

12-13

annual report

of the Director of Mental Health



Communication objective

This annual report aims to describe the administration of the *Mental Health Act 2000* and associated activities and achievements for the 2012–2013 financial year in an open and transparent manner to inform the Minister for Health, the Queensland Parliament and members of the public.

2012–2013 Annual Report of the Director of Mental Health

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For more information contact:

Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch,
Queensland Health, PO Box 2368, Fortitude Valley BC, QLD 4006,
email mha2000@health.qld.gov.au, telephone 1800 989 451.

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**Queensland
Government**

To:
The Honourable Lawrence Springborg MP
Minister for Health

Dear Minister

It is with much pleasure that I present the 2012–2013 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

Dr William Kingswell
Director of Mental Health

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Message from the Director of Mental Health

I am pleased to present the 12th annual report of the Director of Mental Health in accordance with my appointment on 28 September 2013 to the position of the Director of Mental Health.

In doing so, I take the opportunity to acknowledge the invaluable contribution of Associate Professor Jagmohan Gilhotra to the position of Director of Mental Health from 20 April 2012 to 27 September 2013.

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

Ongoing legislative reform

The Act has been subject to ongoing evaluation and review since its commencement in 2002 to ensure its effective operation and alignment with international and national best practice. Some of the more substantive changes have occurred in the forensic mental health system. *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000* (the Butler Report) released in 2006 led to significant legislative and system changes, including enhancement of victim entitlements and the establishment of a legislative sub-category (special notification forensic patient). This distinction enables greater safeguards to be applied when a patient is charged with a specified serious offence. The final recommendation of the Butler Report was implemented through the enactment of the *Forensic Disability Act 2011*. This legislation resulted in significant amendments to the forensic scheme and the seclusion and mechanical restraint provisions of the Act.

Further changes have been made through the *Queensland Mental Health Commission Act 2013* which amended the Act to establish new mechanisms to assist with identifying and/or responding to risks that may arise in relation to involuntary patients.

Ten years after its commencement, the Act is in need of a more comprehensive review to ensure that the legislation continues to support contemporary clinical practice and mental health service delivery; and that it effectively protects and promotes patient interests while ensuring patient and community safety.

In the current reporting period, the Minister approved a review of the Act, which commenced in June 2013. The objective of the review is to identify and enact improvements in the Act, having regard to the experiences of stakeholders and those responsible for administering the Act since its inception, and to developments that have taken place since that time. These developments include changes in the way mental health services are provided and in the judicial system.

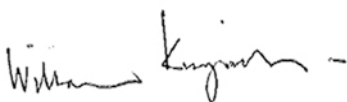
I am pleased to note that broad consultation is being undertaken with stakeholders including mental health services, government and non-government organisations, consumers, carers and families.

The year ahead

In the coming year, my office will continue to work in close collaboration with Hospital and Health Services and Queensland's new Mental Health Commission, established on 1 July 2013, to promote strategic reforms and improvements within mental health services in Queensland.

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

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



Dr William Kingswell
Director of Mental Health

Reporting on the *Mental Health Act 2000*

Most people with a mental illness are able to make decisions about their treatment. However, there are times when a person is unable to make these decisions due to the nature of their illness. In these circumstances, involuntary treatment may be required. The *Mental Health Act 2000* (the Act) provides the legislative framework for the involuntary assessment, treatment and protection of people with a mental illness, while safeguarding their rights and freedoms and balancing these with the rights of others.

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

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

This chapter details the involuntary provisions and related legislative processes that applied between 1 July 2012 and 30 June 2013. Data on these activities was recorded in the Consumer Integrated Mental Health Application (CIMHA) and records maintained by the Mental Health Alcohol and other Drugs Branch.

Involuntary assessment

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

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

The assessment criteria, provided in section 13 of the Act, are as follows:

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

Together 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. 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 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 (see page 17). If satisfied that the treatment criteria apply, the authorised doctor may make an involuntary treatment order (ITO) for the patient.

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

Table 1 sets out details of the involuntary assessment activity at each AMHS in the 2012–2013 financial year.

Table 1: Involuntary assessment: involuntary processes commenced with assessment documents 2012–2013*

Authorised Mental Health Service**	Assessed on assessment documents only	ITO made as a result of involuntary assessment	ITO not made as a result of involuntary assessment	Pre-existing involuntary status			
Bayside	167	122	73%	44	26%	1	1%
Belmont Private	82	70	85%	12	15%	0	0%
Cairns	779	428	55%	342	44%	9	1%
Central Queensland	195	95	49%	100	51%	0	0%
Fraser Coast	160	89	56%	70	43%	1	1%
Gold Coast	918	653	71%	255	28%	10	1%
Greenslopes Private	4	3	75%	1	25%	0	0%
Logan Beaudesert	537	391	73%	142	26%	4	1%
Mackay	289	147	51%	141	49%	1	0%
Mater	57	28	49%	29	51%	0	0%
New Farm Clinic	46	40	87%	6	13%	0	0%
Princess Alexandra	907	588	65%	311	34%	8	1%
Redcliffe Caboolture	394	231	59%	160	41%	3	1%
RBWH	1183	615	52%	540	46%	28	2%
Royal Children's	33	10	30%	23	70%	0	0%
Sunshine Coast	389	321	83%	67	17%	1	0%
The Park	7	6	86%	1	14%	0	0%
The Park – High Security	3	3	100%	0	0%	0	0%
The Prince Charles	499	318	64%	180	36%	1	0%
Toowong Private	33	28	85%	5	15%	0	0%
Toowoomba	444	289	65%	151	34%	4	1%
Townsville	425	185	44%	236	56%	4	1%
West Moreton	262	182	70%	80	31%	0	0%
Wide Bay	80	48	60%	32	40%	0	0%
Total	7893	4890	62%	2928	37%	75	1%

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

** See appendix 4 for full AMHS title

A total of 7893 involuntary assessments were conducted following a request and recommendation during the 2012–2013 reporting period, representing a five per cent increase from the previous year. Of these assessments, 4890 (62 per cent) resulted in an ITO being made, and 2928 (37 per cent) did not result in an ITO being made before the end of the assessment period.

As demonstrated by the data, there are circumstances in which assessment documents do not result in an ITO. Not everyone who is subject to involuntary assessment meets the criteria for involuntary treatment. For example, further assessment may establish that the person does not have a mental illness or the person may choose to receive treatment voluntarily, and therefore does not require involuntary treatment under the Act.

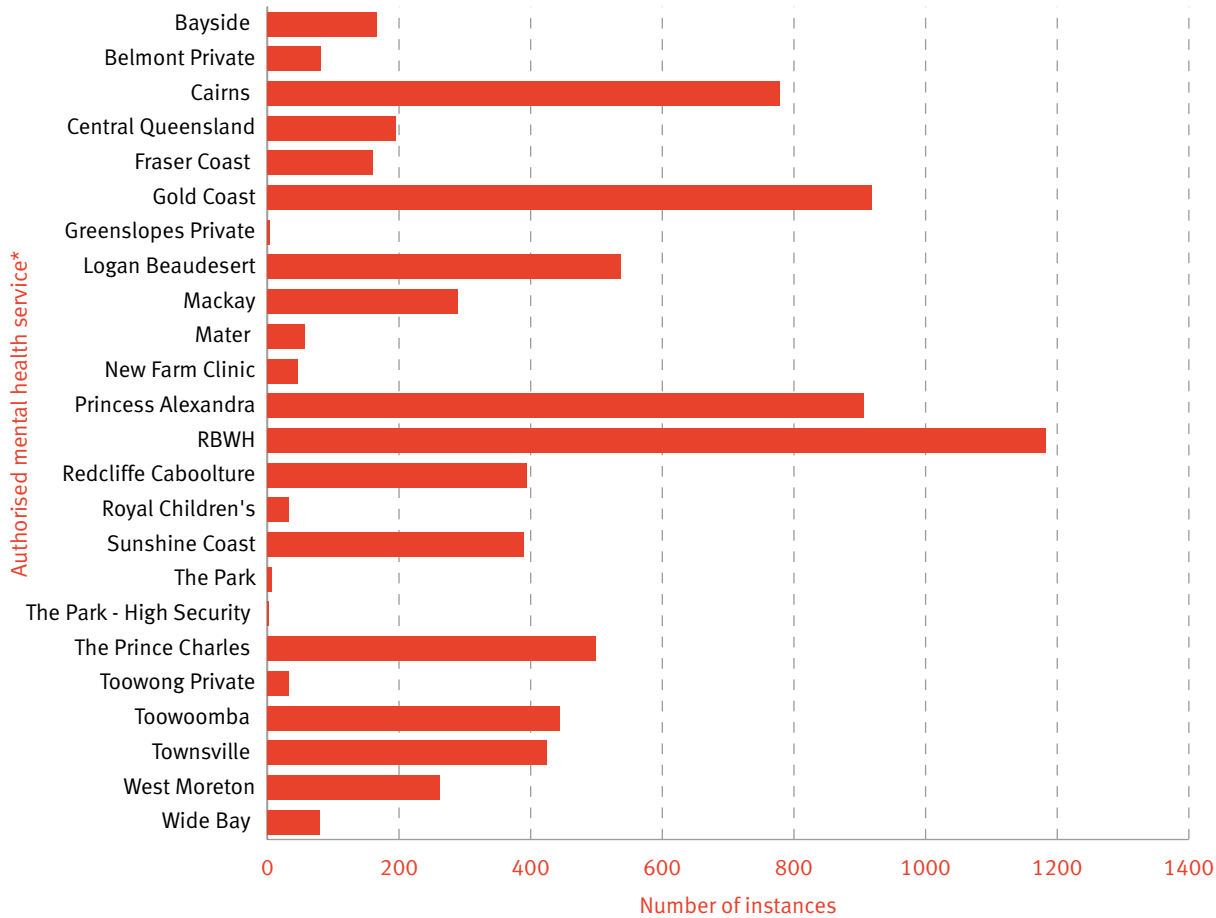
There are some circumstances in which the person is already subject to involuntary provisions under

the Act when an assessment is conducted. This occurs when the person is already receiving treatment through 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 2012–2013, this occurred in 75 instances, representing less than one per cent of the total assessments.

Figure 1 is a graphical representation of the number of instances in which patients were assessed on assessment documents only at each AMHS in the reporting period.

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

Figure 1: Total number of instances in which patients were assessed on assessment documents only 2012–2013



* See appendix 4 for full AMHS title

Processes leading to involuntary assessment

In some instances, the involuntary assessment provisions cannot be applied because the person cannot be examined by a doctor or AMHP. In these instances, the JEO or EEO provisions may be used to enable this examination.

Justices examination orders

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

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

Table 2 identifies that 990 (95 per cent) of the 1039 JEOs made in 2012–2013 were made by a JP and 49 (five per cent) were made by a Magistrate.

Table 2: Justices examination orders 2012–2013

Authorised Mental Health Service*	Total	Justice of the Peace	Magistrate
Bayside	50	48	2
Belmont Private	0	0	0
Cairns	71	38	33
Central Queensland	69	69	0
Fraser Coast	60	60	0
Gold Coast	59	58	1
Greenslopes Private	0	0	0
Logan Beaudesert	71	70	1
Mackay	60	60	0
Mater	4	4	0
New Farm Clinic	0	0	0
Princess Alexandra	108	107	1
Redcliffe Caboolture	62	59	3
RBWH	29	27	2
Royal Children's	3	3	0
Sunshine Coast	49	47	2
The Park	0	0	0
The Park – High Security	0	0	0
The Prince Charles	95	94	1
Toowong Private	0	0	0
Toowoomba	69	69	0
Townsville	74	71	3
West Moreton	75	75	0
Wide Bay	31	31	0
Total	1039	990	49

* See appendix 4 for full AMHS title

Table 3 illustrates the outcomes of JEOs made in the reporting period. A total of 1039 JEOs were made during 2012–2013. This represents a five per cent increase from the 2011–2012 reporting period where the total was 990.

Table 3: Justices examination orders and outcomes 2012–2013

Authorised Mental Health Service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		JEO ended before examination		Pre-existing involuntary status	
Bayside	50	14	28%	1	2%	34	68%	1	2%	0	0%
Belmont Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	71	17	24%	6	9%	44	62%	3	4%	1	1%
Central Queensland	69	7	10%	0	0%	53	77%	8	12%	1	1%
Fraser Coast	60	10	17%	2	3%	47	78%	1	2%	0	0%
Gold Coast	59	18	31%	2	3%	32	54%	5	9%	2	3%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	71	17	24%	3	4%	44	62%	7	10%	0	0%
Mackay	60	11	18%	2	3%	37	62%	6	10%	4	7%
Mater	4	0	0%	0	0%	4	100%	0	0%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	108	49	45%	2	2%	40	37%	15	14%	2	2%
Redcliffe Caboolture	62	12	19%	6	10%	28	45%	15	24%	1	2%
RBWH	29	15	52%	3	10%	9	31%	2	7%	0	0%
Royal Children's	3	0	0%	0	0%	3	100%	0	0%	0	0%
Sunshine Coast	49	15	31%	0	0%	23	47%	9	18%	2	4%
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	95	25	26%	5	5%	53	56%	10	11%	2	2%
Toowong Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	69	11	16%	4	6%	51	74%	2	3%	1	1%
Townsville	74	15	20%	7	10%	49	66%	3	4%	0	0%
West Moreton	75	17	23%	1	1%	43	57%	12	16%	2	3%
Wide Bay	31	6	19%	2	7%	21	68%	1	3%	1	3%
Total	1039	259	25%	46	4%	615	59%	100	10%	19	2%

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

** See appendix 4 for full AMHS title

Of the 1039 JEOs made, 305 (29 per cent) resulted in assessment documents being made. Of these, 259 resulted in an ITO being made following assessment, and 46 did not result in an ITO being made.

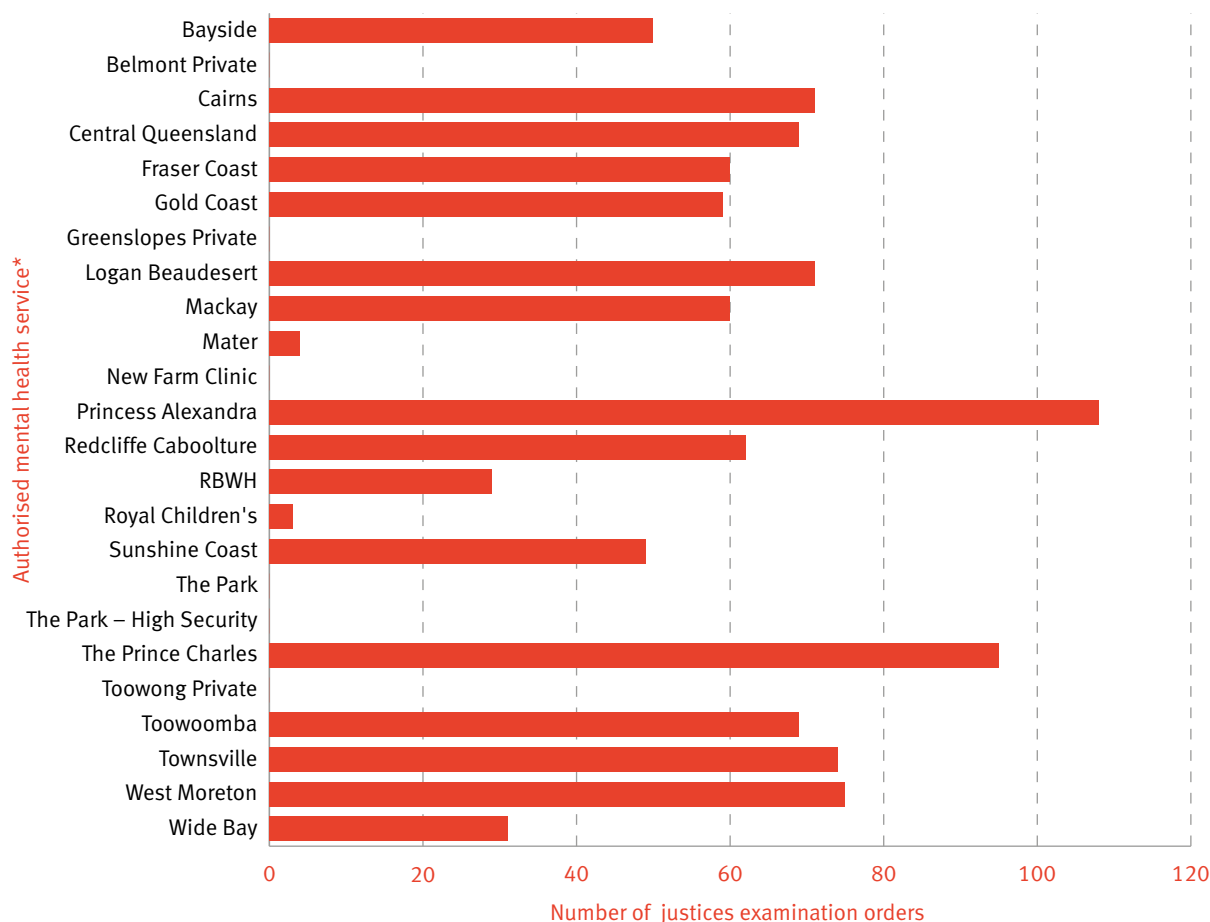
Of the total JEOs made in 2012–2013, 734 (71 per cent) did not result in assessment documents being made. Of these, 615 were found to not meet the assessment criteria. For example, the doctor or AMHP found that the person did not appear to have a mental illness, or the person agreed to engage voluntarily with the mental health service. If the assessment documents are not made, the doctor or AMHP must consult with a psychiatrist to discuss the reasons for the decision and the follow-up plan. This requirement is in line with a 2008 State Coroner recommendation.

In some instances, a JEO expires prior to an examination being conducted. 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. In 2012–2013, 100 (10 per cent) of JEOs ended before an examination was conducted.

In 2012–2013, 19 (two 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). An existing involuntary status is usually identified from CIMHA records prior to examining the person.

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

Figure 2: Total number of justices examination orders 2012–2013



* See appendix 4 for full AMHS title

Emergency examination orders

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

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

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

The criteria for an EEO (psychiatrist) are the same as those for an EEO (police or ambulance), except that the psychiatrist must be satisfied that the person has a mental illness. These provisions are intended for sole practitioner psychiatrists in private practice.

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

Table 4 sets out the details of EEOs made in 2012–2013. A total of 10648 EEOs were made during the reporting period. This represents a five per cent increase from 2011–2012, when the total was 10107.

Police officers made 5868 (55 per cent) of the total number of EEOs in 2012–2013. This figure represents a six per cent increase on the total number of EEOs made by police officers in the 2011–2012 reporting period. Ambulance officers made 4754 (45 per cent) of the total number of EEOs in 2012–2013. This figure represents a five per cent increase on the total number of EEOs made by ambulance officers in the 2011–2012 reporting period. Psychiatrists made less than one per cent of the EEOs in 2012–2013. This figure is comparable to 2011–2012 results.

Table 4: Emergency examination orders made 2012–2013*

Authorised Mental Health Service**	Total	Ambulance Officer	Police Officer	Psychiatrist
Bayside	580	291	50%	288
Belmont Private	1	0	0%	0
Cairns	757	207	27%	549
Central Queensland	465	210	45%	254
Fraser Coast	149	49	33%	99
Gold Coast	1076	437	41%	628
Greenslopes Private	0	0	0%	0
Logan Beaudesert	656	379	58%	277
Mackay	358	177	49%	181
Mater	228	99	43%	129
New Farm Clinic	0	0	0%	0
Princess Alexandra	1089	551	51%	535
Redcliffe Caboolture	711	344	48%	367
RBWH	1008	569	56%	436
Royal Children's	10	4	40%	6
Sunshine Coast	298	118	40%	180
The Park	0	0	0%	0
The Park – High Security	0	0	0%	0
The Prince Charles	768	355	46%	413
Toowong Private	1	0	0%	0
Toowoomba	889	353	40%	535
Townsville	739	230	31%	509
West Moreton	665	287	43%	377
Wide Bay	200	94	47%	105
Total	10648	4754	45%	5868

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

** See Appendix 4 for full AMHS title

Table 5 illustrates the outcomes of the EEOs made in 2012–2013.

Of the 10648 EEOs made in the reporting period, 3314 (31 per cent) resulted in assessment documents being made and 7334 (69 percent) did not result in assessment documents being made.

Of the 3314 assessment documents made, 1303 resulted in an ITO being made following assessment, while 2011 did not result in an ITO being made.

Table 5: Emergency examination orders and outcomes 2012–2013*

Authorised Mental Health Service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met	EEO ended before examination	Pre-existing involuntary status			
Bayside	580	50	9%	53	9%	461	80%	8	1%	8	1%
Belmont Private	1	0	0%	1	100%	0	0%	0	0%	0	0%
Cairns	757	126	17%	275	36%	316	42%	9	1%	31	4%
Central Queensland	465	25	5%	35	8%	369	79%	22	5%	14	3%
Fraser Coast	149	17	11%	25	17%	97	65%	7	5%	3	2%
Gold Coast	1076	163	15%	122	11%	739	69%	32	3%	20	2%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	656	107	16%	75	11%	363	55%	87	13%	24	4%
Mackay	358	59	17%	106	30%	174	49%	6	2%	13	4%
Mater	228	8	4%	19	8%	190	83%	10	4%	1	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	1089	140	13%	101	9%	615	57%	202	19%	31	3%
Redcliffe Caboolture	711	86	12%	99	14%	483	68%	30	4%	13	2%
RBWH	1008	183	18%	632	63%	160	16%	2	0%	31	3%
Royal Children's	10	3	30%	2	20%	5	50%	0	0%	0	0%
Sunshine Coast	298	37	12%	34	11%	198	66%	24	9%	5	2%
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	768	100	13%	99	13%	545	71%	6	1%	18	2%
Toowong Private	1	0	0%	1	100%	0	0%	0	0%	0	0%
Toowoomba	889	98	11%	149	17%	604	68%	13	2%	25	3%
Townsville	739	32	4%	98	13%	531	72%	56	8%	22	3%
West Moreton	665	46	7%	65	10%	539	81%	6	1%	9	1%
Wide Bay	200	23	12%	20	10%	140	70%	12	6%	5	3%
Total	10648	1303	12%	2011	19%	6529	61%	532	5%	273	3%

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

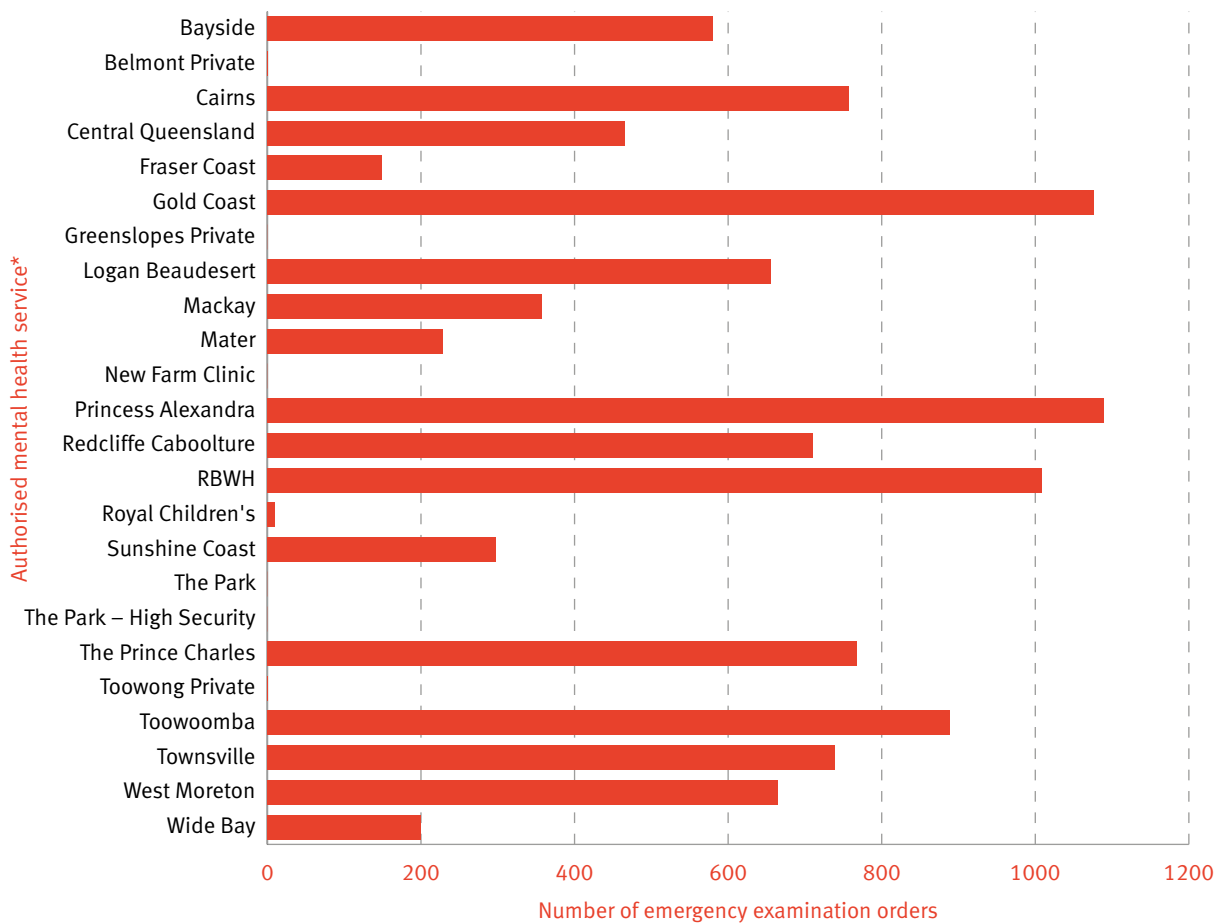
** See appendix 4 for full AMHS title

In 532 instances (five per cent of all EEOs), the EEO expired before a doctor or AMHP was able to examine the person. As previously noted, the EEO expires six hours after the person arrives at the AMHS. In some instances, the person cannot be examined within this period due to a range of factors, including alcohol intoxication or other substance use. However, the person may voluntarily remain at the service until they can be appropriately examined.

In 273 instances (three 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. The person's ongoing treatment may be provided at the original AMHS or the AMHS where they have presented.

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

Figure 3: Total number of emergency examination orders 2012–2013



* See appendix 4 for full AMHS title

Classified patient admissions

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

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

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

On admission to an AMHS, an authorised doctor must assess the patient within three days.

The patient can be treated voluntarily if they consent to treatment, or under an ITO if the treatment criteria are satisfied.

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

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

Table 6 sets out the details of classified patient admissions during the 2012–2013 reporting period.

During the reporting period, 176 classified patients were admitted to an AMHS. This figure represents a 20 per cent increase from the previous reporting period, when the total was 147.

Of the 176 classified patient admissions, 136 (77 per cent) were transferred from a correctional centre; 32 (18 per cent) were transferred from a watch-house; and eight were transferred from a court (five per cent).

Table 6: Classified patient admissions 2012–2013*

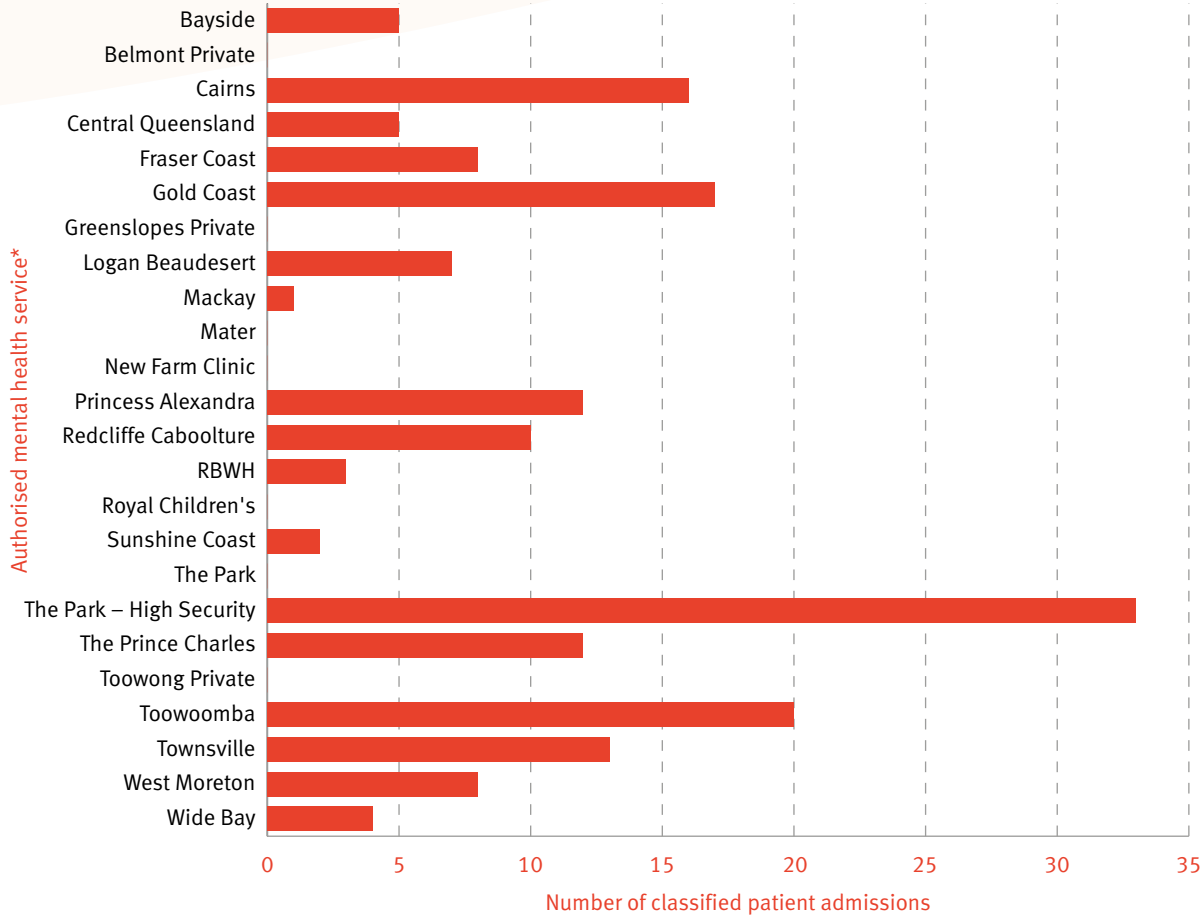
Authorised Mental Health Service**	Total	Court		Watch-house		Queensland Correctional Centres	
Bayside	5	1	20%	0	0%	4	80%
Belmont Private	0	0	0%	0	0%	0	0%
Cairns	16	0	0%	5	31%	11	69%
Central Queensland	5	0	0%	0	0%	5	100%
Fraser Coast	8	0	0%	0	0%	8	100%
Gold Coast	17	2	12%	5	29%	10	59%
Greenslopes Private	0	0	0%	0	0%	0	0%
Logan Beaudesert	7	0	0%	1	14%	6	86%
Mackay	1	0	0%	1	100%	0	0%
Mater	0	0	0%	0	0%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%
Princess Alexandra	12	0	0%	3	25%	9	75%
Redcliffe Caboolture	10	0	0%	5	50%	5	50%
RBWH	3	0	0%	0	0%	3	100%
Royal Children's	0	0	0%	0	0%	0	0%
Sunshine Coast	2	0	0%	2	100%	0	0%
The Park	0	0	0%	0	0%	0	0%
The Park – High Security	33	4	12%	0	0%	29	88%
The Prince Charles	12	0	0%	0	0%	12	100%
Toowong Private	0	0	0%	0	0%	0	0%
Toowoomba	20	0	0%	5	25%	15	75%
Townsville	13	1	8%	1	8%	11	85%
West Moreton	8	0	0%	2	25%	6	75%
Wide Bay	4	0	0%	2	50%	2	50%
Total	176	8	5%	32	18%	136	77%

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

** See appendix 4 for full AMHS title

Figure 4 sets out the total number of classified patient admissions by AMHS in the 2012–2013 reporting period.

Figure 4: Total number of classified patient admissions 2012–2013



* See appendix 4 for full AMHS title

Overview of examination and assessment activity

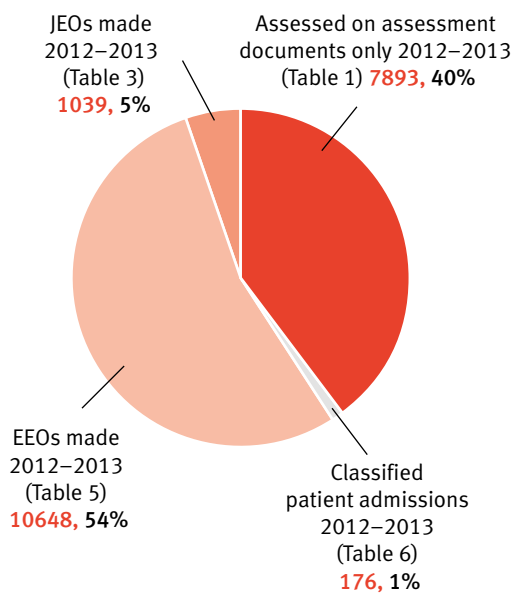
The preceding sections have focused on the involuntary examination and assessment processes under the Act and associated activity during the reporting period of 2012–2013.

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

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

Figure 5 displays the percentage of activity across the four processes.

Figure 5 Breakdown of involuntary examination and assessment processes 2012–2013



Involuntary treatment orders

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

The Act allows an 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 in section 14 of the Act are met.

The treatment criteria are as follows:

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

As a safeguard, a second examination by a psychiatrist is required if the authorised doctor making the ITO is not a psychiatrist, or if the initial examination was conducted by audiovisual link. If a second examination is required, it must be conducted within 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 Mental Health Review Tribunal (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 2012–2013 reporting period and the means by which they were made is set out in Table 7.

Table 7: Number of involuntary treatment orders made 2012–2013*

Authorised Mental Health Service**	Total ITOs made	Category of initial order				Second examination required		Second examination details			
		Community		In patient				ITO confirmed		ITO not confirmed	
Bayside	189	16	9%	173	92%	112	59%	98	88%	14	13%
Belmont Private	75	0	0%	75	100%	6	8%	5	83%	1	17%
Cairns	572	7	1%	565	99%	286	50%	270	94%	16	6%
Central Queensland	127	4	3%	123	97%	56	44%	55	98%	1	2%
Fraser Coast	122	2	2%	120	98%	76	62%	72	95%	4	5%
Gold Coast	844	18	2%	826	98%	691	82%	655	95%	36	5%
Greenslopes Private	2	0	0%	2	100%	0	0%	0	0%	0	0%
Logan Beaudesert	541	14	3%	527	97%	407	75%	383	94%	24	6%
Mackay	216	4	2%	212	98%	113	52%	83	74%	30	27%
Mater	36	0	0%	36	100%	25	69%	22	88%	3	12%
New Farm Clinic	38	0	0%	38	100%	7	18%	7	100%	0	0%
Princess Alexandra	751	10	1%	741	99%	543	72%	475	88%	68	13%
Redcliffe Caboolture	336	5	2%	331	99%	251	75%	205	82%	46	18%
RBWH	809	8	1%	801	99%	720	89%	645	90%	75	10%
Royal Children's	14	0	0%	14	100%	6	43%	6	100%	0	0%
Sunshine Coast	373	12	3%	361	97%	261	70%	245	94%	16	6%
The Park	7	0	0%	7	100%	5	71%	5	100%	0	0%
The Park – High Security	17	1	6%	16	94%	12	71%	12	100%	0	0%
The Prince Charles	446	2	0%	444	100%	361	81%	322	89%	39	11%
Toowong Private	24	0	0%	24	100%	4	17%	4	100%	0	0%
Toowoomba	401	3	1%	398	99%	243	61%	226	93%	17	7%
Townsville	235	7	3%	228	97%	116	49%	103	89%	13	11%
West Moreton	256	3	1%	253	99%	203	79%	197	97%	6	3%
Wide Bay	77	0	0%	77	100%	51	66%	43	84%	8	16%
Total	6508	116	2%	6392	98%	4555	70%	4138	91%	417	9%

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

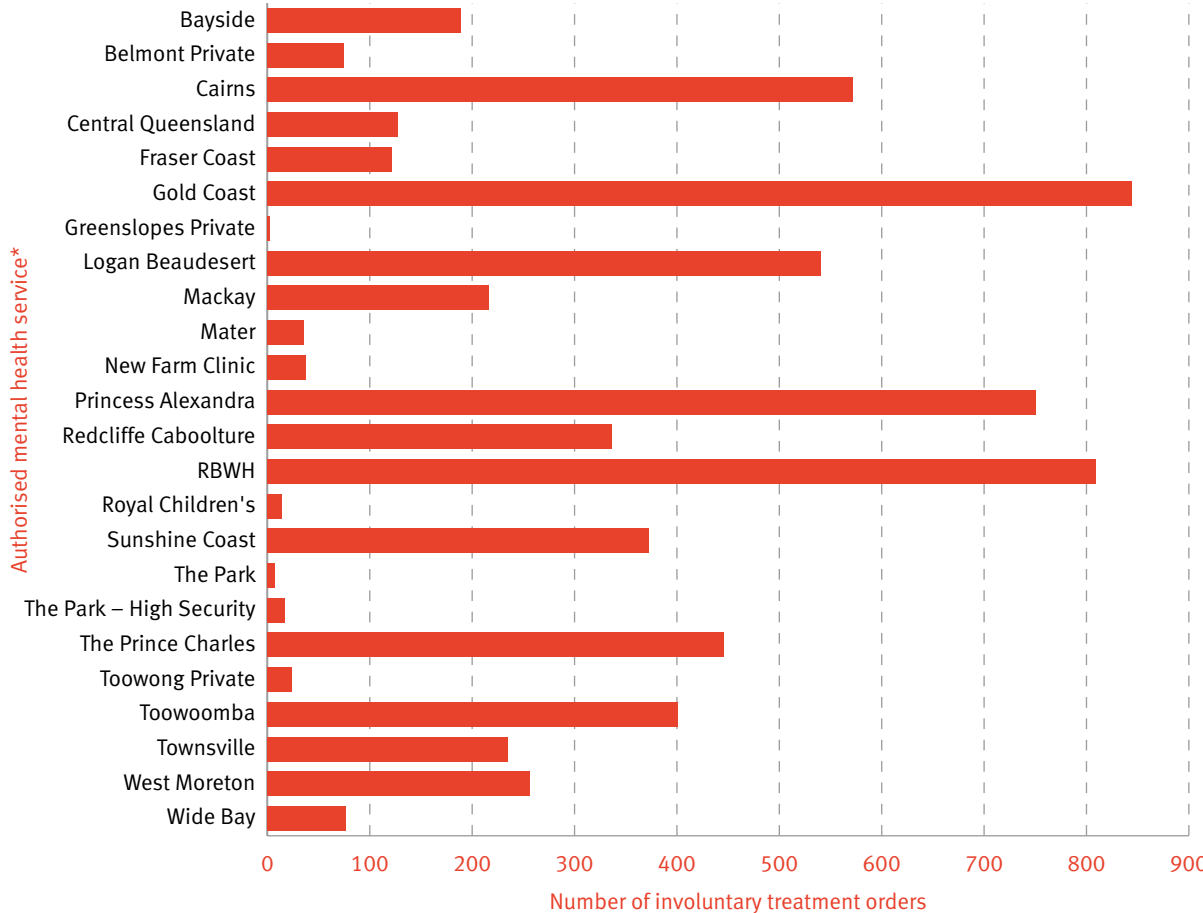
** See appendix 4 for full AMHS title

A total of 6508 ITOs were made in 2012–2013. This figure represents a six per cent increase from the 2011–2012 reporting period. The majority of ITOs, 6392 (98 per cent), were initiated as inpatient category as opposed to community category.

Of the 6508 ITOs made, 4555 (70 per cent) required a second examination, of which 4138 (91 per cent) were confirmed and 417 (nine per cent) were revoked.

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

Figure 6: Total number of involuntary treatment orders made 2012–2013



* See appendix 4 for full AMHS title

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 (for example, the patient was absent without permission)
- a forensic order is made
- an ITO already exists
- the person is transferred interstate
- the patient is deceased, or
- the ITO is revoked or not confirmed when the second examination is conducted.

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

A total of 6464 ITOs ended in the reporting period. Of these, 6049 (94 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 previous years.

A total of 45 ITOs (less than one 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 70 ITOs (slightly more than one per cent) ended when a forensic order was made by the Mental Health Court.

A total of 29 (less than one 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.

During the reporting period, 230 ITOs (four per cent) ended because within the period of 72 hours allowed for the examination:

- the second examination resulted in the ITO being revoked or not confirmed, or
- the patient did not receive the second examination.

Of the total ITOs ended, 41 (less than one 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. An inpatient death is immediately reported to the Coroner by the treating team. Any suspected suicide or unexplained death of a patient in the community is a reportable death under the *Coroners Act 2003* and is referred to the Coroner by the Queensland Police Service or the treating team. The treating team also reports the death to the Department of Health Patient Safety Unit through the PRIME Clinical Incident (PRIME CI) electronic system. The Director of Mental Health is notified by way of a mortality report form.

Table 8: Involuntary treatment orders ended 2012–2013*

Authorised Mental Health Service**	Total	ITO revoked by authorised doctor, the Tribunal or Mental Health Court		ITO ceased to have effect		ITO already exists		Forensic order made		Transfer interstate		Patient deceased		ITO revoked or not confirmed within the assessment period	
Bayside	175	158	90%	2	1%	1	1%	1	1%	0	0%	1	1%	12	7%
Belmont Private	107	104	97%	0	0%	0	0%	0	0%	0	0%	0	0%	3	3%
Cairns	570	540	95%	2	0%	2	0%	9	2%	0	0%	2	0%	15	3%
Central Queensland	120	117	98%	0	0%	0	0%	2	2%	0	0%	0	0%	1	1%
Forensic Disability Service	1	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Fraser Coast	124	115	93%	1	1%	0	0%	2	2%	0	0%	1	1%	5	4%
Gold Coast	849	803	95%	13	2%	3	0%	7	1%	0	0%	3	0%	20	2%
Greenslopes Private	1	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	574	542	94%	5	1%	4	1%	5	1%	0	0%	4	1%	14	2%
Mackay	192	187	97%	0	0%	1	1%	2	1%	0	0%	0	0%	2	1%
Mater	38	38	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
New Farm Clinic	54	52	96%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%
Princess Alexandra	712	664	93%	3	0%	3	0%	6	1%	0	0%	4	1%	32	5%
Redcliffe Caboolture	359	333	93%	1	0%	2	1%	2	1%	0	0%	1	0%	20	5%
RBWH	702	646	92%	10	1%	2	0%	8	1%	0	0%	8	1%	28	4%
Royal Children's	16	16	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Sunshine Coast	352	333	95%	2	1%	3	1%	4	1%	0	0%	2	1%	8	2%
The Park	18	16	88%	0	0%	0	0%	1	6%	0	0%	1	6%	0	0%
The Park – High Security	14	7	50%	0	0%	0	0%	6	43%	0	0%	1	7%	0	0%
The Prince Charles	452	411	91%	0	0%	5	1%	2	0%	0	0%	4	1%	30	7%
Toowong Private	40	39	98%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%
Toowoomba	433	405	94%	2	1%	2	1%	7	2%	0	0%	4	2%	13	3%
Townsville	216	201	93%	0	0%	1	1%	2	1%	0	0%	2	1%	10	5%
West Moreton	263	248	94%	3	1%	0	0%	3	1%	0	0%	3	1%	6	2%
Wide Bay	82	72	88%	1	1%	0	0%	0	0%	0	0%	0	0%	9	11%
Total	6464	6049	94%	45	1%	29	0%	70	1%	0	0%	41	1%	230	4%

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

** See appendix 4 for full AMHS title

Forensic orders

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

Activity relating to forensic orders for the reporting period is represented in Table 9. Figure 7 is a graphical representation of the number of new forensic orders made in respect of each AMHS in the reporting period. The total number of forensic orders made during 2012–2013 was 137, which was eight more than 2011–2012 and represents a six per cent increase.

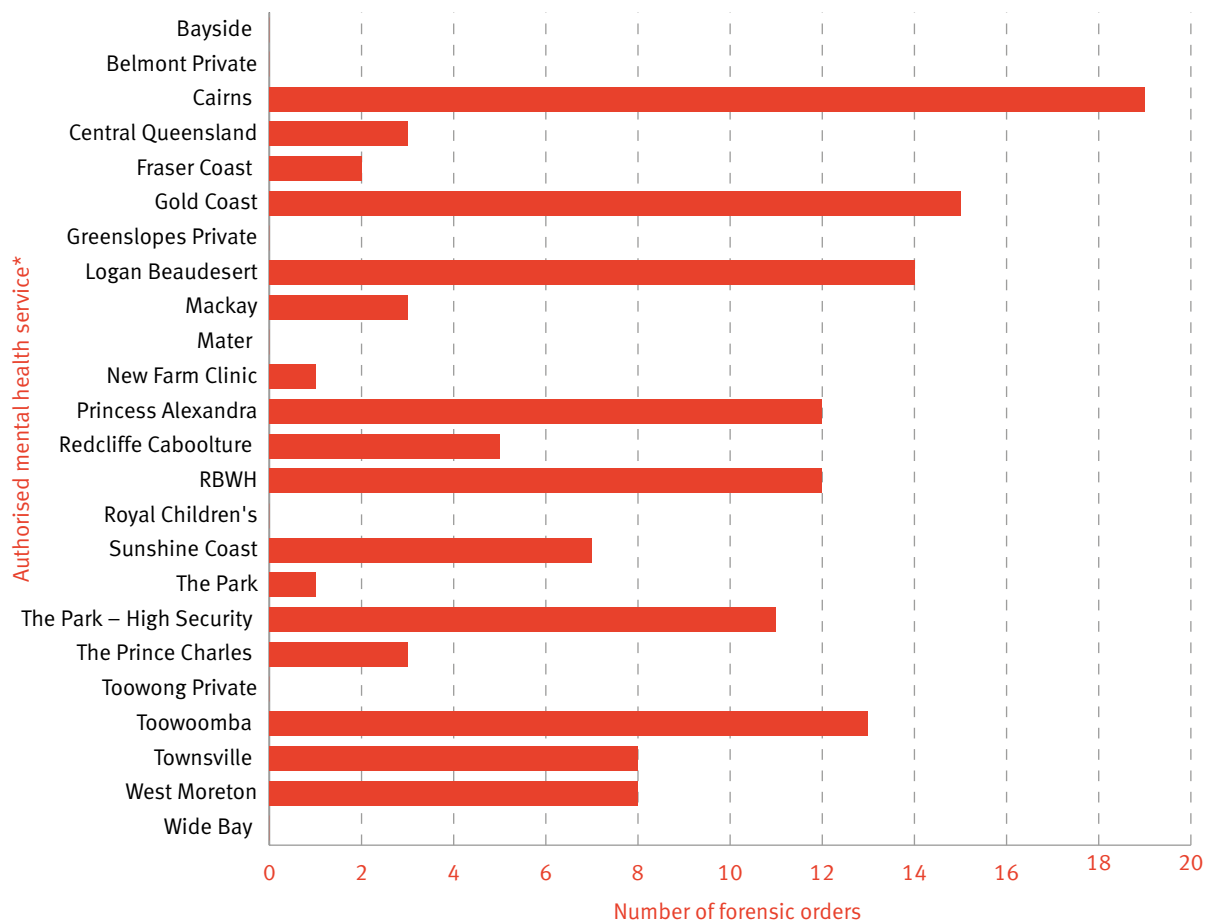
The number of patients on forensic orders as at 30 June 2013 was 734, and represents a three per cent increase on the previous year's total which was 719.

Special notification forensic patients

A special sub-category of forensic order was created 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 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 2013, there was a total of 138 SNFP in Queensland compared to 142 in 2011–2012, representing a three per cent decrease from the previous reporting period.

Figure 7: Total number of forensic orders made 2012–2013



* See appendix 4 for full AMHS title

Table 9: Forensic orders made and ended in 2012–2013 and number of forensic orders and special notification forensic patients as at 30 June 2013

Authorised Mental Health Service*	Forensic orders made	Forensic orders ended	Number of patients with forensic orders	Number of special notification forensic patients**
Bayside	0	1	20	5
Belmont Private	0	0	0	0
Cairns	19	14	49	3
Central Queensland	3	0	28	1
Fraser Coast	2	1	14	0
Gold Coast	15	12	55	8
Greenslopes Private	0	0	0	0
Logan Beaudesert	14	7	49	9
Mackay	3	3	14	3
Mater	0	0	0	0
New Farm Clinic	1	0	1	0
Princess Alexandra	12	15	76	13
Redcliffe Caboolture	5	8	26	2
RBWH	12	9	61	7
Royal Children's	0	0	0	0
Sunshine Coast	7	3	36	3
The Park	1	0	29	9
The Park – High Security	11	4	55	42
The Prince Charles	3	8	44	10
Toowong Private	0	0	0	0
Toowoomba	13	5	65	7
Townsville	8	6	57	11
West Moreton	8	6	45	4
Wide Bay	0	3	10	1
Total	137	105	734	138

* See appendix 4 for full AMHS title

** Patients represented in this column are also represented in column four, 'Number of patients with forensic orders'

NB: Two orders were made to the Forensic Disability Service in 2012–2013 year

Forensic Order – Disability

Amendments to the *Mental Health Act 2000* which commenced on 1 July 2011, enabled the Mental Health Court to make a new type of forensic order for people with an intellectual or cognitive disability. A forensic order (Mental Health Court – Disability) authorises a person to be detained for care in an AMHS or the Forensic Disability Service at Wacol, Brisbane (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. Following the implementation of these amendments, seven patients were transferred from AMHS to the Forensic Disability Service.

As at 30 June 2013, there were 23 people on a forensic order (Mental Health Court – Disability) who were receiving care at an AMHS.

Overview of involuntary status

Figure 8 and Table 10 provide a summary of patients with involuntary status as at 30 June 2013. The total number of involuntary patients as at 30 June 2013 is 4400, which is comparable to the previous reporting period (4378). The percentage across each of the streams is also consistent with the previous reporting period.

Figure 8: Breakdown of involuntary status as at 30 June 2013

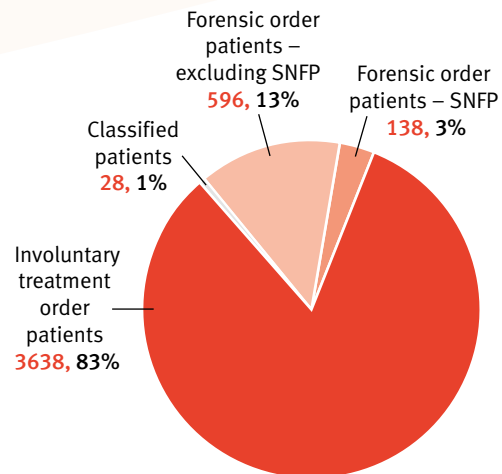


Table 10: Number of involuntary patients as at 30 June 2013

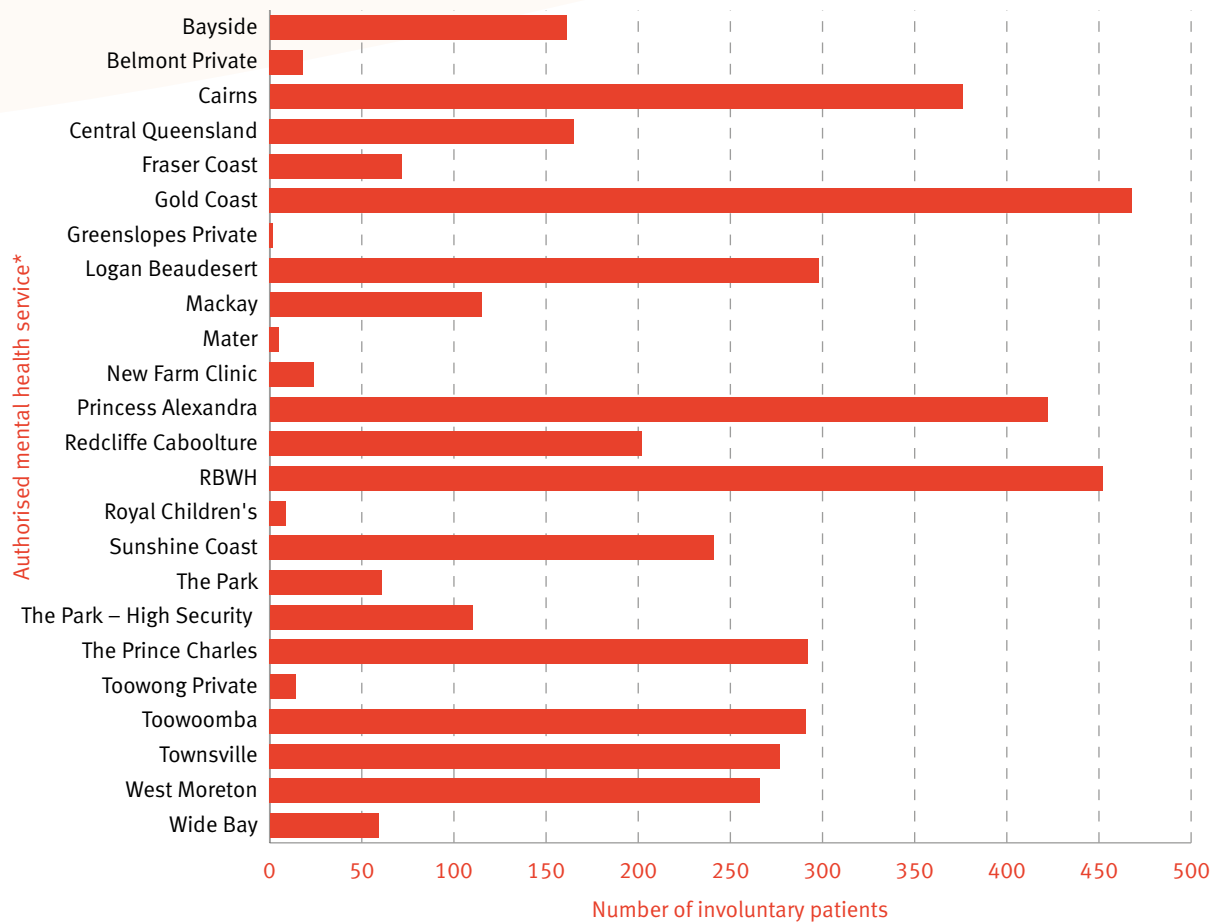
Authorised Mental Health Service*	Involuntary treatment order patients	Classified patients	Forensic order patients – excluding SNFP**	Forensic order patients – SNFP**	Total
Bayside	141	0	15	5	161
Belmont Private	18	0	0	0	18
Cairns	325	2	46	3	376
Central Queensland	137	0	27	1	165
Fraser Coast	58	0	14	0	72
Gold Coast	411	2	47	8	468
Greenslopes Private	2	0	0	0	2
Logan Beaudesert	248	1	40	9	298
Mackay	101	0	11	3	115
Mater	5	0	0	0	5
New Farm Clinic	23	0	1	0	24
Princess Alexandra	344	2	63	13	422
Redcliffe Caboolture	175	1	24	2	202
RBWH	391	0	54	7	452
Royal Children's	9	0	0	0	9
Sunshine Coast	205	0	33	3	241
The Park	32	0	20	9	61
The Park – High Security	42	13	13	42	110
The Prince Charles	248	0	34	10	292
Toowong Private	14	0	0	0	14
Toowoomba	224	2	58	7	291
Townsville	218	2	46	11	277
West Moreton	219	2	41	4	266
Wide Bay	48	1	9	1	59
Total	3638	28	596	138	4400

* See appendix 4 for full AMHS title

** Special notification forensic patients

Figure 9 is a graphical representation of the total number of involuntary patients by AMHS as at 30 June 2013.

Figure 9: Total number of involuntary patients as at 30 June 2013



* See appendix 4 for full AMHS title

Patients charged with an offence

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

Table 11 sets out activity under Chapter 7, Part 2 of the Act for the 2012–2013 reporting period and identifies that these provisions applied to 1101 patients. This figure represents a 14 per cent increase from the previous reporting period.

A patient may come under these provisions on more than one occasion. This is reflected in the difference between the number of patients (1101) and the number of occasions in which activity under these provisions commenced (1688).

Table 11: Actions taken under Chapter 7, Part 2 (patients charged with an offence) 2012–2013

Authorised Mental Health Service*	Number of patients for whom Chapter 7 was commenced	Number of occasions activity under the Chapter 7 commenced
Bayside	37	43
Belmont Private	0	0
Cairns	132	215
Central Queensland	60	95
Fraser Coast	19	26
Gold Coast	120	162
Greenslopes Private	0	0
Logan Beaudesert	73	130
Mackay	28	38
Mater	0	0
New Farm Clinic	2	2
Princess Alexandra	91	122
Redcliffe Caboolture	45	61
RBWH	109	205
Royal Children's	0	0
Sunshine Coast	62	98
The Park	6	9
The Park – High Security	22	26
The Prince Charles	70	121
Toowong Private	1	1
Toowoomba	75	110
Townsville	92	151
West Moreton	41	56
Wide Bay	16	17
Total	1101	1688

* See appendix 4 for full AMHS title

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

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

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

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

During 2012–2013, the Director of Mental Health referred 1356 matters, which represents an increase of 23 per cent from 2011–2012 (1106). Of these references, 1188 were made to the DPP, which represents an increase of 23 per cent from 2011–2012 (968). The remaining 168 matters were referred to the Mental Health Court, which was an increase of 22 per cent from 2011–2012 (138).

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

Table 12: References made by the Director of Mental Health 2012–2013

Authorised Mental Health Service*	Number of references to the DPP**	Number of references to the Mental Health Court	Total number of references
Bayside	16	2	18
Belmont Private	0	0	0
Cairns	157	20	177
Central Queensland	93	3	96
Fraser Coast	21	3	24
Gold Coast	83	12	95
Greenslopes Private	0	0	0
Logan Beaudesert	55	5	60
Mackay	22	7	29
Mater	0	0	0
New Farm Clinic	0	1	1
Princess Alexandra	43	19	62
Redcliffe Caboolture	47	8	55
RBWH	270	19	289
Royal Children's	1	0	1
Sunshine Coast	61	6	67
The Park	3	6	9
The Park – High Security	10	12	22
The Prince Charles	84	8	92
Toowoomba	60	11	71
Townsville	88	19	107
West Moreton	51	4	55
Wide Bay	23	3	26
Total	1188	168	1356

* See appendix 4 for full AMHS title

** DPP – Director of Public Prosecutions

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

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

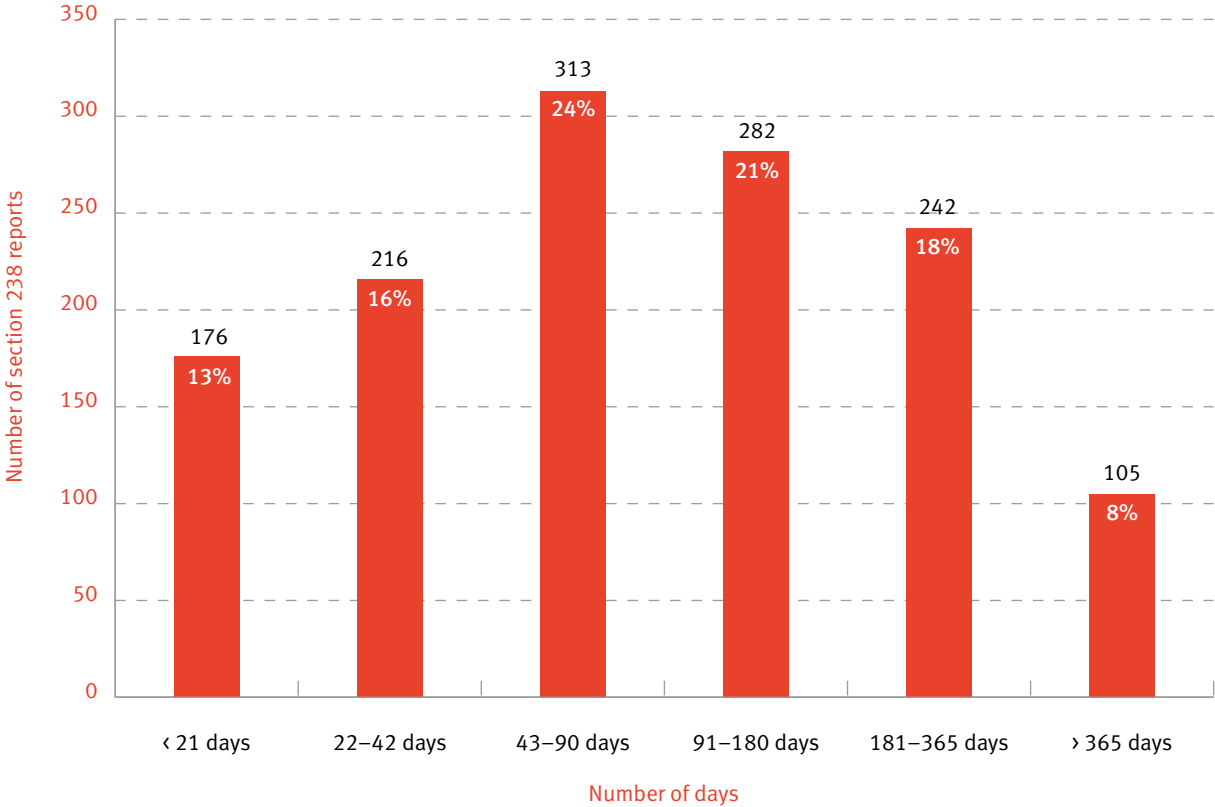
- the nature of the offence, with additional time being required for more serious offences or where there is a complex relationship between the patient’s mental illness and their offending behaviour
- delays in receiving material from other agencies
- delays in being able to interview the patient about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

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

The total number of Section 238 reports received in the reporting period (1334) represents a 14 per cent increase from the previous period (1174).

Figure 10 provides a breakdown of timeframes for the receipt of Section 238 reports in 2012–2013. These range from the statutory timeframe of up to 21 days, to more than 365 days. This graph demonstrates that there has been no significant improvement in the timelines of providing these reports despite the actions of the Director of Mental Health in the 2011–2012 reporting period. This situation has been highlighted in the context of the Act review.

Figure 10: Timeframes for receipt of Section 238 reports 2012–2013



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

Table 13 indicates that in the 2012–2013 reporting period, there was an average of eight days for a matter to be referred to the DPP, and an average of nine days for a matter to be referred to the Mental Health Court. These figures represent a significant improvement from 2011–2012, where the average number of days for a matter to be referred to the DPP was 12.4, and the average number of days for a matter to be referred to the Mental Health Court was 14.5 days.

Table 13: Reference timeframes for Section 238 reports received by the Director of Mental Health 2012–2013

Referred to	Average in days	Median in days
Director of Public Prosecutions	7.9	5
Mental Health Court	9	5

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).

The Director of Mental Health administers the victim information registers for classified and forensic patients and is responsible for providing information to registered persons. The system allows victims to receive certain information about a patient’s status under the Act which is relevant to the victim’s safety and well-being. This information may include, for example, the patient’s:

- transfer to another AMHS
- approval to undertake limited community treatment (LCT)
- absence without permission.

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

As at 30 June 2013:

- a CPIO was in effect for one classified patient
- FIOs were in effect for 100 forensic patients.

The Director of Mental Health is responsible for determining CPIO applications, and the Tribunal is responsible for determining FIO applications. In the 2012–2013 reporting period, the Director of Mental Health approved four CPIOs, which is consistent with the previous period.

Patients absent without permission

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

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

An authority to return may be issued in a number of circumstances, including where:

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

Table 14 sets out the number of authorities to return issued at each AMHS for the reporting period. The number of authorities to return issued has increased from the previous reporting period with 3700 authorities issued for a total of 1919 patients, compared to 3182 authorities issued to a total of

1799 patients in 2011–2012. Of the 3700 authorities to return issued in 2012–2013, 62 per cent of patients were returned to the AMHS within one day and 84 per cent were returned within seven days. The average length of time an authority to return was in force during the reporting period was approximately 7.7 days.

Table 14: Authority to return activity 2012–2013

Authorised Mental Health Service*	Number of patients	Number of authorities to return issued	Average duration (days) authority to return in force
Bayside	61	99	8.3
Belmont Private	1	1	5
Cairns	170	303	11
Central Queensland	76	115	8.5
Fraser Coast	38	58	10.2
Gold Coast	215	457	10.7
Greenslopes Private	0	0	0
Logan Beaudesert	129	207	5.2
Mackay	52	83	6.9
Mater	3	3	0.3
New Farm Clinic	12	12	2.7
Princess Alexandra	253	578	4.4
Redcliffe Caboolture	96	159	8.7
RBWH	222	397	10
Royal Children's	0	0	0
Sunshine Coast	91	192	11.6
The Park	19	49	1.2
The Park – High Security	2	2	2
The Prince Charles	156	387	3.9
Toowoomba	97	146	9.7
Toowong Private	0	0	0
Townsville	124	288	4.2
West Moreton	73	121	11.3
Wide Bay	29	43	10.1
Total	1919	3700	7.7

* See appendix 4 for full AMHS title

Seclusion and mechanical restraint

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

Seclusion

Table 15 sets out the data for 2012–2013 from three clinical indicators relating to the use of seclusion in both acute and extended treatment settings.

When compared with 2011–2012, the data demonstrates a reduction in seclusion events and the proportion of inpatient episodes with one or more seclusion events, however the mean duration of seclusion events in acute units has remained steady.

This trend has also continued in the extended treatment setting, with a decrease in seclusion events, the proportion of inpatient episodes with one or more seclusion events and the mean duration of seclusion events.

Table 15: Statewide clinical indicators of seclusion 2012–2013

Indicator	2012–2013
Seclusion events per 1000 accrued patients days (Acute)	12.7
Proportion of acute inpatient episodes with one or more seclusion events	5.3%
Average (Mean) duration of acute seclusion events (Hours)	4
Seclusion events per 1000 accrued patients days (Extended treatment)	16.8
Proportion of extended treatment inpatient episodes with one or more seclusion events	5.4%
Average (Mean) duration of extended treatment seclusion events (Hours)	8.9

Notes:

The data source utilised to construct these indicators has undergone further refinement from that which was used for the 2011–2012 report and as such there will be variation to data previously reported.

Future reporting is subject to revision due to improved methodology.

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.

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.

In the current reporting period, mechanical restraint was applied to 14 patients. Nine of the 14 patients were part of a specific program which aims to reduce the use and duration of seclusion for certain patients in The Park High Security AMHS. Mechanical restraints are used with these patients to increase access to the open ward, which in turn increases their opportunity for socialisation and access to activities. Mechanical restraints are applied when the patient leaves their room to enter the open ward environment. Of the 2197 instances of mechanical restraint in the reporting period, 2158 (98%) pertain to patients in this program.

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 2012–2013 include all AMHS and those private facilities as set out in Appendix 6.

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

A psychiatrist may make 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.

On making the treatment application, the psychiatrist must ensure that the patient and allied person have been informed. The Tribunal must hear and decide the treatment application within a reasonable time after it is made. If the Tribunal 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.

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

Table 16 sets out the number of Tribunal applications approved and the number of emergency ECT treatment applications made at each AMHS during 2012–2013. There was a total of 452 Tribunal approvals for ECT and 129 emergency applications.

Table 16: Number of Tribunal applications approved and emergency electroconvulsive therapy applications 2012–2013

Authorised Mental Health Service*	Number of Tribunal applications approved	Number of emergency electroconvulsive therapy applications
Bayside	10	4
Belmont Private	15	3
Cairns	23	9
Central Queensland	3	1
Fraser Coast	7	1
Gold Coast	34	11
Greenslopes Private	1	0
Logan Beaudesert	17	3
Mackay	5	3
New Farm Clinic	2	2
Princess Alexandra	63	27
Redcliffe Caboolture	15	2
RBWH	68	17
Sunshine Coast	14	5
The Park	13	0
The Park – High Security	18	0
The Prince Charles	72	21
Toowong Private	3	3
Toowoomba	26	3
Townsville	24	5
West Moreton	9	5
Wide Bay	10	4
Total	452	129

* See appendix 4 for full AMHS title

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 AMHS 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.

In the previous reporting period, a rolling audit process whereby each AMHS was audited against all relevant provisions of the Act was completed. Further snapshot targeted audits were subsequently conducted during 2011–2012 to examine compliance with selected provisions of the Act where issues were identified in previous audits. The auditors also examined the processes and outcomes of any self-auditing system that the AMHS had developed.

With this round of audits completed, greater emphasis has been placed on the use of technology to assist auditing and reporting processes. Regular automated reports are provided to AMHS administrators to inform self-monitoring and review processes. It is intended that these reports will be expanded to facilitate local and state wide monitoring.

The Director of Mental Health has established a compliance register to assist in monitoring and auditing compliance, quality improvement activities and associated reporting processes. In addition, a formal compliance framework is being developed which will set out the strategies and actions to be undertaken for this purpose.

While the statutory compliance monitoring identified a small number of significant matters of non-compliance during the 2012–2013 financial year, for example, a form not being completed within the statutory timeframe, these have been immediately addressed and a follow-up review process has been implemented in each case. These matters have assisted in identifying and addressing issues requiring system improvements, for example policy clarification or changes to statutory forms or other administrative procedures.

Investigations

The Director of Mental Health has statutory powers to commission investigations under the Act into the assessment, treatment and detention of patients in AMHS. Investigations under the Act aim to identify, prevent or reduce actual or potential harm in mental health care delivery.

The decision to conduct an investigation under the Act rests with the Director of Mental Health. Such an investigation is conducted as an impartial and systematic process to examine certain complaints or the occurrence of an incident to determine what occurred, and to identify any actions necessary to prevent future incidents. 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.

No investigations under the Act were conducted in the 2012–2013 reporting period.

Supporting quality improvements in mental health service delivery

Amendment to the definition of psychiatrist under the *Mental Health Act 2000*

An amendment to the definition of psychiatrist under the *Mental Health Act 2000* (the Act) was made by the *Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2012* which took effect on 1 July 2012. The definition was amended to clarify that a psychiatrist includes a person registered under the *Health Practitioner Regulation National Law Act 2009* with limited registration to practise in an area of need in the speciality of psychiatry.

Amendments to assist with identifying and/or responding to risks that may arise in relation to involuntary patients

The *Queensland Mental Health Commission Act 2013*, which was assented to on 14 March 2013, made amendments to the Act to establish new mechanisms to assist with identifying and/or responding to risks that may arise in relation to involuntary patients.

These amendments:

- enable the Director of Mental Health to take immediate action in response to a serious risk to a person or the public by suspending access to the community for a defined class of patients
- create a power for the Director of Mental Health to apply a monitoring condition to a patient who may be at high risk of absconding when they are accessing leave in the community; and
- provide for the Director of Mental Health to make a determination that confidential information may be published in the interests of lessening or preventing a serious risk to the life, health or safety of an individual, or to public safety or is in the public interest.

The first two sets of amendments apply only to forensic patients, classified patients and patients who are detained to an authorised mental health service (AMHS) by an order of the Mental Health Court under section 273(1) (b) of the Act. The amendment to enable publication of confidential information applies to civil, forensic and classified patients.

In March 2013, the Director of Mental Health issued guidelines and forms to support the Act amendments which include:

- guidelines in relation to a requirement of the Director of Mental Health to apply a monitoring condition
- guidelines in relation to an order of the Director of Mental Health to suspend limited community treatment
- guidelines for Hospital and Health Service Chief Executives – Patients absent without permission.

These guidelines were subsequently incorporated into the revised *Mental Health Act 2000* Resource Guide (the Resource Guide) in May 2013.

Review of the *Mental Health Act 2000*

In the current reporting period, the Minister approved that the Act be reviewed. The review, which commenced on 11 June 2013 with the establishment of a five member team, will employ a two-staged approach. Initially, views will be sought from stakeholders and those responsible for administering the Act to identify areas for improvement. This feedback, and other research undertaken by the team, will be used to develop a consultation paper to guide further discussion and feedback regarding potential amendments to the Act. The results of this second round of consultation will be used to inform the development of legislation for approval by the Minister and Cabinet.

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, the Resource Guide was revised and reissued in August 2012 in line with legislative reforms resulting from the *Forensic Disability Act 2011*. A further revision and re-issuing occurred in May 2013 to reflect legislative changes made by the *Queensland Mental Health Commission Act 2013*.

Patients Absent without Permission Flipchart

The Patients Absent Without Permission Flipchart provides a step by step guide to facilitate an involuntary patient's return to an AMHS.

The Flipchart was revised and reissued in December 2012 in line with changes to notification requirements, and to include procedures following a patient's return to an AMHS.

Mental health patient transport

In collaboration with key partners and stakeholders, the Mental Health Alcohol and Other Drugs Branch (MHAODB) is developing a state wide interagency agreement to guide the safe transport of people with a mental illness in Queensland, including those under the Act.

A number of challenges have been identified in managing safe mental health patient transport in Queensland, including:

- limited resource availability across agencies in rural and remote locations
- significant distances between rural and remote health facilities and the nearest AMHS
- the need for involvement of multiple agencies, at times including police, to ensure safe transportation of a person; and
- the need for more consistent and standardised decision making pathways and communication processes between agencies.

An interagency working group was established in late 2012 to oversee the development of an agreement. Queensland Health, Queensland Police Service and Queensland Ambulance Service are working with Royal Flying Doctor Service Queensland, consumers, carers, and other stakeholders to establish an agreed state wide approach to mental health patient transport to improve outcomes for consumers and their families. The agreement will clarify each agency's role and responsibilities, and provide a framework for the development of local agreements to support interagency collaboration in ensuring safe mental health patient transport.

The agreement is to be finalised in late 2013.

Mental Health Act 2000 online training

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

From December 2011, this training has been available on the Queensland Centre for Mental Health Learning (QCMHL) site. During the previous reporting period, the QCMHL and the MHAODB collaborated to review the training program. Feedback was sought from a range of stakeholders on the information and training needs relating to the Act.

The project made a number of recommendations for improvements and QCMHL and the MHAODB are collaborating on a project to redevelop the program. The project is scheduled for completion in late 2013.

Eighth National Seclusion and Restraint Reduction Forum

The National Mental Health Seclusion and Restraint Project (Beacon Project) commenced in 2007 as an initiative between the Federal, State and Territory Governments to reduce and where possible, eliminate the use of seclusion and restraint in public mental health services. The project was developed in response to the *National Safety Priorities in Mental Health: a National Plan for Reducing Harm* (published in 2005).

To progress the work of the Beacon Project, national seclusion and restraint reduction forums are held annually in which all Australian jurisdictions network and learn from each other.

The Eighth National Seclusion and Restraint Reduction Forum (the Forum) was hosted by Queensland.

The Forum brought together 200 healthcare participants in Cairns on 29 and 30 October 2012 to focus on the key issues services and consumers face in reducing the use of seclusion and restraint. The Forum also provided a networking opportunity for mental health staff with an interest in reducing restraint and seclusion across Australia and maintaining momentum in changing culture and practice.

The theme of the forum – New Beginnings – Embedding Cultural Change encouraged speakers and delegates to consider the impacts for consumers and staff relating to seclusion and restraint. It also promoted strategies to embed cultural change in the workplace and showcased seclusion and restraint reduction practices. Speakers were additionally encouraged to consider how this theme related to:

- service delivery improvements (including Emergency Departments and other specialty areas)
- Indigenous consumers, specially within remote areas; and
- seclusion and restraint reduction amongst older persons.

Statutory roles and facilities

About the *Mental Health Act 2000*

The Department of Health administers the *Mental Health Act 2000* (the Act). The Act contains provisions for initiating involuntary assessment, authorising involuntary treatment, independent review of involuntary treatment and protection of patient rights. It provides processes for the diversion of mentally ill offenders from court or custody and decisions about criminal responsibility where the person has mental illness. It also provides for victim information orders and non-contact provisions for family members, victims of crime and other interested persons, as well as provisions addressing community safety.

Director of Mental Health

On 26 September 2013, Her Excellency the Governor approved the appointment of Dr William Kingswell MBBS, FRANZCP, MPH to the position of Director of Mental Health on and from 28 September 2013 following the resignation of Associate Professor Jagmohan Gilhotra MBBS, MMed FRANZCP FRACMA, FRC Psych. Associate Professor Gilhotra held the position of Director of Mental Health from 20 April 2012 until 27 September 2013.

Powers and functions

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

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

More specific powers and functions 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) and high security units to provide treatment and care for people with a mental illness
- declaring administration of AMHS and high security units
- appointing authorised mental health practitioners (AMHP)
- appointing approved officers to conduct investigations under the Act
- developing a Statement of Rights for involuntary patients and their allied persons
- approving forms used under the Act, excluding those required by the Mental Health 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 (DPP) or the Mental Health Court for determination
- ordering the transfer of classified patients (patients admitted to a health service from a court or place of custody) and forensic patients (patients found to be of unsound mind or 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.

Delegation of Director of Mental Health's powers

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

During 2012–2013, the Director of Mental Health was assisted by a number of psychiatrists who performed duties as delegate.

In addition, new delegations were established following amendments to the Act by the Queensland *Mental Health Commission Act 2013*. These amendments included power for the Director of Mental Health to authorise the publication of information about a patient who is, or has been subject to proceedings under the Act if the publication:

- is necessary to lessen or prevent a serious risk to a person's life, health or safety, or the public's safety or
- is in the public interest.

In order to enable decision making at service level, the Director of Mental Health delegated this power to Chief Executives of Hospital and Health Services in March 2013. This power aligns, and may be used in conjunction with, the power of Chief Executives to disclose information under the *Hospital and Health Boards Act 2011*.

A list of delegates and delegated powers and functions as at 30 June 2013 is set out in Table 17.

Table 17: Director of Mental Health delegations as at 30 June 2013

Power delegated	Delegate
All the powers of the Director of Mental Health with the exclusion of any powers under Chapter 13, Part 2	Dr William Kingswell Dr Edward Heffernan
All the powers of the Director of Mental Health with the exclusion of any powers under s493AD, s493AE, s493AF s493AG, s500 and s503 of Chapter 13 and those powers which cannot be delegated under Chapter 13, Part 2	Assoc Professor William Brett Emmerson Dr Jacinta Powell
Chapters 2, 3, 4, 4A, 5, 6, 7 (except section 309A), 7A, 8, 12, s493B and s499 of Chapter 13 and s526 of Chapter 14	Dr Curtis Gray Assoc Professor David Crompton Dr Terry Stedman
Chapter 13, Part 1, Division 1A and Chapter 14, Part 5, s526	Executive Director, Mental Health Alcohol and Other Drugs Branch
Chapter 14, Part 5, s526	Chief Executives, Hospital and Health Services
s184, s185, s186(2)(a) and s186(2)(b) (The Park – Centre for Mental Health Authorised Mental Health Service and The Park High Security Program Authorised Mental Health Service)	Director of Clinical Services Clinical Director High Security Inpatient Service
s184, s185, s186(2)(a) (The Park – Centre for Mental Health Authorised Mental Health Service and The Park High Security Program Authorised Mental Health Service)	Psychiatrist On Call The Park – Centre for Mental Health

Authorised mental health services

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

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, AMHS comprise inpatient and community components. Inpatient facilities are generally based in metropolitan and regional centres, while community components are established in rural and remote locations as well as major centres. In addition, Section 15 of the Act provides that a public hospital may be an AMHS for the purpose of a person's examination or assessment under the Act if there is no AMHS readily accessible, for example, in a remote or rural area of the state.

Authorised mental health services administering electroconvulsive therapy

A small number of private sector health services have been declared as AMHS for the specific purpose of administering electroconvulsive therapy (ECT) to patients who have given informed consent (Appendix 6). 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.

High Security Units

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

As at 30 June 2013, The Park High Security Program, Wacol is declared as Queensland's high security unit (Appendix 5).

Administrators of authorised mental health services and high security units

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

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

A list of AMHS administrators as at 30 June 2013 is set out at Appendix 2.

Powers and functions of the administrator include:

- giving notice to patients and other parties, for example, an allied person or the Tribunal, of various matters relating to the patient's involuntary status or changes to their involuntary status
- ensuring that patients receive treatment in accordance with their treatment plan, including regular assessment by an authorised psychiatrist
- choosing an allied person for patients who do not have capacity to choose their own allied person
- ensuring the Statement of Rights is prominently displayed in the AMHS or high security unit and is provided to 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 (patients admitted from court or custody), forensic patients who are found temporarily unfit for trial and patients for whom a court order has been made for the person's detention, treatment or care in an AMHS
- appointing authorised doctors for an AMHS or high security unit
- maintaining records and registers and providing information on involuntary patients to the Director of Mental Health.

Authorised doctors

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

Table 18 sets out the number of authorised doctors, including authorised psychiatrists, appointed to each AMHS as at 30 June 2013.

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 to standardise procedures in relation to appointment of authorised doctors. This policy sets out, among other things, 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, ITOs must be made or confirmed by an authorised psychiatrist and all involuntary patients are required to be examined by an authorised psychiatrist at regular intervals as specified in the patient's treatment plan.

Table 18: Number of authorised doctors (including authorised psychiatrists) as at 30 June 2013

Authorised Mental Health Service*	Authorised psychiatrist	Other	Total
Bayside	15	29	44
Belmont Private	33	4	37
Cairns	20	17	37
Central Queensland	10	18	28
Fraser Coast	5	5	10
Gold Coast	38	49	87
Greenslopes Private	6	0	6
Logan Beaudesert	25	21	46
Mackay	5	8	13
Mater	14	19	33
New Farm Clinic	43	12	55
Princess Alexandra	36	36	72
Redcliffe Caboolture	16	34	50
Royal Brisbane	35	57	92
Royal Children's	7	9	16
Sunshine Coast	17	21	38
The Park	30	13	43
The Park – High Security	30	13	43
The Prince Charles	22	24	46
Toowong Private	42	2	44
Toowoomba	33	31	64
Townsville	22	15	37
West Moreton	14	13	27
Wide Bay	3	7	10
Total	521	457	978

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

* See appendix 4 for full AMHS title

Authorised mental health practitioners

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

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

The Director of Mental Health has established a policy for appointment of AMHP. This policy outlines, among other things, the minimum requirements for appointment as an AMHP, including:

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

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.

Table 19 sets out the number of AMHP at each AMHS as at 30 June 2013.

Table 19: Number of authorised mental health as at 30 June 2013

Authorised Mental Health Service*	Total Authorised Mental Health Practitioners
Bayside	53
Belmont Private	28
Cairns	90
Central Queensland	45
Fraser Coast	25
Gold Coast	98
Greenslopes Private	7
Logan Beaudesert	80
Mackay	27
Mater	24
New Farm Clinic	22
Princess Alexandra	82
Redcliffe Caboolture	75
Royal Brisbane	117
Royal Children's	30
Sunshine Coast	106
The Park	18
The Park – High Security	0
The Prince Charles	86
Toowong Private	14
Toowoomba	64
Townsville	83
West Moreton	61
Wide Bay	39
Total	1274

* See appendix 4 for full AMHS title

Appendix 2

Administrators of authorised mental health services

as at 30 June 2013

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

* See appendix 4 for full AMHS title

Schedule of authorised mental health services

as at 30 June 2013

Authorised mental health service	Component facilities	Address
Cairns and Hinterland Hospital and Health Service, Cape York Hospital and Health Service and Torres Strait-Northern Peninsula Hospital and Health Service		
Cairns Network Authorised Mental Health Service	Cairns Base Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	The Esplanade Cairns QLD 4870
	Smithfield Mental Health Service (North Team)	Smithfield Community Health Centre 16 Danbullan Street Smithfield Cairns QLD 4870
	Acute Care Mental Health Service	165 Sheridan Street Cairns QLD 4870
	Child and Youth Mental Health Service	130 McLeod Street Cairns QLD 4870
	Evolve Team	1A Water Street Cairns QLD 4870
	Forensic Mental Health Team	1A Water Street Cairns QLD 4870
	Far North Queensland Intensive Rehabilitation and Recovery Support Team – FIRRST	165 Sheridan Street North Cairns QLD 4878
	Homeless Health Outreach Team	125 Sheridan Street Cairns QLD 4870
	Edmonton Mental Health Service (South Team)	Edmonton Mental Health Service (South Team) 10–12 Robert Road Edmonton QLD 4869
	Innisfail Mental Health Service – Innisfail	Innisfail Hospital Innisfail QLD 4860
	Innisfail District Community Mental Health Service – Tully	Tully Community Health Centre Tully QLD 4854
Tablelands District Mental Health Service – Atherton	Atherton Health Centre Louise Street Atherton QLD 4883	

Authorised mental health service	Component facilities	Address
Cairns and Hinterland Hospital and Health Service, Cape York Hospital and Health Service and Torres Strait-Northern Peninsula Hospital and Health Service		
Cairns Network Authorised Mental Health Service	Tablelands District Mental Health Service – Mareeba	Lloyd Street Mareeba QLD 4880
	Cape York Health Service District Mental Health Service	Corner of Northern and Central Avenue Weipa QLD 4874
	Cooktown Multi Purpose Health Service	Cooktown Multi Purpose Health Service Hope Street Cooktown QLD 4871
	Torres Strait / Northern Peninsula Area Community Mental Health Service	Thursday Island Community Health Centre Thursday Island QLD 4875
	Torres Strait / Northern Peninsula Area Community Mental Health Service	Bamaga Health Centre Bamaga QLD 4876

Authorised mental health service	Component facilities	Address
Central Queensland Hospital and Health Service and Central West Hospital and Health Service		
Central Queensland Network Authorised Mental Health Service	Rockhampton Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Canning Street Rockhampton QLD 4700
	Community Mental Health Service	Quarry Street Rockhampton QLD 4700
	Child and Youth Mental Health Service	Quarry Street Rockhampton QLD 4700
	Psychogeriatric beds within Eventide Home	North and Campbell Street Rockhampton QLD 4700
	Capricorn Coast Community Mental Health Service	8 Hoskyn Drive Yeppoon QLD 4703
	Gladstone Community Adult Mental Health Service	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Gladstone Child and Youth Mental Health Service	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Gladstone Hospital Emergency Department	Gladstone Hospital Flinders Street Gladstone QLD 4680
	Biloela Community Mental Health Service	Outpatients Department Biloela Hospital 2 Hospital Road Biloela QLD 4715
Central Highlands Mental Health Service – Emerald	Community Health Service on the hospital campus Hospital Road Emerald QLD 4720	

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

Authorised mental health service	Component facilities	Address
West Moreton Hospital and Health Service		
The Park – Centre for Mental Health Authorised Mental Health Service	The Park – Centre for Mental Health in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	The Park – Centre for Mental Health Treatment, Education & Research corner Ellerton Drive and Wolston Park Road Wacol QLD 4076
The Park – High Security Program Authorised Mental Health Service	The Park – High Security Program	The Park – Centre for Mental Health Treatment, Education & Research Corner Ellerton Drive and Wolston Park Road Wacol QLD 4076
West Moreton Network Authorised Mental Health Service	Ipswich Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Chelmsford Street Ipswich QLD 4305
	Evolve Therapeutic Service – Ipswich	Ipswich Health Plaza 12 Bell Street Ipswich QLD 4305
	Goodna Community Health Centre	81 Queen Street Goodna QLD 4300
	West Moreton Child and Youth Mental Health Service	Ipswich Health Plaza 12 Bell Street Ipswich QLD 4305
	West Moreton Integrated Mental Health Service	Bell Street Ipswich QLD 4305

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

Authorised mental health service	Component facilities	Address
Gold Coast Hospital and Health Service		
Gold Coast Authorised Mental Health Service	Gold Coast Hospital, Southport Campus in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Nerang Street Southport QLD 4215
	Southport Child and Youth Mental Health Service	60 High Street Southport QLD 4215
	Child and Youth Mental Health Service – Evolve Therapeutic Services	Level 1, 67 Davenport Street Southport QLD 4215
	Gold Coast Hospital, Robina Campus in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	2 Bayberry Lane Robina QLD 4226
	Robina Health Precinct: <ul style="list-style-type: none"> • Child and Youth Mental Health Service Southern Gold Coast • Child and Youth Mental Health Service – Access Team • Gold Coast Early Psychosis Service • Older Persons Community Mental Health 	Level 3, 2 Campus Drive Robina QLD 4226
	Palm Beach Community Clinic	9 Fifth Avenue Palm Beach QLD 4221
	Ashmore Community Mental Health Service	Suite 10, Ashmore Commercial Centre 207 Currumburra Road Ashmore QLD 4214
Mackay Hospital and Health Service		
Mackay Authorised Mental Health Service	Mackay Base Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus).	Bridge Road Mackay QLD 4740
	Mackay Integrated Adult Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	Mackay Child and Youth Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	Whitsunday Community Health Centre	12 Altmann Avenue Cannonvale QLD 4802
	Moranbah District Mental Health Service	Moranbah Community Health Centre 142 Mills Avenue Moranbah QLD 4744
	Bowen Community Mental Health Service	Gregory Street Bowen QLD 4805
	Whitsunday Mental Health Service	26–32 Taylor Street Proserpine QLD 4800

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

Authorised mental health service	Component facilities	Address
Metro South Hospital and Health Service		
Bayside Authorised Mental Health Service	Redland Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Weippin Street Cleveland QLD 4163
	Daintree Psychogeriatric Inpatient Unit Redlands Residential Care	3 Weippin Street Cleveland QLD 4163
	Bayside Community Mental Health Service: <ul style="list-style-type: none"> • Redland Continuing Care Team • Bayside Child and Youth Mental Health • Acute Care Team Service • Older Persons Mental Health Service • Resource Recovery and Partnerships Team • Wynnum Continuing Care 	2 Weippin Street Cleveland QLD 4163
	Casuarina Lodge Wynnum Adult Mental Health Service	48 New Lindum Road Wynnum West QLD 4178
Logan Beaudesert Authorised Mental Health Service	Logan Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Corner Armstrong and Loganlea Roads Meadowbrook QLD 4131
	Beenleigh Adult Mental Health Service	10–18 Mount Warren Boulevard Mt Warren Park QLD 4207
	Beenleigh Child and Youth Mental Health Service	10–18 Mount Warren Boulevard Mt Warren Park QLD 4207
	Logan Central Adult Mental Health Service	Corner Wembley and Ewing Roads Logan Central QLD 4114
	Child and Youth Mental Health Service	91 Wembley Road Logan Central QLD 4114
	Child and Youth Mental Health Service	39a Wembley Road Logan Central QLD 4114
	Child and Youth Mental Health Service	39b Wembley Road Logan Central QLD 4114
	Acute Care Team	91 Wembley Road Logan QLD 4114
	Evolve Therapeutic Support Service	Unit 12/3–19 University Drive Meadowbrook QLD 4131
	Mental Health Community Centre	51 Wembley Road Logan Central QLD 4114
	Older Persons Mental Health	2 Mooney Street Logan QLD 4114
	Alternatives to Hospitalisation Program	91 Wembley Road Logan QLD 4114
	Beaudesert Hospital – Community Mental Health Service	Beaudesert Hospital Tina Street Beaudesert QLD 4285
	Mobile Intensive Treatment Team	91 Wembley Road Logan QLD 4114
Browns Plains Adult Community Mental Health Service	Cnr Middle Road and Wineglass Drive Hillcrest QLD 4118	

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

Sunshine Coast Hospital and Health Service		
Sunshine Coast Network Authorised Mental Health Service	Nambour Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Hospital Road Nambour QLD 4560
	Glenbrook Residential Aged Care Unit	4 Jack Street Nambour QLD 4560
	Gympie Mental Health Service	20 Alfred Street Gympie QLD 4570
	Community Mental Health Service	Ground Floor, Centenary Square Nambour QLD 4560
	Community Mental Health Service	100 Sixth Avenue Maroochydore QLD 4558
	Child and Youth Mental Health Service	15 Beach Road Maroochydore QLD 4558
	Mobile Outreach Team	2 Lady Musgrave Drive Mountain Creek QLD 4557
	Evolve Therapeutic Support Team	108 Brisbane Road Mooloolaba QLD 4557

Authorised mental health service	Component facilities	Address
Wide Bay Hospital and Health Service		
Fraser Coast Authorised Mental Health Service	Hervey Bay Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Corner Nissan and Urraween Roads Hervey Bay QLD 4655
	Maryborough Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	185 Walker Street Maryborough QLD 4650
	Fraser Coast Integrated Mental Health Service, Village Community Mental Health Service	34 Torquay Road Pialba QLD 4655
	Fraser Coast Integrated Mental Health Service, Bauer Wiles Community Health Centre	167 Neptune Street Maryborough QLD 4650
Wide Bay Authorised Mental Health Service	Bundaberg Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Bourbong Street Bundaberg QLD 4670
	Bundaberg Adult Community Mental Health Service	Bourbong Street Bundaberg QLD 4670
	Bundaberg Child and Youth Mental Health Service including Evolve Therapeutic Services	Bourbong Street Bundaberg QLD 4670
	Wide Bay Rural Mental Health Team based at :	
	Gayndah Hospital	69 Warton Street Gayndah QLD 4625
	Monto Hospital	Flinders Street Monto QLD 4630
	Childers Hospital	44 Broadhurst Street Childers QLD 4660
	Gin Gin Hospital	5 King Street Gin Gin QLD 4671

Authorised mental health service	Component facilities	Address
Townsville Hospital and Health Service and North West Hospital and Health Service		
Townsville Network Authorised Mental Health Service	Townsville Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	100 Angus Smith Drive, Douglas Townsville QLD 4814
	Ayr Community Mental Health Service	Ayr Hospital 2 Chippendale Street Ayr QLD 4807
	Kirwan Rehabilitation Unit and Acquired Brain Injury Unit	Thuringowa Drive Kirwan QLD 4817
	Palm Island Community Mental Health Service	Joyce Palmer Hospital Palm Island QLD 4816
	Ingham Community Mental Health Service	Ingham Community Health Mcllwraith Street Ingham QLD 4850
	Charters Towers Community Mental Health Service	Gill Street Charters Towers QLD 4820
	Charters Towers Rehabilitation and Transitional Unit	Gladstone Road Charters Towers QLD 4820
	Pandanas Special Care Unit	Eventide Nursing Home Charters Towers QLD 4820
	Townsville Community Mental Health Service	138 Thuringowa Drive Kirwan QLD 4817
	Townsville Homeless Health Outreach Team	142–201 Walker Street Townsville QLD 4810
	Parklands Residential Aged Care Facility – Pandora Unit	138 Thuringowa Drive Kirwan QLD 4817
	Townsville Community Mental Health Service	33 Gregory Street North Ward QLD 4810
Mount Isa Integrated Mental Health Service	26–28 Camooweal Street Mt Isa QLD 4825	

Authorised mental health service	Component facilities	Address
Private Sector Services		
Belmont Private Hospital Authorised Mental Health Service	Belmont Private Hospital in-patient and specialist mental health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	1220 Creek Road Carina QLD 4152
Greenslopes Private Hospital Authorised Mental Health Service	Greenslopes Private Hospital in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	Newdegate Street Greenslopes QLD 4120
New Farm Clinic Authorised Mental Health Service	New Farm Clinic in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	22 Sargent Street New Farm QLD 4005
Toowong Private Hospital Authorised Mental Health Service	Toowong Private Hospital in-patient and specialist health units, and grounds as approved by the Director of Mental Health and published on: www.health.qld.gov.au/mha2000/amhs/documents/amhs_schedule.pdf	496 Milton Road Toowong QLD 4066

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
Fraser Coast	Fraser Coast Authorised Mental Health Service
Gold Coast	Gold Coast Network Authorised Mental Health Service
Greenslopes Private	Greenslopes Private Hospital Authorised Mental Health Service
Logan Beaudesert	Logan Beaudesert Authorised Mental Health Service
Mackay	Mackay Network Authorised Mental Health Service
Mater	Mater Health Services Child and Youth Authorised Mental Health Service
New Farm Clinic	New Farm Clinic Authorised Mental Health Service
Princess Alexandra	Princess Alexandra Hospital Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
RBWH	Royal Brisbane and Women's Hospital Authorised Mental Health Service
Royal Children's	Royal Children's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast 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
Toowoomba	Toowoomba and Darling Downs Network Authorised Mental Health Service
Townsville	Townsville Network Authorised Mental Health Service
West Moreton	West Moreton Network Authorised Mental Health Service
Wide Bay	Wide Bay Authorised Mental Health Service

Appendix 5

High security units

as at 30 June 2013

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 of Mental Health Services

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 2013

Archerview Clinic, Hillcrest
Rockhampton Private Hospital
Authorised Mental Health Service

Address

4 Talford Street
Rockhampton, QLD 4700

Administrator

Chief Executive Officer
Archerview Clinic
Hillcrest Rockhampton Private Hospital

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

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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
ITO	involuntary treatment order
JEO	justices examination order
JP	Justice of the Peace
LCT	limited community treatment
SNFP	special notification forensic patient
The Act	<i>Mental Health Act 2000</i>
The Tribunal	Mental Health Review Tribunal

Your feedback is welcome

We welcome your feedback on this annual report.

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

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

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

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?

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

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.



Queensland
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www.health.qld.gov.au/mentalhealth