cross sectional data demonstrates a less significant increase. Table 11 details the statewide rate of ITO per 10,000 population, as at 30 June for the past five reporting periods. The rate of patients remaining on an ITO per 10,000 population has seen an average annual increase of 4.3 per cent over this period.

**Table 11: Proportion of population remaining on ITO per 10,000 population as at 30 June – five year trend**

Reporting period	Population	ITOs at 30 June	ITOs at 30 June per 10,000 population	Five year average annual change
2010–2011	4,404,744	3,519	8.0	+ 4.3%
2011–2012	4,476,778	3,620	8.1	
2012–2013	4,568,205	3,638	8.0	
2013–2014	4,656,803	3,828	8.2	
2014–2015	4,722,447	4,110	8.7	

## Forensic orders

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

Activity relating to FOs for the reporting period is represented in Table 12. Figure 10 is a graphical representation of the number of new FOs made in respect of each AMHS in the reporting period. The total number of FOs made during 2014–2015 was 132, which was 28 more than 2013–2014 and represents a 26 per cent increase from this period.

The number of patients on FOs as at 30 June 2015 was 770, and represents a 4 per cent increase on the previous year’s total of 741.

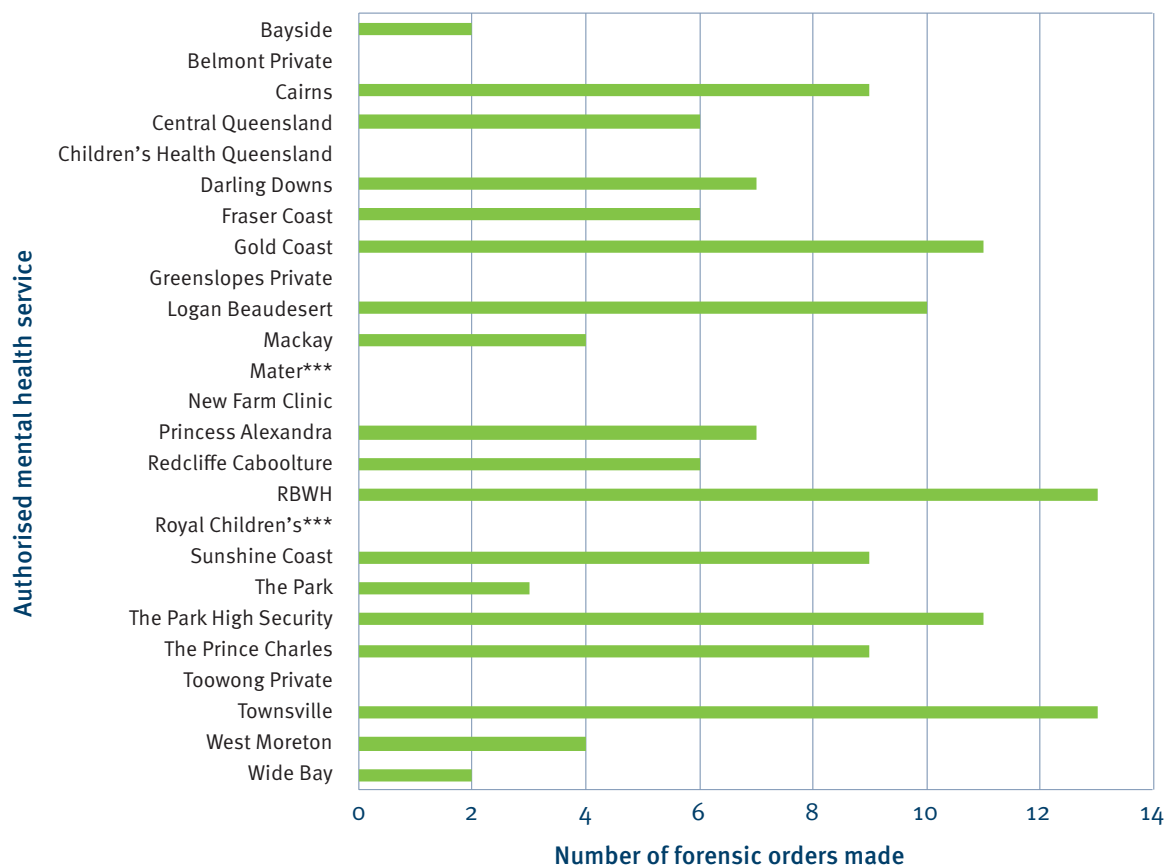
charged with unlawful homicide, attempted murder, dangerous operation of a motor vehicle involving the death of another person, rape or assault with the intent to commit rape.

As at 30 June 2015, there was a total of 139 SNFPs in Queensland compared to 139 as at 30 June 2014.

### Special notification forensic patients

A special sub-category of FO was introduced in 2008 in line with recommendations of the *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000*. The special notification forensic patient (SNFP) category refers to patients who have been

**Figure 10: Total number of forensic orders made 2014–2015**



\*\*\* Mater AMHS and Royal Children’s AMHS merged to form Children’s Health Queensland AMHS as of 29 November 2014

**Table 12: Forensic orders made and ended in 2014–2015 and number of forensic orders and special notification forensic patients as at 30 June 2015**

Authorised mental health service**	Forensic orders made	Forensic order ended	Number of patients with forensic orders at 30 June	Number of SNFPs at 30 June
Bayside	2	0	19	3
Belmont Private	0	0	0	0
Cairns	9	10	46	5
Central Queensland	6	3	28	2
Children's Health Queensland	0	0	0	0
Darling Downs	7	8	62	4
Fraser Coast	6	3	0	0
Gold Coast	11	7	57	6
Greenslopes Private	0	0	0	0
Logan Beaudesert	10	4	50	7
Mackay	4	2	22	3
Mater***	0	0	0	0
New Farm Clinic	0	0	0	0
Princess Alexandra	7	14	70	11
Redcliffe Caboolture	6	4	27	5
RBWH	13	7	68	8
Royal Children's***	0	0	0	0
Sunshine Coast	9	5	42	5
The Park	3	2	42	19
The Park - High Security	11	1	43	25
The Prince Charles	9	7	55	13
Toowong Private	0	0	0	0
Townsville	13	6	68	11
West Moreton	4	8	46	12
Wide Bay	2	4	25	0
<b>Total</b>	<b>132</b>	<b>95</b>	<b>770</b>	<b>139</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

### Forensic Order–Disability

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

A forensic order (Mental Health Court–Disability) authorises a person to be detained for care in an AMHS or the Forensic Disability Service at Wacol (administered under the *Forensic Disability Act 2011*

by the Department of Communities, Child Safety and Disability Services).

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

As at 30 June 2015, there were 54 people subject to a forensic order (Mental Health Court–Disability) who were receiving care at an AMHS.

Table 13 details the statewide rate of FO per 10,000 population, as at 30 June for the past five reporting periods. As identified, the rate of FO per 10,000 population has seen an average annual increase of 3.5 per cent over this period.

**Table 13: Proportion of population on FOs per 10,000 population as at 30 June – five year trend**

Reporting period	Population	FOs at 30 June	FOs at 30 June per 10,000 population	Five year average annual change
2010–2011	4,404,744	826	1.9	+ 3.5%
2011–2012	4,476,778	861	1.9	
2012–2013	4,568,205	872	1.9	
2013–2014	4,656,803	880	1.9	
2014–2015	4,722,447	909	1.9	

## Patient information orders

A person who is the victim of an offence committed or allegedly committed by a classified patient may apply to the Director of Mental Health to receive certain information about the detention of the classified patient. After reviewing the application, the Director of Mental Health may make a classified patient information order (CPIO) which enables specified information to be provided to the victim. A parallel scheme exists for forensic patients, enabling victims or other interested persons to apply to the Tribunal for a forensic information order (FIO)<sup>10</sup>.

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<sup>11</sup> about a patient's status under the Act which is relevant to the victim's safety and wellbeing.

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

As at 30 June 2015:

- ▶ one CPIO was in effect for a classified patient
- ▶ 119 FIOs were in effect for forensic patients.

<sup>10</sup> For further information relating to the FIO application process, contact the Mental Health Review Tribunal, [www.mhrt.qld.gov.au](http://www.mhrt.qld.gov.au).

<sup>11</sup> See section 318C (1) and section 3180 (1) of the Act for further information.

## Patients charged with an offence

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

Table 14 sets out activity under Chapter 7, Part 2 of the Act for the 2014–2015 reporting period and identifies that these provisions applied to 1,267 patients. This figure represents a 17 per cent increase from the previous reporting period.

**Table 14: Actions taken under Chapter 7, Part 2 (patients charged with an offence) 2014–2015**

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	27	29
Belmont Private	2	2
Cairns	147	219
Central Queensland	62	81
Children's Health Queensland	0	0
Darling Downs	76	124
Fraser Coast	21	31
Gold Coast	156	231
Greenslopes Private	0	0
Logan Beaudesert	85	132
Mackay	40	57
Mater***	0	0
New Farm Clinic	0	0
Princess Alexandra	101	160
Redcliffe Caboolture	50	80
RBWH	116	202
Royal Children's***	0	0
Sunshine Coast	77	103
The Park	5	5
The Park - High Security	23	25
The Prince Charles	89	135
Toowong Private	0	0
Townsville	99	136
West Moreton	72	124
Wide Bay	19	21
<b>Total</b>	<b>1267</b>	<b>1897</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

A patient may come under the Chapter 7, Part 2 provisions on more than one occasion. This is reflected in the difference between the number of patients (1,267) and the number of occasions in which activity under these provisions commenced (1,897). To help decide the matters for a patient subject to these provisions, the Act provides that a psychiatrist must examine the patient for the purposes of preparing a report, referred to as a section 238 report<sup>12</sup>. The administrator of the AMHS must provide the section 238 report to the Director of Mental Health within 21 days of Chapter 7, Part 2 being applied.

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

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

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

<sup>12</sup> See section 238 of the Act and the Director of Mental Health *Guidelines for preparing forensic reports (section 238 reports)* for further information.

The total number of section 238 reports received in the reporting period (1,495) represents a 15 per cent increase from the previous reporting period (1,263).

The MHAODB provides Administrators of AMHS with a weekly report advising of section 238 reports due within the week and monthly reports on overdue section 238 reports.

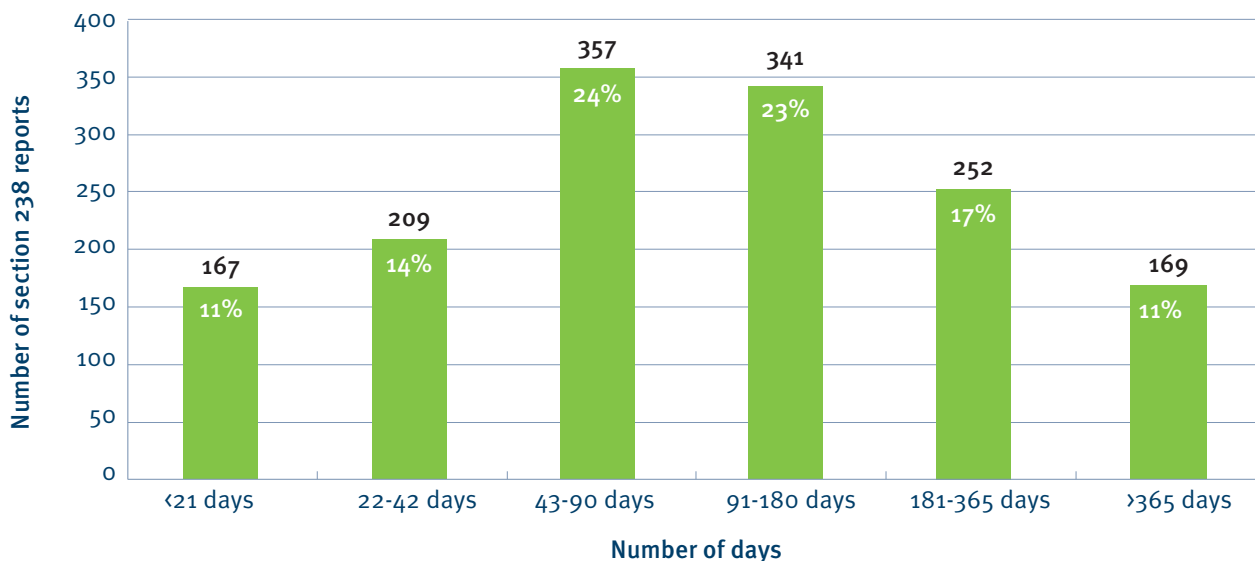
Figure 11 provides a breakdown of timeframes for the receipt of section 238 reports in 2014–2015.

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

Longstanding issues regarding compliance with the statutory timeframe for these reports persist. The mandatory nature and timeframe for preparation of these reports has been highlighted in the current review of the Act.

In the latter half of 2014–2015, the Director of Mental Health wrote to AMHS Administrators advising of significantly overdue section 238 reports and requested that Administrators report on actions to remedy the situation as a matter of priority. The responses from Administrators have been commendable and it is anticipated this strategy will assist with improving compliance.

**Figure 11: Timeframes for receipt of section 238 reports 2014–2015**



\*\*\* Mater AMHS and Royal Children’s AMHS merged to form Children’s Health Queensland AMHS as of 29 November 2014

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

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

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

- ▶ offences the Director of Mental Health considers to be not of a serious nature
- ▶ 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 2014–2015, the Director of Mental Health referred 1,433 matters to the DPP or Mental Health Court, which represents an increase of 22 per cent from 2013–2014 (1,178). Of these references, 1,242 were made to the DPP, which represents an increase of 23 per cent from 2013–2014 (1,007). The remaining 191 matters were referred to the Mental Health Court, which was an increase of 12 per cent from 2013–2014 (171).

Table 15 details all references made by the Director of the Mental Health to the DPP and the Mental Health Court for the reporting period.

**Table 15: References made by the Director of Mental Health 2014–2015**

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	20	3	23
Belmont Private	0	0	0
Cairns	129	21	150
Central Queensland	66	4	70
Children's Health Queensland	0	0	0
Darling Downs	82	16	98
Fraser Coast	20	1	21
Gold Coast	161	16	177
Greenslopes Private	0	0	0
Logan Beaudesert	110	48	158
Mackay	37	3	40
Mater***	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra	53	14	67
Redcliffe Caboolture	61	1	62
RBWH	158	15	173
Royal Children's***	0	0	0
Sunshine Coast	52	2	54
The Park	1	1	2
The Park - High Security	9	18	27
The Prince Charles	84	6	90
Toowong Private	0	0	0
Townsville	129	13	142
West Moreton	63	7	70
Wide Bay	7	2	9
<b>Total</b>	<b>1242</b>	<b>191</b>	<b>1433</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014



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

Table 16 indicates that in the 2014–2015 reporting period, there was an average of 9.5 days for a matter to be referred to the DPP, and an average of 9 days for a matter to be referred to the Mental Health Court. These figures were an increase from 2014–2015, where the average number of days for a matter to be referred to the DPP was 4.7, and the average number of days for a matter to be referred to the Mental Health Court was 8.7 days.

**Table 16: Reference timeframes for section 238 reports received by the Director of Mental Health 2014–2015**

Referred to	Average length in days	Median in days
Director of Public Prosecutions	9.5	5
Mental Health Court	9	7

### Patients absent without permission

The Act contains provisions to enable a patient to be returned to an inpatient facility of an AMHS for assessment, treatment or care.

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

An authority to return may be issued in relation to:

- ▶ a patient who leaves an inpatient facility of an AMHS without the required authority or leaves a community facility while being detained for involuntary assessment

- ▶ a patient who 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
- ▶ a patient who is authorised to be in the community on LCT, but fails to return to their inpatient facility at the conclusion of the authorised leave.

Table 17 sets out the number of authorities to return issued at each AMHS for the reporting period.

The number of authorities to return issued has decreased from the previous reporting period, with 2,510 authorities issued for a total of 1,588 patients in 2014–2015, compared to 2,961 authorities issued for a total of 1,702 patients in 2013–2014.

Table 18 identifies whether the patient was absent from an inpatient facility or required to return from the community. ‘Inpatient’ primarily includes patients who left an acute or extended treatment facility without approval, or became absent without permission while accessing escorted or unescorted day leave.

During the 2014–2015 reporting period, there has been a continued focus on reducing absence without permission events, particularly from inpatient mental health services. For further information, refer to the chapter, ‘Supporting quality improvements in mental health service delivery’ in this report.

**Table 17: Authority to return activity 2014–2015**

Authorised mental health service**	Number of patients	Number of authorities to return issued
Bayside	57	78
Belmont Private	2	2
Cairns	144	286
Central Queensland	64	102
Children's Health Queensland	2	3
Darling Downs	78	108
Fraser Coast	31	44
Gold Coast	167	286
Greenslopes Private	0	0
Logan Beaudesert	118	175
Mackay	44	90
Mater***	0	0
New Farm Clinic	8	11
Princess Alexandra	165	264
Redcliffe Caboolture	89	120
RBWH	194	300
Royal Children's***	1	1
Sunshine Coast	100	165
The Park	19	35
The Park - High Security	4	4
The Prince Charles	98	136
Toowong Private	4	4
Townsville	92	145
West Moreton	90	130
Wide Bay	17	21
<b>Total</b>	<b>1588</b>	<b>2510</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

**Table 18: Number of authorities to return issued 2014–2015**

Authorised mental health service**	Authorities to return – inpatient^	Authorities to return – community^	Total
Bayside	39	39	78
Belmont Private	2	0	2
Cairns	96	190	286
Central Queensland	51	51	102
Children's Health Queensland	0	3	3
Darling Downs	35	73	108
Fraser Coast	21	23	44
Gold Coast	152	134	286
Greenslopes Private	0	0	0
Logan Beaudesert	70	105	175
Mackay	47	43	90
Mater***	0	0	0
New Farm Clinic	11	0	11
Princess Alexandra	84	180	264
Redcliffe Caboolture	88	32	120
RBWH	102	198	300
Royal Children's***	1	0	1
Sunshine Coast	83	82	165
The Park	29	6	35
The Park - High Security	2	2	4
The Prince Charles	73	63	136
Toowong Private	2	2	4
Townsville	59	86	145
West Moreton	67	63	130
Wide Bay	15	6	21
<b>Total</b>	<b>1129</b>	<b>1381</b>	<b>2510</b>

\*\* See Appendix 5 for full AMHS title

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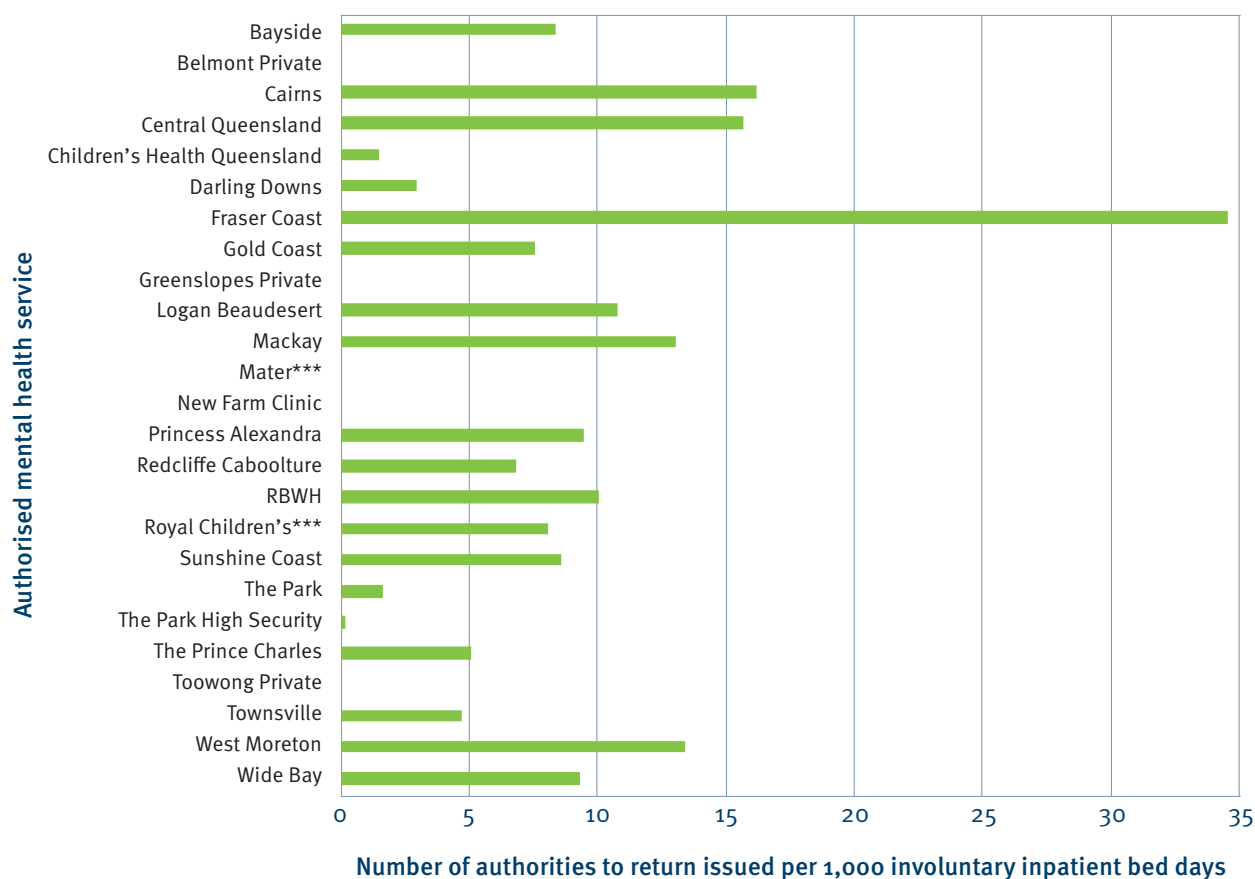
^ An AWOP event commences when an Authority to Return form is completed

A monthly statewide report showing the number of authority to returns per 1,000 involuntary inpatient bed days is generated by the MHAODB for the purposes of benchmarking between HHSs. This approach allows for more accurate comparison between AMHSs, taking account of their involuntary inpatient population.

Involuntary inpatient bed days are the total number of days of stay that were accrued for all admitted patients who were recorded in CIMHA as being subject to an ITO, FO or detained on a court order, assessment documents or as a classified patient.

Figure 12 provides a comparison of AMHS patient absence activity per 1,000 involuntary inpatient bed days. Involuntary inpatient bed day information is not available for private AMHSs and is therefore not reported.

**Figure 12: Number of authorities to return issued per 1,000 involuntary inpatient bed days 2014–2015\***



\* Caution should be exercised in any comparison of this data with that of the 2013–2014 reporting period. Data for 2013–2014 covered only part of the reporting period

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

## Monitoring conditions

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

These mechanisms include power for the Director of Mental Health to apply a monitoring condition to the treatment plan for a forensic patient, classified patient and a patient detained to an AMHS under a court order who may be at high risk of absconding when they are accessing LCT. The Act precludes young patients from this monitoring.

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

The majority of involuntary mental health patients are able to access LCT without the need for additional monitoring arrangements. However, in some instances, these arrangements may facilitate management of risk and may enable a person to access LCT that would not otherwise be approved.

Examples of a monitoring condition include:

- ▶ specific telephone contact requirements
- ▶ supervision requirements regarding with whom the patient may undertake LCT
- ▶ specific requirements regarding places to which the patient may or may not travel while on LCT
- ▶ application of a global positioning system (GPS) location device while the patient is undertaking LCT.

In 2014–2015, the Director of Mental Health considered applying monitoring conditions for 206 patients, following 447 notifications of intended changes to the LCT plans for these patients.

In 2014–2015, the Director of Mental Health applied a monitoring condition to two patients. In both cases, the monitoring condition required the patient to carry a mobile phone and make contact with AMHS staff whilst accessing LCT.

The Tribunal applied a monitoring condition requiring the use of a GPS device to one patient.

This condition was included as part of the LCT approved by the Tribunal. The condition was subsequently revoked by the Tribunal during 2014–2015.

The Mental Health Court revoked a monitoring condition which required the use of a GPS device in relation to one patient. This monitoring condition was applied by the Director of Mental Health in the previous reporting period. There are currently no patients who are required to use a GPS device.

## Seclusion and mechanical restraint

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

### Seclusion

Table 19 details the three clinical indicators relating to the use of seclusion in acute and extended treatment settings for 2014–2015 as well as the previous four reporting periods.

In acute inpatient settings, the data demonstrates a slight increase in seclusion events per 1,000 accrued patient bed days from the previous reporting period (i.e. from 10.9 to 11.4 events per 1,000 accrued patient days). However, there has been an overall reduction in this indication over the five year period. The downward trend for the proportion of inpatient episodes with one or more seclusion events and the mean duration of seclusion events has continued in the current reporting period.

In extended treatment settings, there is a significant reduction in seclusion events per 1,000 accrued patient bed days from the previous reporting period (i.e. from 24 to 16.6 events per 1,000 accrued patient days). However, this indicator has fluctuated over the five year reporting period. The proportion of inpatient episodes with one or more seclusion events continued to reduce in the current reporting period. The mean duration of seclusion events increased in the current reporting period (from 7.2 hours to 9 hours) however, has reduced significantly over the five year period.

**Table 19: Statewide clinical indicators of seclusion – five year trend**

	Indicator	2010 –2011	2011–2012	2012–2013	2013–2014	2014–2015
Acute	Seclusion events per 1,000 accrued patient days	17.1	13.3	12.7	10.9	11.4
	Proportion of episodes with one or more seclusion events	6.4%	5.5%	5.6%	5.4%	4.8%
	Average (mean) duration of seclusion events (hours)	7.5	4.1	4.0	3.8	3.4
Extended Treatment	Seclusion events per 1,000 accrued patient days	9.3	19.1	19.3	24.0	16.6
	Proportion of episodes with one or more seclusion events	11.8%	10.6%	10.9%	10.3%	7.1%
	Average (mean) duration of seclusion events (hours)	42.7	12.2	8.9	7.2	9.0

Note: The data presented above may differ from data reported in previous years due to changes in methodology and updated data. The methodology utilised to calculate rates for 2014–2015 has been applied over previous years data to enable comparison.

## Mechanical restraint

Mechanical restraint is the use of an appliance to prevent free movement of a person's body or a limb. The Act provides that mechanical restraint can only be applied if a doctor is satisfied that it is the most clinically appropriate way of preventing injury to the person or someone else<sup>13</sup>.

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

A change has been made to reporting the use of mechanical restraint in the current reporting period to provide a more meaningful measure of mechanical restraint use. The number of times mechanical restraint has been authorised is now reported. In previous reporting periods a count of 'instances' of mechanical restraint was used, however an 'instance' of restraint may have encompassed several authorisations of the application of mechanical restraint.

In the 2014–2015 reporting period, there were 219 authorisations of mechanical restraint for 19 patients.

One of the 19 patients for whom mechanical restraint was used in 2014–2015 was part of a specific program established under Director of Mental Health policy for certain patients in The Park High Security Program AMHS. This program enables the Director of Mental Health to approve Seclusion and Restraint Minimisation Plans for individual patients in The Park High Security Program AMHS.

The main aim of these plans is to assist in reducing, and where possible, eliminating the use and duration of seclusion and restraint and to ensure statutory oversight by the Director of Mental Health of seclusion and restraint use. Mechanical restraint may be used for patients with a Seclusion and Restraint Minimisation Plan to increase their access to the open ward, which in turn increases their opportunity for socialisation and access to activities. Of the 219 authorisations of mechanical restraint in the reporting period, 21 (10 per cent) pertain to the patient in this program. As at 30 June 2015, no patient at The Park High Security Program AMHS had a Seclusion and Restraint Minimisation Plan in place which involved the use of mechanical restraint.

There has been a significant reduction in the number of patients with a Seclusion and Restraint Minimisation Plan continuously in effect at The Park High Security Program AMHS in 2014–2015 (3 patients) compared to the previous reporting period (6 patients). This reduction is a result of changes to clinical practice at The Park High Security Program AMHS aimed at reducing the use of seclusion and restraint, including increasing one on one nursing contact for specified patients.

While there is a significant overall reduction in the use of mechanical restraint in 2014–2015 compared to 2013–2014, there is an increase (from 11 to 19) in the number of patients for whom a mechanical restraint was used in 2014–2015 compared to the previous reporting period. This increase is being investigated.

<sup>13</sup> See section 162D of the Act.

## Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a regulated treatment under the Act and may only be performed in a facility that has been authorised by the Director of Mental Health. It is an offence to perform ECT other than in accordance with the Act. The authorised facilities in 2014–2015 include all AMHSs and those private facilities as set out in Appendix 8.

ECT may be performed on a patient at an AMHS only if informed consent<sup>14</sup> has been given by the patient, or the Tribunal has given approval for the treatment<sup>15</sup>.

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

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

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

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

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

Table 20 sets out the number of Tribunal applications approved and the number of emergency ECT treatment applications made at each AMHS during 2014–2015. There was a total of 559 Tribunal approvals for ECT and 139 emergency ECT applications.

<sup>14</sup> See sections 133–137 of the Act.

<sup>15</sup> See sections 139 of the Act.

**Table 20: Number of Mental Health Review Tribunal applications approved and emergency electroconvulsive therapy applications 2014–2015**

Authorised mental health service**	Number of MHRT applications approved	Number of emergency ECT applications
Bayside	24	5
Belmont Private	16	5
Cairns	46	9
Central Queensland	4	1
Children's Health Queensland	0	0
Darling Downs	32	8
Fraser Coast	6	4
Gold Coast	55	12
Greenslopes Private	4	2
Logan Beaudesert	21	5
Mackay	8	4
Mater***	0	0
New Farm Clinic	7	6
Princess Alexandra	79	25
Redcliffe Caboolture	29	2
RBWH	69	15
Royal Children's***	0	0
Sunshine Coast	19	2
The Park	4	0
The Park High Security	12	0
The Prince Charles	65	14
Toowong Private	4	3
Townsville	33	12
West Moreton	15	3
Wide Bay	7	2
<b>Total</b>	<b>559</b>	<b>139</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children’s AMHS merged to form Children’s Health Queensland AMHS as of 29 November 2014



# Monitoring and compliance

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

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

The Director of Mental Health maintains a compliance register to assist in monitoring and auditing compliance, quality improvement activities and associated reporting processes. In addition, regular automated reports are provided to AMHS Administrators to facilitate local and statewide monitoring, and to inform self-monitoring and review processes. During the last financial year, it came to the attention of the Director of Mental Health that minor breaches of the Act had occurred. These breaches were typically the result of processes not being followed (policy or procedure), administrative error (a form not being completed or not completed correctly), or non-compliance with statutory timeframes (an examination not conducted within the specified time or a report not provided within the required timeframe).

In all cases of non-compliance, the Director of Mental Health raised the matter with the relevant AMHS and where appropriate, action was taken to identify and implement corrective measures, e.g. changes to local procedures or staff training. In addition, these matters have assisted in identifying opportunities for broader statewide improvements, e.g. policy or system development. The MHAODB continues to support mental health services to develop and monitor self-auditing processes to ensure safe clinical practice.

Long standing concerns continue regarding compliance with the 21 day statutory timeframe for psychiatrist reports required when an involuntary patient is charged with an offence. Delays in receiving these reports increase delays in court processes and consequently have adverse impacts on patients, families and victims. The MHAODB provides Administrators of AMHSs with a weekly report advising of section 238 reports due within the week and monthly reports on overdue section 238 reports. In the latter half of 2014–2015, the Director of Mental Health implemented a reporting process for AMHS Administrators in relation to significantly overdue section 238 reports.

For further information, refer to the chapter, *'Reporting on the Mental Health Act 2000'* in this report.

Concerns relating to these reports have been highlighted in the context of the review of the Act which commenced in June 2013.

## Investigations

The Director of Mental Health has statutory powers to commission investigations under the Act into the assessment, treatment and detention of patients in AMHSs. The primary purpose of an investigation is to understand what occurred, and where relevant, identify systemic issues with a view to minimising the potential for reoccurrence of an event.

Investigations usually arise in response to an event or complaint relating to a person's assessment, treatment or detention. Not all complaints or issues will trigger an investigation. Should an investigation highlight potential breaches of legislation, other than the Act, the Director of Mental Health refers the matter to the appropriate agency.

During the course of the 2014–2015 reporting period, five matters came to the attention of the Director of Mental Health that warranted an investigation under the Act.

As at 30 June 2015, investigation reports had been finalised for four of these investigations. The investigation reports made a number of recommendations regarding clinical management practices and system improvement at local and statewide levels which are being progressed.

# Supporting quality improvements in mental health service delivery

## Absence without permission reduction strategies

Absence without permission can involve risks to patients, their families and the community, and also organisational risks for the health service system. Absence without permission occurs when an involuntary patient leaves a facility without authorisation, or fails to return from authorised leave when required.

In the 2014–2015 reporting period, the MHAODB continued to collaborate with HHSs in implementing a range of strategies across Queensland public mental health services to reduce the occurrence of absence without permission, with a key focus on inpatient absence without permission. These strategies include:

- ▶ clinical practice improvements including for example, absence without permission risk assessments and response plans, and discussion with the patient after return from absence without permission (reasons for leaving and how to address them).
- ▶ Director of Mental Health policy and guidelines e.g. *Mental Health Act 2000* Resource Guide, Absence Without Permission Checklists
- ▶ improved environmental security e.g. securing wards and capital works improvements
- ▶ notifications to the Director of Mental Health for forensic patients in specified circumstances
- ▶ absence without permission reporting and data analysis, benchmarking across AMHSs.

The absence without permission reduction strategies are proving effective with an overall reduction in absence without permission activity, and system improvements in place to ensure an appropriate response when absence without permission occurs.

In June 2014, the MHAODB conducted a review of absence without permission reduction strategies to examine their implementation to date and consider ongoing strategies to maintain a focus on clinical quality improvement in relation to absence without permission.

The review found a very high level implementation of strategies across AMHSs and identified the need for future priorities to have a greater focus on the active inclusion of patients and carers in care planning and risk management, the use of evidence-based strategies and programs, and the need to work towards a least restrictive model of care in adult acute mental health inpatient units.

The MHAODB is evaluating outcomes of a June 2015 follow up survey of absence without permission reduction measures and efforts to minimise the use of restrictive practices, such as seclusion and restraints in HHSs. The findings will inform further strategies in working towards a least restrictive environment in adult acute mental health inpatient units.

In collaboration with the MHAODB, the Mental Health Alcohol and Other Drugs Statewide Clinical Network plays an important role in supporting HHSs to identify and implement a range of absence without permission reduction strategies.

For example, in 2014–2015, the Network funded a project within a designated AMHS to trial an evidence based intervention package designed to reduce rates of absence without permission.

In June 2015, the Network hosted a Least Restrictive Practices Roundtable attended by key staff from acute adult mental health inpatient units across Queensland. The Roundtable promoted shared learnings from evidence-based programs that support a reduction in absence without permission and reduced use of restrictive practices such as seclusion and restraint.

### **Securing adult acute mental health inpatient units**

In December 2013, the Director of Mental Health issued a directive under section 493AE(2)(e) of the Act requiring that, subject to certain specified matters, all adult acute mental health inpatient units operate as locked units. The Director of Mental Health also released policy and practice guidelines to assist HHSs in securing acute units and reducing the risk of absence without permission.

All adult acute mental health services are operating as locked units and have processes in place to manage patient/visitor entry and exits, and to ensure patients/visitors are aware of procedures and their rights.

In 2014–2015, capital and other works required by some HHSs to improve security and ensure the safety of patients and staff were progressed and have been finalised by the majority of HHSs. It is anticipated the remaining works will be completed by the end of 2015.

### **Mental Health Act 2000 Resource Guide**

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

During the reporting period, relevant chapters of the Resource Guide were amended and re-issued in line with Director of Mental Health policy development.

The Resource Guide can be accessed at:

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

### **Safe transport of people with a mental illness**

*Safe transport of people with a mental illness: a Queensland interagency agreement* was released in August 2014 and addresses one of the four key national safety priorities in mental health, namely safe transport of people experiencing mental disorders.

The Agreement is the result of collaborative work between Queensland Health, including the Queensland Ambulance Service (QAS) and the Queensland Police Service (QPS). It was developed with input from an interagency working group comprised of representatives of the MHAODB, rural and metropolitan HHSs, QAS districts and QPS districts.

There are a number of significant challenges in ensuring the safe transport of people with a mental illness or suspected mental illness. Of particular importance is the need for consistent decision making pathways and communication processes between agencies. In rural and remote areas, transport issues are further complicated by large travel distances and limited resource availability across agencies. The Agreement aims to clarify each agency's role and responsibilities and provide a framework for the development and review of local agreements and protocols to support interagency collaboration in ensuring safe mental health patient transport.

In June 2015, the MHAODB conducted an evaluation of implementation of the agreement across HHSs. The evaluation focused on the use of the framework for the development or review of local interagency agreements and protocols with police, ambulance and health services, and its effectiveness in ensuring timely and appropriate transport of people with mental illness. An evaluation report is being finalised and will be disseminated to HHSs. The findings of the evaluation will inform ongoing improvement in transport services.

The Agreement can be accessed at:  
<http://www.health.qld.gov.au/mentalhealth/docs/mh-pat-trans-aggr-jul-14.pdf>

## Review of Sentinel Events

On the 8 May 2015 the Minister for Health announced the establishment of a statewide review of sentinel events involving people in receipt of Queensland public mental health, alcohol and other drugs services or people with a known or suspected mental illness.

The review will be undertaken by an expert committee. The focus will be on sentinel incidents of homicides or attempted homicides involving persons with a mental illness (either as a victim or perpetrator), and fatalities involving people with mental illness or suspected to have mental illness arising from police use of force intervention, that occurred between January 2013 and April 2015.

The review will consider the recommendations of the report, *Achieving Balance – A review of systemic issues within Queensland Mental Health Services 2002–2003*, the extent to which the recommendations have been implemented and the related outcomes achieved for Queensland public sector mental health alcohol and other drugs services.

This review will make findings and recommendations on systemic matters relating to the sentinel events to inform strategic directions, policy and clinical practice, with a view to improving the care of people with mental illness and to minimise or prevent the reoccurrence of such events.

## Mental Health Act 2000 Recordkeeping Guideline

The *Mental Health Act 2000* Recordkeeping Guideline (the Guideline) was released in January 2015. The Guideline aims to assist AMHSs with recordkeeping requirements in relation to involuntary patients, in line with the Act and other relevant legislation, policies and standards.

The Guideline has been developed by the MHAODB in consultation with AMHSs, including a working group comprised of representatives of the MHAODB, administrator delegates, the Department of Health's Clinical Information Management Unit and the Department of Health's Records Management Team.

## Amendment to the definition of psychiatrist in the Mental Health Act 2000

The definition of psychiatrist in the Act has been amended by *Health and Other Legislation Amendment Act 2014* to include 'a person registered under the Health Practitioner Regulation National Law with limited registration to undertake postgraduate training or supervised practice in a specialist position in psychiatry'.

The amendment will not substantively alter the range of people classified as psychiatrists. It is anticipated that the amendment will commence within the next reporting period.

## **Review of the *Mental Health Act 2000***

The comprehensive review of Queensland's mental health legislation which commenced in June 2013 is nearing completion. Proposed changes to the legislation aim to ensure it better provides for the needs of people with a mental illness, while assisting mental health services and other service providers in carrying out their statutory responsibilities.

Improvements to the Act are being made to reflect contemporary clinical practices, international, national and state policy directions and community expectations in collaboration with a broad range of stakeholders. Patients, families and carers, people responsible for administering the legislation, legal and advocacy groups, peak bodies and Government agencies have all contributed to the review through workshops, forums and submissions.

A consultation draft of the Mental Health Bill 2015 was released for public comment on 2 May 2015 with the consultation period closing on 26 June 2015. A revised Mental Health Bill incorporates the outcomes of submissions received. A dedicated Mental Health Review Implementation Team has been established to work with mental health services, clinicians, consumers and other key stakeholders in implementing mental health reform.

## Appendix 1

# Director of Mental Health delegations

as at 30 June 2015

Power delegated	Delegate
Full DMH powers with the exclusion of any powers under Chapter 13, Pt 2	Dr Cassandra Griffin Dr Edward Heffernan Dr Darren Neillie Dr Jacinta Powell Dr Terry Stedman Dr John Reilly Associate Professor John Allan
Chapters 2, 3, 4, 4A, 5, 6, 7 (except section 309A), 7A, 8, 12, sections 493B and 499 of Chapter 13 and section 526 of Chapter 14	Associate Professor David Crompton
Chapters 2, 3, 4, 4A, 5, 6, 7, 7A, 8, 9, 12, 13 (except sections 493AD, 493AE, 493AF, 493AG, 500 and 503 and those powers which cannot be delegated under Chapter 13, Part 2) and section 526 of Chapter 14	Associate Professor William Brett Emmerson
Chapter 13, Part 1, Division 1A and Chapter 14, Part 5, section 526	Executive Director, Mental Health Alcohol and Other Drugs Branch
Sections 166, 167, 184, 185, 186(2)(a) and 186(2)(b) (for patients detained at The Park – Centre for Mental Health AMHS and The Park High Security Program AMHS)	Director of Clinical Services, West Moreton Division of Mental Health and Specialist Services, The Park – Centre for Mental Health Clinical Director, Forensic and Secure Services, West Moreton Division of Mental Health and Specialist Services, The Park – Centre for Mental Health
Sections 184, 165, 186(2)(a) (for patients at The Park - Centre for Mental Health AMHS and The Park High Security Program AMHS)	Psychiatrist On Call, The Park – Centre for Mental Health
Chapter 14, Part 5, section 526	Chief Executives, Hospital and Health Services
Sections 70(4), 237, 245, 264(1A), 3180(1) (excluding subsection (l) and 3180(1A))	Director, Legislation Unit, MHAODB Manager, Mental Health Act Administration Team, MHAODB

## Appendix 2

# Schedule of Administrators of authorised mental health services

### as at 30 June 2015

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



## Appendix 3

# Number of authorised doctors (including authorised psychiatrists)

### as at 30 June 2015

Authorised mental health service*	Authorised psychiatrist^	Other authorised doctor^	Total
Bayside	91	110	201
Belmont Private	40	8	48
Cairns	35	31	66
Central Queensland	12	30	42
Children's Health Queensland	32	9	41
Darling Downs	61	62	123
Fraser Coast	5	3	8
Gold Coast	44	51	95
Greenslopes Private	9	0	9
Logan Beaudesert	92	88	180
Mackay	5	16	21
Mater***	17	42	59
New Farm Clinic	53	33	86
Princess Alexandra	96	112	208
Redcliffe Caboolture	30	70	100
RBWH	53	118	171
Royal Children's***	2	0	2
Sunshine Coast	17	16	33
The Park	23	11	34
The Park High Security			
The Prince Charles	29	46	75
Toowong Private	52	1	53
Townsville	38	45	83
West Moreton	15	15	30
Wide Bay	5	6	11
<b>Total</b>	<b>571</b>	<b>631</b>	<b>1168</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

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

## Appendix 4

# Number of authorised mental health practitioners

### as at 30 June 2015

Authorised mental health service**	Total^
Bayside	310
Belmont Private	27
Cairns	127
Central Queensland	59
Children's Health Queensland	83
Darling Downs	103
Fraser Coast	37
Gold Coast	123
Greenslopes Private	9
Logan Beaudesert	309
Mackay	52
Mater***	38
New Farm Clinic	17
Princess Alexandra	322
Redcliffe Caboolture	97
RBWH	167
Royal Children's***	39
Sunshine Coast	142
The Park	32
The Park High Security	
The Prince Charles	101
Toowong Private	29
Townsville	159
West Moreton	74
Wide Bay	53
<b>Total</b>	<b>1,758</b>

\*\* See Appendix 5 for full AMHS title

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

^ An AMHP may be appointed at more than one AMHS

## Appendix 5

# Authorised mental health service abbreviations

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

\*\*\* Mater AMHS and Royal Children's AMHS merged to form Children's Health Queensland AMHS as of 29 November 2014

## Appendix 6

# Schedule of authorised mental health services

### as at 30 June 2015

Cairns and Hinterland, Cape York and Torres Strait – Northern Peninsula Hospital and Health Services	
Cairns Network Authorised Mental Health Service	
Inpatient facilities	Community components
Cairns Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): The Esplanade, Cairns QLD 4870	<b>Cairns Community Mental Health Service:</b> <ul style="list-style-type: none"> <li>▶ 165 Sheridan Street, Cairns Qld 4870</li> <li>▶ 16 Danbulah Street, Smithfield Qld 4870</li> <li>▶ 130 McLeod Street, Cairns Qld 4870</li> <li>▶ 10-12 Robert Road, Edmonton Qld 4869</li> </ul>
	<b>Innisfail Community Mental Health Service:</b> <ul style="list-style-type: none"> <li>▶ Innisfail Hospital, Innisfail Qld 4860</li> <li>▶ Tully Community Health Centre, Tully Qld 4854</li> </ul>
	<b>Tablelands Community Mental Health Service:</b> <ul style="list-style-type: none"> <li>▶ Atherton Health Centre, Louise Street, Atherton Qld 4883</li> <li>▶ Lloyd Street, Mareeba Qld 4880</li> </ul>
	Cape York Community Mental Health Service, Weipa Hospital Lot 407, John Evans Drive, Weipa Qld 4874
	Cooktown Community Mental Health Service, Hope Street, Cooktown Qld 4871
	Thursday Island Community Mental Health Service, Thursday Island Community Health Centre, Thursday Island Qld 4875
	Bamaga Community Mental Health Service, Bamaga Health Centre, Bamaga Qld 4876
	Mossman Community Mental Health Service, Mossman Hospital, 9 Hospital Street, Mossman Qld 4873

## Central Queensland and Central West Hospital and Health Services

### Central Queensland Network Authorised Mental Health Service

Inpatient facilities	Community components
Rockhampton Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Canning Street, Rockhampton QLD 4700	Rockhampton Community Mental Health Service: <ul style="list-style-type: none"> <li>▶ Rockhampton Hospital, Quarry Street, Rockhampton Qld 4700</li> <li>▶ Sterling Place, 156 Bolsover Street, Rockhampton Qld 4700</li> </ul>
Eventide Psychogeriatric inpatient unit, Corner North and Campbell Streets, Rockhampton QLD 4700	Capricorn Coast Community Mental Health Service, Capricorn Coast Hospital, 8 Hoskyn Drive, Yeppoon Qld 4703
	Gladstone Community Mental Health Service, Gladstone Hospital, Flinders Street, Gladstone Qld 4680
	Biloela Community Mental Health Service, Outpatients Department, Biloela Hospital, 2 Hospital Road, Biloela Qld 4715
	Central Highlands Community Mental Health Service, Emerald Hospital, Hospital Road, Emerald Qld 4720

## Children's Health Queensland Hospital and Health Service

### Children's Health Queensland Authorised Mental Health Service

Inpatient facilities	Community components
Lady Cilento Children's Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Vulture Street, South Brisbane QLD 4101	Greenslopes Child and Youth Mental Health Service, 34 Curd Street, Greenslopes QLD 4120
	Inala Child and Youth Mental Health Service, 7 Kittyhawk Avenue, Inala QLD 4077
	Yeronga Child and Youth Mental Health Service, 51 Park Road, Yeronga QLD 4104
	Mt Gravatt Child and Youth Mental Health Service, Garden Square, 643 Kessels Road, Mount Gravatt QLD 4122
	Evolve Therapeutic Services South, Garden Square, 643 Kessels Road, Mount Gravatt QLD 4122
	Brisbane North Adolescent Day Program, Building C23 Bramston Terrace, Herston 4029
	Evolve Therapeutic Services North, 289 Wardell Street, Enoggera QLD 4051
	Nundah Child and Youth Mental Health Service, Nundah Community Health Centre, 10 Nellie Street, Nundah QLD 4012
	North West Child and Youth Mental Health Service, North West Community Health Centre, 49 Corrigan Street, Keperra QLD 4054
	Pine Rivers Child and Youth Mental Health Service, Pine Rivers Community Health Centre, 568 Gympie Road, Strathpine QLD 4500
	Zero to Four Child and Youth Mental Health Service, Nundah Cottages, 31-33 Robinson Road, Nundah QLD 4012

## Darling Downs and South West Hospital and Health Services

### Darling Downs Network Authorised Mental Health Service

Inpatient facilities	Community components
<p>Toowoomba Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Pechey Street, Toowoomba QLD 4350</p> <p>Baillie Henderson Hospital inpatient and specialist health units (excluding the intellectual disability beds, the grounds of the hospital and non-treatment facilities on the hospital campus): Hogg Street, Toowoomba QLD 4350</p>	<p>Toowoomba Community Mental Health Services:</p> <ul style="list-style-type: none"> <li>▶ Fountain House, Toowoomba Hospital, (access via) 220 James Street, Toowoomba Qld 4350</li> <li>▶ Toowoomba Hospital, Pechey Street, Toowoomba Qld 4350</li> </ul>
	Dalby Community Mental Health Service, Dalby Hospital, Hospital Road, Dalby Qld 4405
	Chinchilla Community Mental Health Service, Cnr Heeney and Hypatia Street, Chinchilla Qld 4413
	Inglewood Community Mental Health Service, Inglewood Hospital, Cunningham Highway, Inglewood Qld 4387
	Goondiwindi Community Mental Health Service, 122 Marshall Street, Goondiwindi Qld 4390
	Stanthorpe Community Mental Health Service, "The Boulders" Stanthorpe Hospital, McGregor Terrace, Stanthorpe Qld 4380
	Warwick Community Mental Health Service, Locke Street Specialist Clinic, 56 Locke Street, Warwick Qld 4370
	Roma Community Mental Health Service, 59-61 Arthur Street, Roma Qld 4455
	St George Community Mental Health Service, St George Hospital, 1 Victoria Street, St George Qld 4487
	Charleville Community Mental Health Service, 2 Eyre Street, Charleville Qld 4470
	Kingaroy Community Mental Health Service, Kingaroy Hospital, 166 Youngman Street, Kingaroy Qld 4610
	Cherbourg Community Mental Health Service, 2 Baranbah Avenue, Cherbourg Qld 4605

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

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



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

## Metro South Hospital and Health Service

### Bayside Authorised Mental Health Service

Inpatient facilities	Community components
<p>Redland Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Weippin Street, Cleveland QLD 4163</p> <p>Daintree Psychogeriatric inpatient unit, 3 Weippin Street, Cleveland QLD 4163</p> <p>Casuarina Lodge, 48 New Lindum Road, Wynnum West QLD 4178</p>	<p>Bayside Community Mental Health Service, 2 Weippin Street, Cleveland Qld 4163</p>

### Logan Beaudesert Authorised Mental Health Service

Inpatient facilities	Community components
<p>Logan Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Armstrong and Loganlea Roads, Meadowbrook QLD 4131</p>	<p>Beenleigh Community Mental Health Service, 10-18 Mount Warren Boulevard, Mount Warren Park Qld 4207</p>
	<p>Logan Central Community Mental Health Service, 51 Wembley Road, Logan Central Qld 4114</p>
	<p>Logan Acute Care Community Mental Health Service, Logan Hospital, Corner Armstrong and Loganlea Roads, Meadowbrook Qld 4131</p>
	<p>Evolve Therapeutic Services, Unit 12, 3-19 University Drive, Meadowbrook Qld 4131</p>
	<p>Beaudesert Community Mental Health Service, Beaudesert Hospital, Tina Street, Beaudesert Qld 4285</p>
	<p>Browns Plains Community Mental Health Service, Corner Middle Road and Wineglass Drive, Hillcrest Qld 4118</p>

## Metro South Hospital and Health Service

### Princess Alexandra Hospital Authorised Mental Health Service

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

### Princess Alexandra Hospital High Security Program Authorised Mental Health Service

Inpatient facilities	Community components
Princess Alexandra Hospital Secure Unit, Rooms 19 and 20, the courtyards and surrounding corridors, treatment areas including GSU 20, GSU 26, GSU 30, GSU 32, GSU 34, GSU 40: Ipswich Road, Woolloongabba QLD 4102	

## Sunshine Coast Hospital and Health Service

### Sunshine Coast Network Authorised Mental Health Service

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

## Townsville and North West Hospital and Health Services

### Townsville Network Authorised Mental Health Service

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

<b>West Moreton Hospital and Health Service</b>	
<b>The Park – Centre for Mental Health Authorised Mental Health Service</b>	
<b>Inpatient facilities</b>	<b>Community components</b>
The Park - Centre for Mental Health inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Ellerton Drive and Wolston Park Road, Wacol QLD 4076	
<b>The Park High Security Program Authorised Mental Health Service</b>	
<b>Inpatient facilities</b>	<b>Community components</b>
The Park – High Security Program (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Ellerton Drive and Wolston Park Road, Wacol QLD 4076	
<b>West Moreton Authorised Mental Health Service</b>	
<b>Inpatient facilities</b>	<b>Community components</b>
Ipswich Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Chelmsford Street, Ipswich QLD 4305	<p>West Moreton Community Mental Health Service, Ipswich Health Plaza, 12 Bell Street, Ipswich Qld 4305</p> <ul style="list-style-type: none"> <li>▶ West Moreton Integrated Mental Health Service</li> <li>▶ Evolve Therapeutic Services</li> </ul> <p>Goodna Community Mental Health Service, 81 Queens Street, Goodna Qld 4300</p>

## Wide Bay Hospital and Health Service

### Wide Bay Authorised Mental Health Service

Inpatient facilities	Community components
<p>Bundaberg Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Bourbong Street, Bundaberg QLD 4670</p> <p>Hervey Bay Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Nissan and Urraween Roads, Pialba QLD 4655</p> <p>Maryborough Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): 185 Walker Street, Maryborough QLD 4650</p>	Bundaberg Community Mental Health Service, Bundaberg Hospital, Bourbong Street, Bundaberg QLD 4670
	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
	Village Community Mental Health Service, 28 Torquay Road, Pialba Hervey Bay QLD 4655
	Bauer Wiles Community Mental Health Service, 167 Neptune Street, Maryborough QLD 4650

<b>Private Sector Services</b>	
<b>Belmont Private Hospital Authorised Mental Health Service</b>	
<b>Inpatient facility</b>	<b>Community components</b>
Belmont Private Hospital inpatient and specialist health units: 1220 Creek Road, Carina QLD 4152 (Refer to map of hospital boundary.)	
<b>Greenslopes Private Hospital Authorised Mental Health Service</b>	
<b>Inpatient facility</b>	<b>Community components</b>
Greenslopes Private Hospital inpatient and specialist health units: Newdegate Street, Greenslopes QLD 4120 (Refer to map of hospital boundary.)	
<b>New Farm Clinic Authorised Mental Health Service</b>	
<b>Inpatient facility</b>	<b>Community components</b>
New Farm Clinic inpatient and specialist health units: 22 Sargent Street, New Farm QLD 4005 (Refer to map of hospital boundary.)	
<b>Toowong Private Hospital Authorised Mental Health Service</b>	
<b>Inpatient facility</b>	<b>Community components</b>
Toowong Private Hospital inpatient and specialist health units: 496 Milton Road, Toowong QLD 4066 (Refer to map of hospital boundary.)	



## Appendix 7

# High security units

### as at 30 June 2015

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#### **The Park High Security Program**

Authorised Mental Health Service

##### **Address**

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

##### **Administrator**

Executive Director Mental Health and Specialised Services

#### **Princess Alexandra Hospital High Security Program**

Authorised Mental Health Service

##### **Address**

Ipswich Road, Woolloongabba Qld 4102

##### **Administrator**

Executive Director Mental Health



## Appendix 8

# Facilities established as authorised mental health services

for the purpose of administering electroconvulsive therapy to patients who have given informed consent as at 30 June 2015

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**Archerview Clinic, Hillcrest Rockhampton Private Hospital**  
Authorised Mental Health Service

**Address**

Hillcrest Rockhampton Private Hospital  
4 Talford Street,  
Rockhampton Qld 4700

**Administrator**

Chief Executive Officer  
Archerview Clinic  
Hillcrest Rockhampton Private Hospital

**The Cairns Clinic**  
Authorised Mental Health Service

**Address**

The Cairns Clinic  
253 Sheridan Street,  
Cairns Qld 4870

**Administrator**

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

**Caloundra Private Clinic**  
Authorised Mental Health Service

**Address**

Caloundra Private Clinic  
96 Beerburum Street,  
Caloundra Qld 4551

**Administrator**

Chief Executive Officer  
Caloundra Private Clinic

**Pine Rivers Private Hospital**  
Authorised Mental Health Service

**Address**

Pine Rivers Private Hospital  
Dixon Street,  
Strathpine Qld 4500

**Administrator**

Director of Nursing  
Pine Rivers Private Hospital

**St Andrew's Toowoomba Hospital**  
Authorised Mental Health Service

**Address**

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

**Administrator**

Chief Executive Officer  
St Andrew's Toowoomba Hospital

**Sunshine Coast Private Hospital**  
Authorised Mental Health Service

**Address**

Sunshine Coast Private Hospital  
Syd Lingard Drive,  
Buderim Qld 4556

**Administrator**

General Manager  
Sunshine Coast Private Hospital



## Appendix 9

# Facilities established as authorised mental health services

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

as at 30 June 2015

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### **St Andrew's War Memorial Hospital**

Authorised Mental Health Service

#### **Address**

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

#### **Administrator**

General Manager  
St Andrew's War Memorial Hospital

# Appendix 10

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## Appendix 12

# Abbreviations and acronyms

Acronym	Full title
AMHP	authorised mental health practitioner
AMHS	authorised mental health service
CIMHA	Consumer Integrated Mental Health Application
CPIO	classified patient information order
DPP	Director of Public Prosecutions
ECT	electroconvulsive therapy
EEO	emergency examination order
FIO	forensic information order
FO	forensic order
HHS	hospital and health service
ITO	involuntary treatment order
JEO	justices examination order
LCT	limited community treatment
MHAODB	Mental Health Alcohol and Other Drugs Branch, Queensland Health
SNFP	special notification forensic patient
the Act	<i>Mental Health Act 2000</i>
the Tribunal	Mental Health Review Tribunal

# Feedback form

Please fill out this form and return it via:

Fax: 07 3328 9619

Email: mha2000@health.qld.gov.au

Post: Office of the Chief Psychiatrist

Mental Health Alcohol and Other Drugs Branch

Department of Health

GPO Box 2368

Fortitude Valley BC QLD 4006

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

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

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

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

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

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

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

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5. Please indicate the group that best describes you.

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

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



# Your feedback is welcome

We welcome your feedback on this annual report.

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

## How you can contact us

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

**Phone:** 1800 989 451

**Email:** [mha2000@health.qld.gov.au](mailto:mha2000@health.qld.gov.au)

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

