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ANNUAL REPORT 2023–2024

Office of the Chief Psychiatrist

Queensland Government

Annual report of the Chief Psychiatrist 2023–2024

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Letter of compliance

2 September 2024

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2023–2024 of the Chief Psychiatrist.

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

Yours sincerely

Dr John Reilly

Chief Psychiatrist

Contents

Message from the Chief Psychiatrist

Welcome to the Chief Psychiatrist Annual Report for 2023–2024. This year Queensland Health mental health alcohol and other drug (MHAOD) services, in collaboration with our stakeholders, have continued to implement initiatives under *Better Care Together: A plan for Queensland's State-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*).

I offer my sincere thanks to all staff working across Queensland's various MHAOD services and linked branches within the Department, in particular the Office of the Chief Psychiatrist (the Office) within the MHAOD Branch in Clinical Excellence Queensland, for their hard work in and dedication to delivering these initiatives. Our collective efforts have continued quality improvements in MHAOD care linked with Priority 4 of *Better Care Together,* which commits to *strengthening quality to reduce harm and improve outcomes.*

The development of the *Queensland Safety and Quality Improvement Framework: Mental Health Alcohol and Other Drugs* (the Framework) has outlined a vision and structure to support safety and quality improvement within a learning healthcare system. I am grateful to the many consumers, carers, staff and other key stakeholders who came together to co-design the Framework and look forward to participating in its use in practice in improving MHAOD services.

This year, staff within the Office also continued to support patient's rights, with an ongoing focus on better integrating legislative processes within comprehensive clinical care. One example is the complex care pathways supported by the Statutory Clinical Support and Integration team within the Office. The various pathways ensure systemic responses for individuals who require coordinated support services across mental health, disability and other sectors and assist coordinated responses to support rehabilitation and recovery.

In addition, over 2023–2024, the Mental Health Act Administration Team have continued to support Mental Health Court processes. The Mental Health Court is experiencing a significant backlog of matters which is being addressed by an increase in sitting days, which will continue into 2025. This will lead to more timely outcomes for consumers and victims.

On 30 June 2024, the *Policy and Practice Guideline for Hospital and Health Service Chief Executives – Securing adult acute mental health inpatient units* was rescinded. The transition from mandatory to discretionary locking of these units has been a considered process and I thank all MHAOD services for their active and ongoing participation in this change.

Multimorbidity, the presence of two or more chronic conditions in one individual, contributes significantly to the burden of disease experienced by people with substance use disorders and other mental disorders and to their complex healthcare needs and social disadvantage. The MHAOD *Multimorbidity Quality Improvement Strategy* builds on existing improvement efforts. Implemented in collaboration with staff, consumers, carers and researchers, it will support statewide implementation of specific initiatives addressing multimorbidity, focused on Queensland Health MHAOD services.

Delivering digital capability and digitally enabled treatment, care and support is also a priority area in *Better Care Together.* This work to digitally transform MHAOD care involves collaboration across the MHAOD care delivery system including with people with lived experience and staff working within Hospital and Health Services. It has been supported by various governance processes which include the MHAOD digital speciality group, a multidisciplinary statewide committee considering opportunities and potential implications of digital changes within the MHAOD care delivery system. I look forward to the Office

continuing to support statewide clinical and digital expertise, direction and advice in shaping the exciting development of digital health capability and clinical informatics in Queensland's state funded MHAOD services. The linkages between digital and improvement capability are vital for our ongoing development of a learning healthcare system, enabling improved targeting of our care interventions. These include the efforts of staff providing services to engage and partner with consumers, thus supporting our ongoing focus on the use of less restrictive ways to provide effective MHAOD care.

Finally, my thanks go to Dr Cassandra Griffin, Associate Professor John Allan, Dr Chris Lilley, Associate Professor Balaji Motamarri and Dr Sandeep Chand for their support in assuming the functions of the Chief Psychiatrist as delegates this year. I look forward to the continuing support of staff from the Office, the MHAOD Branch and linked Branches within the Department, and from MHAOD services in 2024–2025.

Dr John Reilly

Administration of the *Mental Health Act 2016*

The *Mental Health Act 2016* (the Act) provides a legislative framework for the treatment and care of a person with a mental illness, including in situations in which a person may be treated without their consent. In recognition of this, the Act contains extensive safeguards to ensure the safe, effective and recovery-oriented treatment and care of the person with a mental illness, including provisions to ensure the protection of the person's rights. A range of systems and processes support the effective administration of the Act and the Chief Psychiatrist has broad functions and decision-making responsibilities for individual matters. Activities relating to some of the Chief Psychiatrist's key functions are outlined below.

Safeguarding patient rights

The Act contains a range of safeguards to deliver treatment and care, including mechanisms to ensure the protections for those being treated involuntarily.

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

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

Authorised mental health services must ensure that consumers have their rights under the Act explained to them and that they have access to information pertaining to their rights.

Independent Patient Rights Advisers

All public sector authorised mental health services have access to Independent Patient Rights Advisers (IPRAs). The IPRAs ensure consumers, families, carers and other support persons are advised of their rights and responsibilities under the Act.

As at 30 June 2024

There were 29 people employed to deliver IPRA services.

In addition to the provision of patient rights information and education, common themes the IPRAs responded to included assisting consumers to:

- engage effectively with their treating team and understand their treatment
- understand and participate in Mental Health Review Tribunal (the Tribunal) processes
- collaborate in effective transfer of care, including at discharge from acute inpatient care.

In 2023–2024 IPRAs had:

- 20,681 contacts with consumers, with 83 per cent of this contact occurring within the inpatient setting.
- 12 per cent increase in the number of consumers seen within the first 10 days of their inpatient admission.
- 36 per cent increase in the number of contacts with consumers during which involuntary treatment, including capacity to consent and the treatment criteria, was discussed.

Supporting victim rights

The Act's principles include those intended to support victims of unlawful acts where the person charged with the offence/s is assessed as having a mental illness or intellectual disability.

The Act enables victims of unlawful acts, and other persons affected by the unlawful act, to receive specific information about a person subject to an order under the Act as a result of the matter being referred to the Mental Health Court. Information is provided to registered victims by

the Office via the Queensland Health Victim Support Service, a free statewide service providing specialised counselling, support and information to victims.

More information about the Queensland Health Victim Support Service is available at

http://www.health.qld.gov.au/qhvss

Information notices

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

Under the notice, information about reviews, transfer applications, Tribunal decisions, appeals and other information about the relevant patient may be supplied to an approved applicant.

As at 30 June 2024

- 106 information notices were in place.
- Zero applications were pending decision.

In 2023–2024:

- The Chief Psychiatrist received and approved five applications for an information notice.
- 20[1] information notices were revoked by the Chief Psychiatrist, due to the relevant persons order being revoked; on the request of the information notice recipient; or due to the death of the relevant person or the information notice recipient.

[1] This includes a small number of information notices managed by the Director of Forensic Disability

Classified patient information

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

As at 30 June 2024:

- Two applicants were registered to receive information about a classified patient.
- Zero applications were pending decision.

In 2023–2024:

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

Mental Health Act Liaison service

Mental Health Act Liaison Line

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

In 2023–2024:

The Office logged 446 calls.

Key themes included:

- Support linking with the MHAOD service system.
- Assistance navigating Hospital and Health Service complaints processes.
- Queries regarding psychiatrist reports.
- Advice to service providers and clinicians regarding enacting provisions of the Act.

Mental Health Court

In 2023–2024, the Mental Health Act Administration Team (MHAAT) has supported the Mental Health Court to address a significant backlog of matters before the court. This has meant a 27 per cent increase in Mental Health Court sitting days compared to the 2022–2023 financial year. Providing this additional support has necessitated a reallocation of resources within MHAAT to enable an increased focus on matters before the Mental Health Court.

The MHAAT has continued to promote a better understanding of the Act by presenting at various statewide forums, including the Forensic Liaison Officer, Community Forensic Outreach Service Forum and the Administrators Forum. The MHAAT also facilitated a statewide interactive webinar on Chapter 4 psychiatrist reports presented by forensic psychiatrist Dr Jane Phillips and barrister Mr Simon Hamlyn-Harris of Higgins Chambers, who is a senior member of the panel of barristers who represent the Chief Psychiatrist in the Mental Health Court.

Complex care pathways

The Statutory Clinical Support and Integration team is responsible for coordinating complex care meetings led by the Office. There are four referral pathways to complex care meetings available to support authorised mental health services in their management of consumers with complex care needs. These comprise a Complex Care Panel to ensure systemic responses across Government for individuals who are, or are likely to be, referred to the Mental Health Court, secondary consultation and forensic disability care consultation for complex care matters related to Act processes and care pathways for consumers, and Ad-hoc Classified Patient Committee meetings to support care pathways for consumers in custody requiring inpatient mental health assessment or treatment. The meetings provide an opportunity for MHAOD service, and where relevant interagency, discussions to facilitate coordinated responses to support treatment, care, rehabilitation and recovery.

2023–2024:

- 29 complex care pathway meetings were held for 45 consumers.

This included:

- 16 Office of the Chief Psychiatrist Secondary Consultations
- Five Complex Care Panels
- Six Ad-hoc Classified Patient Committee meetings
- Two Forensic Disability Care Consultations.

Investigations and inquests

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

The primary purpose of an investigation is to identify opportunities for learning and continuous improvement across the MHAOD system. As such, recommendations may be made at a local or statewide level. All investigations commissioned under the Act aim to improve the quality of care received by, and experienced by, consumers, carers and other support persons.

Other mechanisms that promote higher quality, safe treatment and care for people accessing MHAOD services include local clinical reviews including root cause analyses, investigations commissioned under the *Hospital and Health Boards Act 2011*, investigations conducted by the Health Ombudsman and inquests conducted by the Coroner's Court of Queensland. A Chief Psychiatrist investigation will consider other review processes that may be occurring and, where appropriate, the Office will liaise with the relevant entity to understand the findings, recommendations and required remedial actions.

An internal Investigations Steering Committee (ISC) within the Office monitors the programs of work that arise from these various review mechanisms and ensures a consistent approach to the management of associated activities.

During 2023–2024:

- The Chief Psychiatrist commissioned no new investigations under the *Mental Health Act 2016* and supported one review under the *Hospital and Health Boards Act 2011.* This review was commissioned to investigate concerns raised by the Chief Psychiatrist regarding the management, administration and delivery of health services to a number of Forensic Order (Disability) consumers and made several recommendations for improvement.

- The ISC monitored progress towards the implementation of recommendations from five open investigations and the review of the use of seclusion, mechanical restraint and physical restraint in authorised mental health services.
- The ISC finalised two investigations following the completion of all resulting recommendations.
- The Chief Psychiatrist provided a submission into two coronial inquests and is awaiting the findings from an additional two inquests that are currently adjourned for findings. The inquests considered the mental health treatment provided by various authorised mental health services in Queensland and the actions taken in response.

Common themes for improvement identified by open investigations include:

- Strengthening the interface between Queensland public sector mental health services, emergency departments, emergency services and private sector providers.
- Strengthening workforce capability in the assessment, treatment and care of individuals who present with neurodiversity, co-occurring substance use and/or other mental disorders.
- Strengthening the collection and consideration of collateral information to inform assessments, risk assessments and care planning in MHAOD services.
- Enhancing the consistency of complaints management processes across the MHAOD service system.
- Digital enhancements to support accessibility of MHAOD service information to service providers and to consumers.
- Optimising delivery of safe and appropriate care for people subject to a Forensic Order (Disability).

Review of the use of seclusion and restraint in authorised mental health services

In 2022, the Office, in collaboration with authorised mental health services, participated in a review of the use of seclusion, mechanical restraint and physical restraint under the Act. The review aimed to identify key themes, lessons, and actions to support improvement in clinical practice to reduce and, where possible, eliminate the use of seclusion and restraint.

This independent review was commissioned under the Act and led by Dr Nathan Gibson, Chief Psychiatrist of Western Australia. As a result of the review, the *Mental Health Act 2016 Report: Review into the use of Seclusion, Mechanical Restraint and Physical Restraint under the Queensland Mental Health Act* was published in November 2023. Recommendations arising from the review apply across the MHAOD service system.

In February 2024, the Queensland Health response was published, outlining the key enhancements and initiatives that will be implemented as a result of the report. To accomplish the system transformation envisioned by the report, coordinated actions will be required, led by the Office with wider Department of Health input and with active participation and support from Hospital and Health Service (HHS) MHAOD services.

The ISC will lead the monitoring of the implementation of these recommendations and evaluate their effectiveness, working in partnership with service leaders, people with lived experience and First Nations peoples. This is be supported via the review governance structure with the MHAOD Clinical Network enabling and supporting statewide oversight and implementation. The MHAOD Clinical Network is a formally established committee comprised of clinicians, service leaders and other stakeholders, including people with lived experience and First Nations people that was established to address systemic issues and provide statewide governance for safety and quality in public MHAOD services.

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is a collaborative endeavour between the Office, authorised mental health services, statutory bodies and other stakeholders who perform and exercise functions under the Act. It is an important activity that upholds and strengthens the delivery of high quality and safe MHAOD treatment and care.

While authorised mental health services are encouraged to self-audit and monitor trends at a local level, the Office reviews statewide trends in non-compliance to support staff to fulfil their obligations under the Act. This promotes good practice and enhances collaboration with services to identify and address clinical governance and system issues for continuous improvement.

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

restorative just culture within a learning healthcare system complements existing regulatory approaches.

The compliance plan was developed to support implementation of the LCMF and contains a range of proactive and reactive initiatives that aim to strengthen and improve systemic factors which facilitate compliance and ensure accountability, fairness, and transparency in addressing instances of non-compliance. Monitoring notifications of non-compliance to identify common themes and trends is one mechanism embedded within the plan to inform statewide approaches to support compliance with the Act. In line with the LCMF, this process also includes the assessment of possible contravention of human rights, in accordance with the *Human Rights Act 2019*.

The plan further incorporates collaboration, education and support as part of a proactive strategy to mitigate compliance risks. With a strong focus on promoting good practice and sharing lessons learnt, the Office may undertake collaborative quality improvement initiatives in response to identified trends. In addition, the Office undertakes regular data quality and audit activities in collaboration with authorised mental health services, to identify new and emergent issues or risks. The plan is currently under review to ensure that it remains fit for purpose.

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

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

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

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

- ill-treatment of patients
- contravention of the confidentiality obligations
- assisting a patient to unlawfully absent themselves

- giving false or misleading information to an official
- obstructing an official.

Notifications are expected to occur as soon as practicable and must identify local remedial actions that have been, or will be, taken to minimise the potential for recurrence. The Office responds to these individual notifications as required and supports services to ensure targeted and comprehensive strategies and action plans are developed.

During 2023–2024:

There were 135 notifications to the Chief Psychiatrist:

- 16 notifications (12 per cent) involved a First Nations consumer.
- 73 notifications (54 per cent) involved the use of restrictive practices. Of these, the majority (97 per cent) involved seclusion. Most instances relating to seclusion occurring outside an initial authorisation period[2]. The remainder involved the use of mechanical restraint without prior approval of the Chief Psychiatrist.
- 58 notifications (43 per cent) involved the detention of a person other than in accordance with the Act. This includes examinations and assessments conducted outside of legislated timeframes, recommendations or authorities that were deemed invalid and delays seeking approval for the release or return of classified patients.
- One notification involved the provision of a regulated treatment other than in accordance with the Act. This instance concerned a retrospective application to the Tribunal following administration of electroconvulsive therapy in an emergency.
- Two notifications related to suspected ill-treatment of a patient in an authorised mental health service. Both matters were referred to another agency for further investigation.
- One notification related to a breach of the confidentiality provisions.
- At the Hospital and Health Service level, the most common remedial actions undertaken were education and awareness raising activities. From a statewide perspective, these issues are being considered within internal improvement initiatives such as the Chief Psychiatrist policy review.

[2] Generally, these occurred where it was determined that the seclusion needed to continue and there was a delay in seeking or completing a subsequent approval.

The Office also monitors internal compliance with the Act and records all non-compliance incidents related to internal policies and procedures. These primarily relate to administrative processes that support the Chief Psychiatrist's statutory functions under the Act, including:

- psychiatrist reports for serious offences
- information notices
- notifications to the public guardian regarding the treatment of minors.

During 2023–2024:

There were 303 occasions of internal non-compliance reported under the Department of Health Legislative Compliance Management Framework:

- 274 occasions (90 per cent) related to the provision of psychiatrist reports for serious offences. Generally, this occurred due to notices, decisions or reports being provided outside legislative timeframes. Of these 18 (6.5 per cent) were considered significantly overdue [3].
- 29 occasions related to the provision of information notices. These instances related to notices or decisions being provided outside of legislative timeframes.

Delays in the completion of psychiatrist reports can have a significant impact on patients due to delays in timely progress of justice and mental health matters. In January 2024, the Office updated the process for following up outstanding psychiatrist reports. In addition to the monthly memos to administrators on the status of overdue reports, the Chief Psychiatrist (or delegate) now makes direct contact via phone with the relevant administrator when the report is 150 days overdue and reasonable reasons for delay have not been discussed with the Chief Psychiatrist. Follow-up identifies the reasons for delay and an agreed timeframe for completion.

The Office will continue to prioritise the timely completion of psychiatrist reports and consider approaches to support improved outcomes.

[3] Psychiatrist reports are defined as significantly overdue where they are more than 150 days overdue.

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

During 2023–2024:

The Tribunal reported 1647 instances of non-compliance:

- 1635 occasions were related to matters not heard within statutory timeframes. This represents 10.1 per cent of all periodic matters and applications held during the financial year[4]. Most delays were 14 days or less with the majority occurring because matters were due over planned hearing breaks or public holidays.
- The Tribunal continues to review its scheduling practices and enhancements to monitoring have been implemented. The Tribunal also meets regularly with stakeholders to manage hearing lists accordingly.
- Seven occasions related to the provision of statement of reasons outside of legislated timeframes, of these six were sent one day outside of required timeframes.
- One occasion related to the constitution of panels. This hearing involved a minor and the matter involved an application which was required to be scheduled as soon as possible. It proceeded with a medical member who did not specialise in child and adolescent psychiatry but was an experienced psychiatrist.
- Three occasions related to the disclosure of confidential information not in accordance with the Act. One involved the authorised mental health service providing incorrect information to the Tribunal and two involved administrative errors. All were immediately rectified, education provided to staff, and measures put in place to ensure confidentiality in similar situations.

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

Feedback Management Framework

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

The Feedback Management Framework has been established by the Office to ensure transparent and consistent recording, management and governance of feedback pertaining to the operation and application of the Act. In accordance with the *Human Rights Act 2019*, this process will include the assessment of possible contravention of human rights.

Good practice in feedback management, informed by the Feedback Management Framework, will contribute to continuous improvement activities that serve to improve the consumer experience. It will also emphasise systems thinking and shared learning that protects the rights of consumers and victims, enables staff to feel supported and empowered to learn in a workplace that is mindful of harm and healing and fosters trust and accountability.

Legislative Reform

The Office leads a range of MHAOD legislative and regulatory reform initiatives, including the continuous review and enhancement of the Act. This work aims to ensure relevant legislative statutes continue to effectively support people who are, or may become, subject to the Act in Queensland.

During 2023–2024, the following legislative amendments were progressed:

Electronic recording of Mental Health Review Tribunal hearings and verbal waiver of consent to legal representation

On 15 November 2023 the *Health and Other Legislation Amendment Act 2023,* which included amendments to provisions of the Act, and amendments to the *Recording of Evidence Act 1962*, commenced.

These amendments allow the Tribunal to implement electronic audio recording of hearings and allow the Tribunal to accept a verbal waiver from adult consumers with capacity waiving their right to representation at a Tribunal proceeding, where the Tribunal is satisfied that doing so would not cause injustice to the person.

These amendments promote fairness, accountability, and accessibility in hearings about the treatment of vulnerable people in our community.

The contributions of the Tribunal during development of these legislative amendments and during implementation of new provisions have supported a successful transition to hearings operating under the legislative changes.

Further information about electronic audio recording of Tribunal hearings is available on the Mental Health Review Tribunal website at www.mhrt.qld.gov.au.

Admissibility, release and use of expert reports and Mental Health Court transcripts

On 7 March 2024 amendments to the Act were passed to clarify how expert reports and Mental Health Court transcripts can be used.

Expert reports are used by the Mental Health Court to inform decisions in relation to an offence including whether the person was of unsound mind when they committed the offence and whether they are fit for trial. Further, the information informs the Mental Health Court’s decisions

regarding the making of an order for involuntary treatment and/or care if the person is found to have been of unsound mind and/or unfit for trial.

The amendments to the Act extend existing provisions to allow expert reports to be used in criminal proceedings other than those for which the expert report was initially sought. Allowing these reports to be used in a broader range of circumstances will assist with people receiving legal aid and the timely hearing of matters, as the same report can be used for another matter.

The amendments also allow for the release of transcripts of Mental Health Court hearings providing context of how the court has considered information contained within an expert report. The ability to submit a transcript along with an expert report for consideration of matters by the criminal courts will ensure the courts have relevant information available to them in determining outcomes for people with an enduring mental illness or disability.

Additionally, amendments allow for the release of expert reports prior to a Mental Health Court hearing with leave (permission) of the Court. Timely access to information contained in expert reports supports the planning and delivery of assessment, treatment and care for people who may require mental health or disability services prior to their Mental Health Court hearing.

The contributions of stakeholders during development of this proposal have been critical in shaping provisions that remain rights focused and facilitate operational efficiencies. Input was gathered via in-person workshops and through written submissions. This Office has continued to work with stakeholders to support implementation of the new provisions which commenced on 1 July 2024.

Introduction of gender safeguards for searches under the Mental Health Act

In 2023–2024, a proposal for the introduction of new gender safeguards for certain searches under the Act was progressed through the parliamentary process. The proposed legislative amendments were passed by Queensland Parliament on 21 May 2024 and came into effect on 24 June 2024. This timeframe was aligned with the commencement of the *Births, Deaths and Marriages Registration Act 2023* (Qld) which also commenced on this date.

The Act now provides a framework that requires a person's preference about the gender of a searcher to be recognised and taken into account.

Under the new provisions, searches performed under the Act that require the searcher to touch the clothing worn by a person, and searches requiring the removal of clothing, can only be undertaken if, to the extent reasonably practicable:

- the person has been given the opportunity to express, and has expressed, their preference about the gender of someone carrying out the search, and

- the gender of the searcher is the gender preferred by, or otherwise, the same gender as the person.

This person-based approach is focused on considering the person's gender-related and clinical mental health needs as far as possible while facilitating additional flexibility and clinical judgment that is required in the mental health context.

The Office has been working with stakeholders, including authorised mental health services, to support implementation of the legislative amendments to ensure their effective operation following commencement.

Relevant Chief Psychiatrist policies and supporting resources have been updated and are available on the Queensland Health website www.health.qld.gov.au/mental-health-act.

Safety and quality initiatives

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

Interagency collaborations

Forensic Disability Service

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

In 2023–2024 there were five transfers between the forensic disability service and an authorised mental health service.

Queensland Corrective Services

In 2023–2024 the Office continued to work collaboratively with Queensland Corrective Services to implement a revised Information Sharing Agreement for confidential information disclosure. The Information Sharing Agreement is an update to the existing Memorandum of Understanding (MoU) which was reviewed in response to coronial inquiry recommendations made since the MoU was prescribed in 2018. These recommendations identified the need for better understanding of the requirements for appropriate disclosure of confidential information in relation to people receiving treatment and care from MHAOD services. The statutory Information Sharing Agreement was prescribed in the *Hospital and Health Boards Act 2011* and commenced on 20 October 2023.

The Information Sharing Agreement facilitates the sharing of relevant information between Queensland Health and Queensland Corrective Services, in the absence of a person's consent, where it is necessary to allow Queensland Corrective Services to manage a prisoner safely and effectively and to facilitate Queensland Health delivering patient focused health services for people in corrective service facilities. The Information Sharing Agreement is supported by an updated operating guideline which provides contextual information and practical examples to guide staff with appropriate and timely information sharing.

Parole Board Queensland

Access to parole supports an individual's human right to liberty whilst providing supervision to minimise risk to the community. The provision of health information to the Parole Board Queensland (the Board) assists the Board to make informed decisions that support a person's access to parole and their reintegration into the community.

In most cases, information is disclosed to the Board following a process of obtaining informed consent from the person. However, in a small number of circumstances, information is disclosed under the authority of a prescribed agreement between Queensland Health and the Parole Board Queensland for Confidential Information Disclosure. This may occur when consent of the person is not able to be obtained and the information is necessary for the Board to make decisions about a person's release from custody.

The Queensland Health Parole Board Liaison Team is established within the Queensland Forensic Mental Health Service to support the provision of information about a person's engagement with MHAOD services to the Board to enable them to fulfil their statutory functions.

The aim of the Parole Board Liaison Team is to support the consistent collection and documentation of informed consent and facilitate the provision of necessary and relevant information to the Board within agreed timeframes. The team also provides training to MHAOD services regarding the operation of the Agreement for Confidential Information Disclosure, gaining informed consent and on writing reports for the Board. Training is also provided to the Board regarding MHAOD services available to individuals in prison and pathways for ongoing treatment options in the community.

An evaluation of the Queensland Health Parole Board Liaison Team service occurred in 2023–2024 and aimed to understand:

- the work of the Parole Board Liaison Team in supporting the operation of the Agreement for Confidential Information Disclosure
- key stakeholder experiences of the utility of the Parole Board Liaison Team
- key stakeholder experiences in relation to requests from the Board to other Queensland Health teams (for example oncology services) and the extent to which the Agreement for Confidential Information Disclosure is used as the authority for provision of non-mental health information to the Board.

Results of the evaluation and proposed recommendations in terms of lessons and opportunities for further development of the Parole Board Liaison Team service have been provided for consideration by the Office in consultation with the Board.

Police Advice and Intervention Plan

Since 2022 the Office has collaborated with the Queensland Police Service (QPS), Queensland Ambulance Service (QAS) and Hospital and Health Services to review the Police and Ambulance Intervention Plan. The plan, renamed the Police Advice and Intervention Plan (PAIP), now focuses on sharing information with QPS to support emergency responses to mental health events in the community and improve consumer outcomes. The review followed a 2021 evaluation of the PAIP, which identified opportunities for improvement.

A working group which included representatives from QPS and QAS was established to review the PAIP template in the Consumer Integrated Mental Health and Addiction (CIMHA) application and accompanying resource guide to better meet the needs of QPS and QAS to effectively engage and support MHAOD consumers in the community. A key change to the PAIP is the withdrawal of QAS as a participant in the development and application of PAIPs, with the statewide QAS Mental Health Liaison Service and QAS Mental Health Co-responder Units providing QAS information sharing functions. The PAIP resource guide has been updated to provide clearer guidance including the scope of the tool, the governance of PAIP development, and review and closure of a PAIP. The CIMHA template was modified to ensure ease of access to pertinent information by QPS officers at the time of a mental health event.

The revised PAIP template is scheduled for release in CIMHA in the second half of 2024.

Tri-Agency update

The Tri-Agency Mental Health Steering Committee was formed in 2019 to ensure the effective strategic oversight of MHAOD projects and initiatives undertaken in partnership between Queensland Health, QPS and QAS.

It provides leadership, recommendations, and advice to improve the ability of these three agencies to respond effectively to people experiencing MHAOD related issues as well as providing oversight of joint projects, processes, agreements, workplans, training, reviews and any other related activities.

The Tri-Agency Mental Health Steering Committee also provides a platform to discuss shared challenges at a senior level, ensuring that these challenges are promptly resolved. It includes membership from each agency, with additional advice provided by relevant observers/guests.

Some of the key projects and initiatives that have been reviewed, discussed or provided oversight for over the past year include,

- reinvigoration of the Mental Health Intervention Co-ordinators program

- preparation of the new Police Advice and Intervention Plan
- oversight of the jointly funded training needs analysis
- update of the Weapons Licensing Information Booklet
- consultation on the mental health crisis care framework
- oversight for the QAS-led mental health co-responder evaluation
- discretionary locking in adult acute mental health inpatient units
- the Mental Health Consumer Response Intersections Symposium.

Clinical Governance

Discretionary locking

As of 1 July 2024, the mandate for public adult acute mental health inpatient units to remain locked at all times was removed. This provides Hospital and Health Services with discretion to decide at a local level whether to lock their adult acute mental health inpatient units based on the needs of the consumers receiving care at that time.

Queensland Health has been working to prepare for this change over the past 12 months, allowing careful preparation and appropriate consideration of clinical, workforce and operational requirements. A statewide Discretionary Locking Forum, held in September 2023, provided opportunities for mental health service leaders and their nominated representatives to identify a range of considerations to support the local implementation of discretionary locking.

Discretionary locking was trialled successfully in two adult acute mental health inpatient units in Queensland to support the implementation of lessons learnt from mandatory locking. The Office granted Gold Coast Hospital and Health Service and Cairns and Hinterland Hospital and Health Service, in 2021 and 2023 respectively, an exemption to the Chief Psychiatrist Policy and Practice Guideline for Hospital and Health Service Chief Executives - *Securing adult acute mental health inpatient units*, to enable these discretionary locking trials. The Office also allocated resources to assist Hospital and Health Services to undertake nominated activities to prepare for this transition.

The re-introduction of discretionary locking promotes a least-restrictive, therapeutic environment in adult acute mental health inpatient units while maintaining the safety, dignity and wellbeing of consumers, staff and the community.

Least Restrictive Way

The Least Restrictive Way project, funded through Better Care Together, has developed the role of Least Restrictive Way Clinical Nurse Consultants to work collaboratively with Hospital and Health Services to reduce and work toward elimination of the use of restrictive practices.

A Least Restrictive Way forum held in March 2024 brought a range of stakeholders together, such as mental health senior leaders, lived experience representatives, their families and carers, First Nations peoples and the multidisciplinary mental health workforce, to identify strategies to reduce restrictive practices. The Least Restrictive Way Clinical Nurse Consultants have commenced within ten Hospital and Health Services in temporary part-time roles to undertake an audit of current practices and to use the findings to develop local action plans to reduce restrictive practices such as seclusion and restraint.

Quality Assurance Committee

The MHAOD Quality Assurance Committee, chaired by the Chief Psychiatrist, was established in 2017 by the Director-General to provide quality assurance oversight and improvement of service delivery. It has three subcommittees that have been progressing work as follows:

- The Learning From Incidents Questionnaire (LFIQ) Engagement and Improvement Subcommittee was set up to identify barriers to participation in the LFIQ and to increase LFIQ engagement. The learning from incidents initiative commenced in 2019 to support MHAOD services to improve the quality of clinical incident management processes, with varying Hospital and Health Service involvement. A second version of the LFIQ-2 has been developed and, after consulting on the updates, the plan is to publish and circulate the LFIQ-2 to be available for use by Hospital and Health Services.
- The Data Subcommittee aims to describe and establish a program of critical incident data collection and analysis to identify themes and lessons from reported clinical and critical incidents. At present, the Data Subcommittee is analysing data relating to homicide and attempted homicide.
- The Clinical Incident Analysis Report Subcommittee is currently determining a method for reviewing clinical incident analysis reports relating to inpatient suicide events involving MHAOD consumers.

The MHAOD Quality Assurance Committee published its second Triennial Report to the Director-General of Queensland Health in September 2023. The MHAOD Quality Assurance Committee Terms of Reference have recently been revised and, from 1 July 2024, a new Chairperson and Deputy Chairperson were appointed for a period of three years with the Chief Psychiatrist no longer chairing the committee but becoming an ex officio member.

Digital Healthcare

Consumer Integrated Mental Health and Addiction application

In 2023–2024, the following enhancements of CIMHA were undertaken:

- An update to the Involuntary Examination and Assessment (IE&A) sub-module reduced the burden of data entry by aligning the entry of information within the associated CIMHA forms. The enhancements included a sub-section to record consumers absent whilst under an involuntary assessment. As part of the change new notifications were introduced ensuring assessments are facilitating compliance with the Act. Updates to the associated IE&A report were undertaken to ensure the report aligned to the IE&A module changes.
- Implementation of the new statewide Assessment and Risk Management Committee (ARMC) template 'ARMC Minutes'. In response to a *Mental Health Act 2016 investigation report*, this template was designed to capture the consideration of historical, contextual and other current factors relevant to an ARMC review of an individual's risk. These meetings are a key mechanism to support services' assessment and management of higher risk consumers, as outlined within the Chief Psychiatrist policy *Treatment and care of patients subject to a treatment support order, forensic order or other identified higher risk patients*. To ensure the resulting template would meet the needs of all stakeholders across the State, extensive consultation was conducted. This included examining existing templates to identify areas of good practice and to seek services' views on current applicability.

Interface between Consumer Integrated Mental Health and Addiction application and the Mental Health Review Tribunal information system

The interface, which provides a one-way flow of information from CIMHA to the Tribunal's information system (Resolve), was implemented in October 2023. The Tribunal is responsible for reviewing the involuntary status of persons with a mental illness and/or intellectual disability and also provides approval for the performance of electroconvulsive therapy and non-ablative neurosurgical procedures. The sharing of consumer information, including clinical information, between Queensland Health and the Tribunal is critical to the Tribunal's functions and is authorised under the Act.

The interface has streamlined the sharing of clinical information regarding involuntary consumers including clinical reports, consumer demographic data, and where applicable, treatment authority and treatment authority revocation forms, in real time.

The interface has virtually eliminated the need for mental health staff to manually export forms or documents from CIMHA and then e-mail them to the Tribunal. The efficient and reliable sharing of information with the Tribunal supports compliance with the Act and enables the protection of the rights and dignity of persons receiving involuntary treatment and care in Queensland.

Chief Psychiatrist policy development

In July 2023 the Office commenced a three-year rolling review of the Chief Psychiatrist policies, practice guidelines and other resources that support the effective operation of the Act. The project is being delivered in partnership with those stakeholders that the Chief Psychiatrist policies are intended to support. The project will ensure that the policies are fit for purpose and effectively support delivery of high-quality mental health care into the future.

Tranche one (October 2023 to February 2024) focused on updating the *Independent Patient Rights Advisers policy* and the *Management of complaints and right to a second opinion policy*. Both policies are in effect as of 1 May 2024 and are available on the Queensland Health website (http://www.health.qld.gov.au/mental-health-act). Over 24 stakeholders were directly involved in the review process and over 100 pieces of feedback were received with 70 per cent resulting in a policy or resource amendment. Stakeholders reported positive feedback about the process and engagement approach with the following highlights.

> *"*The process was really excellent and appeared to be very well thought out, planned and organised. Not only that, but it also fulfilled the need to be respectful, inclusive and valuing the contribution of everyone*." Lived experience representative on the subject matter group.*
>
> *"*Having lived experience and First Nations representatives at the table at this level taken seriously is excellent and will improve outcomes in every way." *Lived experience representative on the project Steering Committee.*

Tranche two (February 2024 to September 2024) is focused on updating the *Classified patient policy,* the *Electroconvulsive Therapy policy,* the *Seclusion policy,* the *Physical restraint policy,* the *Mechanical restraint policy,* the *Clinical need for medication policy* and the *Overnight confinement for security purposes at high security units policy*. Approximately 90 stakeholders are currently involved in reviewing these policies. It is anticipated that the policies will be implemented by the end of 2024, following a period of broad consultation and endorsement by the Steering Committee and Chief Psychiatrist.

Responding to the needs of classified patients

Classified patients are individuals in custodial settings requiring acute mental health inpatient assessment or treatment. The Office is leading a project to support service system responses to classified patients in response to the increasing demands on MHAOD services. These demands require renewed consideration of bed availability and access, risk management processes and staffing requirements to support classified patients and other consumers with complex needs.

The project will deliver an action paper and implementation plan to respond to the needs of classified patients and support patient flow, safe workplaces and contemporary best-practice care.

A steering committee of internal Queensland Health stakeholders was established to provide governance for the project and a working group established to provide expert knowledge and opinions relevant to classified patients. Consultation was undertaken with internal stakeholders (clinicians, authorised mental health service staff); external stakeholders of Queensland Health (relevant government departments, statutory bodies, and non-government organisations who provide services and support to this population); and consumers (classified and non-classified patients), carers and/or support persons.

Consultation with the working group, review of longitudinal data, and stakeholder consultation findings informed the development of options to address the issues identified. These options are currently under broader consultation to inform the development of the action paper and implementation plan.

Access and Equity Project

The Access and Equity Project is a key deliverable under Priority 4 – *Strengthening quality to reduce harm and improve outcomes* in *Better Care Together*:

The project aims to increase access to legal and non-legal advocacy services for people subject to involuntary treatment processes under the Act appearing for review before the Tribunal, and in appeal matters before the Mental Health Court.

Consultation was undertaken by the Office between August 2023 and January 2024. This consultation aimed to identify current advocacy support needs and gaps to inform the development of a legal and non-legal advocacy support model. Stakeholders consulted included the Tribunal and Mental Health Court representatives, legal and non-legal advocacy services,

consumers, carers, and support persons of individuals with mental illness, organisations that provide services to the target population, Queensland Government departments and authorised mental health service staff.

Overwhelmingly, consultation feedback received from people with a lived experience identified the importance of ensuring the advocacy support model was consumer-led and consumer centric. Consultation also identified that resources to support engagement with the Tribunal and/or Mental Health Court processes was a key requirement of the model, to support implementation and long-term sustainability.

Responding to mental health crisis and suicidality

Zero Suicide in Healthcare

In 2023–2024, the Office continued to support implementation of the Zero Suicide in Healthcare Framework in Queensland's 16 Hospital and Health Services. A focus during this period has been supporting implementation of the *Guide to Fidelity Monitoring for the Zero Suicide in Healthcare Multisite Collaborative: Suicide Prevention Pathway* through development of a statewide suicide prevention dashboard.

The suicide prevention dashboard, now accessible via the Mental Health and Addictions Portal (MHAP), presents linked data from multiple sources, including the CIMHA application and the Emergency Data Collection. The suicide prevention dashboard supports Hospital and Health Services to monitor fidelity to the Zero Suicide in Healthcare Framework within their service and to identify opportunities for improvements in suicide prevention care and monitor the impact of any initiatives.

To ensure the suicide prevention dashboard remains contemporary, mechanisms are in place to support the continuous improvement of this resource, including improving efficiencies in data collection and quality, usability, and content.

Reporting on the *Mental Health Act 2016*

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

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

See Appendix 1 for authorised mental health service abbreviations.

Mater Misericordiae Authorised Mental Health Service

On 6 April 2023, Mater Misericordiae was established as both a public and private authorised mental health service within the Mater Hospital at South Brisbane. Catherine's House inpatient unit is an integrated perinatal mental health centre with ten mother and baby beds for mothers experiencing severe perinatal mental health disorders. Following its gazettal, the Mater Misericordiae will now appear in statistical reports within the annual report as per section 307 of the Act.

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

Each year, over 100,000 consumers access Queensland public MHAOD services. Forty per cent of those consumers are receiving ongoing treatment and care through more than 57,000 community service episodes, almost 20,000 inpatient episodes and around 2,000 residential stays.

Of the consumers receiving ongoing treatment and care on 30 June 2024, almost one third (31 per cent) were receiving involuntary treatment and care in an authorised mental health service.

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

Table 1 provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2024. Column counts indicate the involuntary order types open in Queensland as of 30 June 2024. The total patient column indicates, by authorised mental health service, the distinct patient count for these involuntary orders. A small number of patients are subject to more than one order type at a time, each apparent discrepancy has been investigated to confirm that these patients had multiple order types open as at 30 June 2024 resulting in differences between row and column counts.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2024

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified patients	Total patients
Bayside	0	191	7	17	1	215
Belmont Private	0	3	0	0	0	3
Cairns	5	570	20	69	2	662
Central Queensland	1	411	8	30	1	450
Children's Health Queensland	1	18	0	0	0	19
Darling Downs	1	383	23	57	3	463
Gold Coast	4	741	14	33	2	792
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	2	545	18	51	5	614
Mackay	0	204	7	17	0	228
Mater Misericordiae	0	0	0	0	0	0
New Farm Clinic	0	4	0	0	0	4
Princess Alexandra Hospital	0	587	36	79	2	702
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	0	313	12	31	1	356
Royal Brisbane and Women’s Hospital	0	752	20	30	6	802
Sunshine Coast	0	544	15	29	2	586
The Park	0	13	1	33	0	47
The Park High Security	0	51	2	40	25	93
The Prince Charles Hospital	2	541	19	53	1	615
Toowong Private	0	2	0	0	0	2
Townsville	0	348	22	61	1	430
West Moreton	0	459	24	69	1	551
Wide Bay	0	197	8	30	2	235
Statewide	16	6878	256	729	55	7870

Involuntary assessment

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

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

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

Table 2 provides a summary of involuntary assessments occurring in the 2023–2024 reporting period, by entry pathway and outcome type.

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

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

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2023 – 30 June 2024)

Authorised mental health service	Involuntary assessment entry pathway					Assessment Outcome		
	Recommendation alone	Recommendation preceded by examination authority	Recommendation preceded by emergency examination authority	Other (e.g. assessment of person from interstate)	Total assessments	Treatment authority made	Treatment authority not made	Pre-existing involuntary status
Bayside	378	14	3	0	395	272	119	4
Belmont Private	27	0	0	0	27	20	7	0
Cairns	669	8	102	0	779	523	254	1
Central Queensland	217	5	269	0	491	300	184	1
Children's Health Queensland	66	0	5	0	71	40	30	0
Darling Downs	788	18	35	0	841	571	260	1
Gold Coast	1332	23	31	1	1387	959	420	6
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	843	15	76	0	934	655	276	3
Mackay	342	2	123	0	467	281	181	5
Mater Misericordiae	3	0	0	0	3	2	1	0
New Farm Clinic	25	0	0	0	25	13	12	0
Princess Alexandra Hospital	777	27	83	0	887	700	183	4
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	712	5	55	0	772	469	298	5
Royal Brisbane and Women's Hospital	962	25	390	0	1377	1000	354	23
Sunshine Coast	593	10	378	0	981	780	199	0
The Park	0	0	0	0	0	0	0	0
The Park High Security	1	0	0	0	1	1	0	0
The Prince Charles Hospital	782	22	403	0	1207	819	377	8
Toowong Private	15	0	0	0	15	14	1	0
Townsville	436	13	246	0	695	418	270	5
West Moreton	451	13	64	1	529	421	95	13
Wide Bay	272	4	103	0	379	268	110	1
Statewide	9691	204	2366	2	12,263	8526	3631	80

Examination authorities

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

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

An application to the Tribunal may be made by an authorised person at an authorised mental health service or a family member, friend, or other member of the community who has concerns about the person[7].

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

Table 3 outlines the total number of examination authorities issued in 2023–2024, by outcome type. As an examination authority is not entered into the consumer's electronic health record until a decision notice is received from the tribunal, there may be a slight variation between numbers reported between entities.

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

[7] If made by a concerned person, a written statement by a doctor (e.g. general practitioner) or authorised mental health practitioner must be provided with the application.

Table 3: Examination Authorities issued and outcome (1 July 2023 – 30 June 2024)

Authorised mental health service	Examination authorities issued	Outcome			
			Recommendation not made		
		Recommendation made	Examination authority ended before examination	Examination did not result in recommendation	Pre-existing involuntary status
Bayside	36	16	5	14	1
Belmont Private	0	0	0	0	0
Cairns	24	8	5	11	0
Central Queensland	16	5	2	9	0
Children's Health Queensland	0	0	0	0	0
Darling Downs	35	18	4	13	0
Gold Coast	53	22	9	22	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	46	15	5	25	1
Mackay	4	2	1	1	0
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	57	23	8	26	0
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	15	7	3	5	0
Royal Brisbane and Women's Hospital	57	26	10	21	0
Sunshine Coast	22	10	3	9	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	27	20	2	4	1
Toowong Private	0	0	0	0	0
Townsville	27	13	2	11	1
West Moreton	35	12	4	19	0
Wide Bay	21	4	5	11	1
Statewide	475	201	68	201	5

Persons transferred from a place of custody (classified patients)

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

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

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

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

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

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

Table 4 provides a summary of classified patient referrals and admissions in the 2023–2024 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2023 – 30 June 2024)

Authorised mental health service	Total referrals	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
				Recommendation for Assessment	Transfer Recommendation		
		Ended in reporting period	Open as at 30 June	Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	34	21	1	6	6	0	12
Belmont Private	0	0	0	0	0	0	0
Cairns	36	13	2	8	13	0	21
Central Queensland	27	14	2	8	3	0	11
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	28	3	0	10	14	1	25
Gold Coast	85	52	0	16	17	0	33
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	93	50	0	21	22	0	43
Mackay	6	1	0	3	2	0	5
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	91	68	4	10	9	0	19
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	49	26	1	13	8	1	22
Royal Brisbane and Women's Hospital	78	35	4	10	29	0	39
Sunshine Coast	27	9	2	11	5	0	16
The Park	0	0	0	0	0	0	0
The Park High Security	42	7	3	20	12	0	32
The Prince Charles Hospital	28	16	0	6	6	0	12
Toowong Private	0	0	0	0	0	0	0
Townsville	23	0	0	11	12	0	23
West Moreton	69	35	4	2	28	0	30
Wide Bay	46	25	4	13	4	0	17
Statewide	762	375	27	168	190	2	360

Treatment authorities

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

When a treatment authority is made, the authorised doctor must determine whether the patient is to receive treatment as an inpatient (treatment authority inpatient category) or in the community (treatment authority community category). An authorised doctor may change the category of the treatment authority at any time during the person's treatment[8].

As a key safeguard, patients subject to a treatment authority are regularly reviewed by the Tribunal. The Tribunal must confirm or revoke the treatment authority and may change the category of the authority, limited community treatment arrangements or any other conditions of the authority[9].

As at 30 June 2024 there were:

6878 open treatment authorities in Queensland, of which 90 per cent were community category.

Table 5 provides the total treatment authorities made in 2023–2024, by category and the entity that made the authority.

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

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

Table 5: Treatment authorities made (1 July 2023 – 30 June 2024)

Authorised mental health service	Treatment authority made by		Category of initial order		Total treatment authorities made	Treatment authority made by doctor			
						Second examination required	Outcome		
	Authorised doctor	Mental Health Review Tribunal	Community	Inpatient			Treatment authority confirmed	Treatment authority revoked	Ended or revoked prior to second examination
Bayside	283	2	11	274	285	250	216	27	7
Belmont Private	17	0	0	17	17	0	0	0	0
Cairns	523	4	19	508	527	286	254	22	10
Central Queensland	305	1	14	292	306	244	209	22	13
Children's Health Queensland	37	0	0	37	37	22	9	6	7
Darling Downs	587	1	6	582	588	365	285	64	16
Gold Coast	984	3	13	974	987	802	688	101	13
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	674	4	20	658	678	510	457	42	11
Mackay	285	3	5	283	288	219	158	52	9
Mater Misericordiae	2	0	0	2	2	2	1	0	1
New Farm Clinic	11	0	1	10	11	2	2	0	0
Princess Alexandra Hospital	714	4	18	700	718	595	565	19	11
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	483	0	5	478	483	365	302	51	12
Royal Brisbane and Women’s Hospital	1012	8	31	989	1020	866	710	142	14
Sunshine Coast	793	2	26	769	795	597	481	100	16
The Park	0	1	0	1	1	0	0	0	0
The Park High Security	23	0	0	23	23	2	2	0	0
The Prince Charles Hospital	824	2	3	823	826	693	564	109	20
Toowong Private	9	0	0	9	9	0	0	0	0
Townsville	429	2	19	412	431	248	228	15	5
West Moreton	434	2	13	423	436	377	316	50	11
Wide Bay	278	0	7	271	278	219	171	45	3
Statewide	8707	39	211	8535	8746	6664	5618	867	179

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

A treatment authority also ends if:

- a second examination by an authorised psychiatrist is required, and the treatment authority is not confirmed or revoked by the psychiatrist within the three-day period
- a treatment authority is made for a person who is already subject to an order or authority under the Act. This usually occurs in emergency situations where the treatment authority is made to ensure the person receives necessary treatment and care,
- the consumer successfully appeals their treatment authority through the Mental Health Court,
- the Mental Health Court makes a forensic order (mental health) or treatment support order for the patient, or
- the patient is transferred interstate or is deceased.

Table 6 provides the total treatment authorities ended in 2023–2024, by end reason.

Table 6: Treatment authorities ended (1 July 2023 – 30 June 2024)

Authorised mental health service	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Forensic order made	Treatment support order made	Other [10]	Patient deceased	Total treatment authorities ended
		Authorised doctor	Mental Health Review Tribunal					
Bayside	4	235	9	0	1	0	0	249
Belmont Private	0	36	0	0	0	0	0	36
Cairns	8	441	33	3	4	0	4	493
Central Queensland	6	237	20	3	1	0	3	270
Children's Health Queensland	1	44	3	0	0	0	0	48
Darling Downs	9	531	11	1	2	0	2	556
Gold Coast	6	844	26	7	1	2	10	896
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	6	657	17	4	0	0	11	695
Mackay	5	243	16	0	0	0	2	266
Mater Misericordiae	0	6	0	0	0	0	0	6
New Farm Clinic	0	7	0	0	0	0	0	7
Princess Alexandra Hospital	3	763	10	11	0	0	9	796
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	6	425	6	1	0	1	4	443
Royal Brisbane and Women's Hospital	14	853	27	5	0	0	2	901
Sunshine Coast	4	722	19	3	0	0	4	752
The Park	0	0	0	2	0	0	1	3
The Park High Security	0	12	0	9	0	0	0	21
The Prince Charles Hospital	15	711	24	6	1	0	6	763
Toowong Private	0	11	0	0	0	0	0	11
Townsville	0	439	14	3	0	0	5	461
West Moreton	10	372	11	5	1	0	6	405
Wide Bay	1	255	5	2	2	1	2	268
Statewide	**98**	**7844**	**251**	**65**	**13**	**4**	**71**	**8346**

[10] Other includes reasons such as pre-existing involuntary status (1), ended due to appeal in the Mental health Court (0), and consumers transferred interstate (3).

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence[11] if they were subject to Treatment Authority, Forensic Order or Treatment Support Order at the time of the alleged offence or any subsequent time after. The psychiatrist report provides an opinion on whether a person was of unsound mind at the time of the alleged offence and/or whether the person is fit for trial. A report may be used to inform a decision about referring a matter to the Mental Health Court and, if the matter is referred, to assist the Court in its deliberations.

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

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

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

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

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

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

Table 7: Application of psychiatrist report provisions (1 July 2023 – 30 June 2024)

Authorised mental health service	Occasions when patient was eligible to request report	Direction for psychiatrist report		Direction for psychiatrist report revoked	Number of reports received in the reporting period
		On Chief Psychiatrist initiative (public interest)	On request by patient or other		
Bayside	38	0	23	1	9
Belmont Private	0	0	0	0	0
Cairns	99	1	41	0	24
Central Queensland	87	2	25	1	20
Children's Health Queensland	1	0	1	0	1
Darling Downs	68	1	24	1	15
Gold Coast	120	0	42	7	21
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	107	0	56	2	34
Mackay	15	0	2	0	1
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	100	0	40	3	21
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	55	0	29	1	19
Royal Brisbane and Women's Hospital	201	0	88	17	35
Sunshine Coast	70	0	22	4	15
The Park	1	1	0	0	1
The Park High Security	24	5	11	2	8
The Prince Charles Hospital	56	0	35	3	16
Toowong Private	0	0	0	0	0
Townsville	100	0	46	2	38
West Moreton	47	0	26	3	18
Wide Bay	37	0	25	1	21
Statewide	**1226**	**10**	**536**	**48**	**317**

Table 8 shows a summary of Chief Psychiatrist references to Mental Health Court for psychiatrist reports received in 2023–2024. The sum of those referred and those not referred may not equal the total number of eligible reports as, at the time of publication, the decision regarding reference to the Mental Health Court may still be pending.

Table 8: Psychiatrist reports received and Chief Psychiatrist references to the Mental Health Court (1 July 2023 – 30 June 2024)

Total reports received in 2023–2024	Eligible for referral to Mental Health Court	Referred to Mental Health Court	Not referred to Mental Health Court
317	306	70	187

Forensic orders

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

The Court also determines the order type:

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

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

Forensic orders (criminal code) are made by the Supreme Court or District Court. Within 21 days of the order being made, the Tribunal must review the forensic order (criminal code) to decide whether to make a forensic order (disability) or forensic order (mental health). In this instance, the forensic order (criminal code) is ended and superseded by the new order[12]. For 2023-2024, there were no forensic orders (criminal code) made.

As at 30 June 2024, there were:

- 729 open forensic orders in Queensland.
- The majority (608) were forensic order (mental health), of which 70 per cent were community category.
- The remaining open orders (121) were forensic order (disability), of which 90 per cent were community category.

Table 9 shows the number and types of forensic orders made in 2023–2024.

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

Table 9: Forensic orders made (1 July 2023 – 30 June 2024)

Authorised mental health service	Forensic Order (Disability)		Forensic Order (Mental Health)		Total forensic Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	2	0	2
Belmont Private	0	0	0	0	0
Cairns	0	0	6	0	6
Central Queensland	1	0	6	0	7
Children's Health Queensland	0	0	0	0	0
Darling Downs	3	0	2	0	5
Gold Coast	1	0	6	1	8
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	1	0	6	1	8
Mackay	1	0	0	0	1
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	1	0	12	0	13
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	0	3	1	4
Royal Brisbane and Women's Hospital	0	0	7	0	7
Sunshine Coast	0	0	4	1	5
The Park	0	0	0	2	2
The Park High Security	0	0	1	9	10
The Prince Charles Hospital	0	0	4	3	7
Toowong Private	0	0	0	0	0
Townsville	2	1	4	1	8
West Moreton	2	1	5	1	9
Wide Bay	2	0	5	0	7
Statewide	**14**	**2**	**73**	**20**	**109**

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

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

Table 10 shows the number and reason for ending of forensic orders in 2023–2024.

Table 10: Forensic orders ended (1 July 2023 – 30 June 2024)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient deceased	Order amended by Mental Health Court	Other[13]	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made					
Bayside	0	1	0	0	0	0	0	0	1
Belmont Private	0	0	0	0	0	0	0	0	0
Cairns	0	4	0	0	0	0	1	1	6
Central Queensland	0	1	0	1	0	0	0	0	2
Children's Health Queensland	0	0	0	0	0	0	0	0	0
Darling Downs	0	4	0	0	0	2	1	0	7
Gold Coast	0	3	0	2	0	1	0	0	6
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	0	3	0	1	0	0	2	0	6
Mackay	0	1	0	1	0	0	0	0	2
Mater Misericordiae	0	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	14	0	2	0	1	1	0	18
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	5	0	0	0	1	0	0	6
Royal Brisbane and Women's Hospital	0	5	0	2	0	1	2	0	10
Sunshine Coast	0	5	0	0	0	0	1	0	6
The Park	0	0	1	0	0	0	1	0	2
The Park High Security	1	0	0	1	0	1	0	0	3
The Prince Charles Hospital	0	2	0	3	0	1	1	0	7
Toowong Private	0	0	0	0	0	0	0	0	0
Townsville	0	5	0	2	0	1	2	0	10
West Moreton	0	3	0	1	0	2	0	0	6
Wide Bay	0	4	0	0	0	0	0	0	4
Statewide	**1**	**60**	**1**	**16**	**0**	**11**	**12**	**1**	**102**

[13] 'Other' includes patients who have been absent for 3 years or more (1), patients who elected to go to trial (0), and patients seeking transfer out of Queensland who have been out of state for a continuous period of 3 years or more (0).

Treatment support orders

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

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

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

On 30 June 2024, there were:

256 open treatment support orders, of which 97 per cent were community category.

Table 11 provides a summary of the types of treatment support orders made in 2023–2024, and their initial category.

Table 11: Treatment support orders made (1 July 2023 – 30 June 2024)

Authorised Mental Health Service	Mental Health Court		Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	1	0	1	0	2
Belmont Private	0	0	0	0	0
Cairns	7	0	4	0	11
Central Queensland	3	0	0	0	3
Children's Health Queensland	0	0	0	0	0
Darling Downs	4	0	4	0	8
Gold Coast	3	0	3	0	6
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	0	3	0	3
Mackay	2	0	1	0	3
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	1	0	14	0	15
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	1	0	5	0	6
Royal Brisbane and Women’s Hospital	0	0	5	0	5
Sunshine Coast	0	0	5	0	5
The Park	0	0	0	0	0
The Park High Security	0	0	1	0	1
The Prince Charles Hospital	1	0	2	0	3
Toowong Private	0	0	0	0	0
Townsville	3	0	5	0	8
West Moreton	2	0	2	0	4
Wide Bay	1	0	4	0	5
Statewide	29	0	59	0	88

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

Similar to the provisions for forensic orders, if the treatment support order was made due to a finding of temporary unfitness for trial and the Tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced and the treatment support order ends when the person appears before the court. If the Mental Health Court makes a forensic order for a person who is subject to a treatment support order, the treatment support order ends. In 2023–2024, one treatment support order was ended this way.

Table 12 shows the number and reason for ending of treatment support orders in 2023–2024.

Table 12: Treatment support orders ended (1 July 2023 – 30 June 2024)

Authorised mental health service	Treatment authority made	Forensic order made	Patient found fit for trial	Order amended by Mental Health Court	Order revoked	Other [14]	Patient deceased	Total treatment support orders ended
Bayside	2	0	0	0	2	0	0	4
Belmont Private	0	0	0	0	0	0	0	0
Cairns	4	0	0	0	3	0	1	8
Central Queensland	1	0	0	0	2	0	0	3
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	1	0	0	0	0	0	1	2
Gold Coast	3	0	0	0	0	0	0	3
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	4	0	0	0	3	0	1	8
Mackay	3	0	0	0	1	0	0	4
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	4	0	0	1	11	0	0	16
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	0	0	2	0	0	2
Royal Brisbane and Women's Hospital	8	1	0	0	5	0	0	14
Sunshine Coast	2	0	0	0	3	0	0	5
The Park	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	0	1	0	0	1
The Prince Charles Hospital	2	0	0	0	1	0	1	4
Toowong Private	0	0	0	0	0	0	0	0
Townsville	2	0	0	0	4	0	0	6
West Moreton	2	0	0	0	4	0	1	7
Wide Bay	0	0	0	0	5	0	0	5
Statewide	38	1	0	1	47	0	5	92

[14] 'Other' includes patients who have been absent for 3 years or more (0), patients who had their order superseded by a new treatment support order (0), their charges withdrawn and the order ceased (0), or the order has been ended following a suspension (0).

Seclusion

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

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

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

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

Due to the complex needs of a small subset of patients, high secure authorised mental health services have historically reported higher rates of seclusion authorisations. In 2023–2024 the Office continued to work with authorised mental health services to monitor and reduce the use of seclusion and to support statewide and local quality improvement efforts. This is informed by the response to the *Mental Health Act 2016 Report Review into the use of Seclusion, Mechanical Restraint and Physical Restraint under the Queensland Mental Health Act* and via review of matters referred to the Office of the Chief Psychiatrist Complex Care Pathway.

Table 13 represents the statewide clinical indicators for monitoring seclusion rates under the Act, which align to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute settings[15]. Table 14 includes all authorisations made for seclusion, including those made under a reduction and elimination plan, and is not limited to acute settings.

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

Table 13: Seclusion indicators (five year trend[16])

Indicator	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Seclusion events per 1,000 acute bed days	10.0	9.3	7.3	7.2	6.9
Proportion of acute episodes with one or more seclusion events	3.1%	2.7%	2.5%	2.6%	2.6%
Average (mean) duration of seclusion events (hours) in acute episodes	3.7	3.5	5.3	5.0	6.0

[16] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2023–2024 data is preliminary and subject to change

Table 14: Seclusion authorisation (1 July 2023 – 30 June 2024)

Authorised mental health service	Seclusion authorisations				Extension of seclusion	
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	48	45	93	26	0	0
Belmont Private	0	0	0	0	0	0
Cairns	16	194	210	85	0	0
Central Queensland	199	42	241	42	0	0
Children's Health Queensland	2	0	2	1	0	0
Darling Downs	27	70	97	46	0	0
Gold Coast	631	113	744	89	3	3
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	255	116	371	81	0	0
Mackay	215	34	249	23	0	0
Mater Misericordiae	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	104	194	298	87	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	37	81	118	48	0	0
Royal Brisbane and Women's Hospital	170	228	398	123	0	0
Sunshine Coast	160	156	316	71	1	1
The Park	141	6	147	10	0	0
The Park High Security	17,648	40	17,688	51	0	0
The Prince Charles Hospital	1292	100	1392	79	0	0
Toowong Private	0	0	0	0	0	0
Townsville	381	78	459	43	0	0
West Moreton	1217	64	1281	32	0	0
Wide Bay	2	14	16	10	0	0
Statewide	22,545	1575	24,120	947	4	4

Mechanical restraint

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

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

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

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

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

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

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

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend[17])

Indicator	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Mechanical restraint events in acute episodes	19	26	55	102	26
Total mechanical restraint events per 1,000 bed days	0.1	0.1	0.2	0.3	0.1

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

[17] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2023–2024 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2023 – 30 June 2024)

Authorised mental health service	Number of approvals	Number of patients	Number of events
Bayside	6	2	9
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	0	0	0
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	1	1	1
Mackay	1	1	1
Mater Misericordiae	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	4	4	14
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women’s Hospital	0	0	0
Sunshine Coast	1	1	2
The Park	0	0	0
The Park High Security	128	5	370
The Prince Charles Hospital	3	1	5
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	1	1	1
Wide Bay	1	1	1
Statewide	**146**	**17**	**404**

Reduction and elimination plans

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

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

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

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

Table 17: Reduction and elimination plans approved (1 July 2023 – 30 June 2024)

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	2	2	7	7	2	1	15	13
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	2	2	0	0	3	2
Central Queensland	0	0	13	11	0	0	15	12
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	4	4	0	0	6	6
Gold Coast	0	0	48	35	0	0	63	40
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	36	31	1	1	42	34
Mackay	0	0	7	4	0	0	8	4
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	2	2	25	21	0	0	40	33
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	8	6	0	0	13	9
Royal Brisbane and Women's Hospital	0	0	27	23	0	0	40	34
Sunshine Coast	0	0	24	15	1	1	34	23
The Park	0	0	8	7	0	0	9	8
The Park High Security	0	0	391	46	178	7	604	51
The Prince Charles Hospital	0	0	37	18	5	1	49	22
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	24	19	0	0	30	23
West Moreton	0	0	38	22	0	0	38	22
Wide Bay	1	1	0	0	0	0	1	1
Statewide	**5**	**5**	**699**	**257**	**187**	**11**	**1010**	**323**

Physical restraint

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

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

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

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

Table 19 provides a summary of the total number physical restraint events recorded this reporting period.

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

Indicator	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Physical restraint events in acute episode[19]	3407	4550	3321	3326	2892
Total physical restraint events per 1000 bed days	11.3	15.0	11.2	10.7	8.8

[18] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2023–2024 data is preliminary and subject to change. Physical restraint events were not recorded prior to July 2017. Caution is required when interpreting comparisons over time as these may be reflective of differences in business processes for recording data rather than a true variation in the use of physical restraint.

[19] Due to a system error, the figures for the physical restraint events in acute episodes published in the 2022–2023 Chief Psychiatrist annual report were incorrect. The issue has been rectified and the output verified for 2023–2024 reporting period. The rate of total physical restraint events per 1000 bed days was not affected and was correct in the Chief Psychiatrist annual report 2022–2023.

Table 19: Physical restraint events (1 July 2023 – 30 June 2024)

Authorised mental health service	Total patients	Total events	Average number of events per patient
Bayside	33	115	3.5
Cairns	58	123	2.1
Central Queensland	16	29	1.8
Children's Health Queensland	52	182	3.5
Darling Downs	95	199	2.1
Gold Coast	118	251	2.1
Logan Beaudesert	69	157	2.3
Mackay	37	69	1.9
Mater Misericordiae	0	0	0.0
Princess Alexandra Hospital	118	288	2.4
Princess Alexandra Hospital High Security	0	0	0.0
Redcliffe Caboolture	77	176	2.3
Royal Brisbane and Women's Hospital	165	398	2.4
Sunshine Coast	121	347	2.9
The Park	5	6	1.2
The Park High Security	18	45	2.5
The Prince Charles Hospital	92	323	3.5
Townsville	87	238	2.7
West Moreton	32	44	1.4
Wide Bay	16	33	2.1
Statewide	**1169**	**3023**	**2.6**

Electroconvulsive Therapy

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

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

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

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

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

Information about the safeguards and requirements related to ECT can be found in the Chief Psychiatrist Policy – *Electroconvulsive Therapy*.

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

Further information is available in *A Guide to Electroconvulsive Therapy (ECT) for Consumers and Carers* available at

http://www.health.qld.gov.au/mental-health-act

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

Table 20: Applications to perform ECT made to the Tribunal (1 July 2023 – 30 June 2024)

Authorised mental health service	ECT treatment applications made		
	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	10	7	17
Belmont Private	15	4	19
Cairns	17	8	25
Central Queensland	7	6	13
Children's Health Queensland	0	2	2
Darling Downs	16	1	17
Gold Coast	65	6	71
Greenslopes Private	0	0	0
Logan Beaudesert	19	10	29
Mackay	0	1	1
Mater Misericordiae	0	0	0
New Farm Clinic	2	0	2
Princess Alexandra Hospital	37	13	50
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	23	8	31
Royal Brisbane and Women's Hospital	74	16	90
Sunshine Coast	31	5	36
The Park	2	0	2
The Park High Security	40	0	40
The Prince Charles Hospital	21	12	33
Toowong Private	0	1	1
Townsville	9	12	21
West Moreton	15	3	18
Wide Bay	11	1	12
Statewide	**414**	**116**	**530**

Patient absent without approval

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

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

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

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

Of the 3,873 forms issued in the reporting period, 2,665 were in relation to patients residing in the community who were required to return to an authorised mental health service. This includes patients who have become unwell or have failed to attend a scheduled appointment.

The remaining 1208 forms issued include the following categories and are represented in Table 21:

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

Reducing absences without approval is a high priority for Queensland Health. The Office monitors the rate of absence without approval on a monthly basis, and trends are addressed directly with services to explore preventative strategies where necessary.

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

Table 21: Authority to transport absent patient forms issued (1 July 2023– 30 June 2024)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Classified patient	Other[20]	Total
Bayside	1	26	0	1	0	0	28
Belmont Private	0	0	0	0	0	0	0
Cairns	12	69	1	75	0	1	158
Central Queensland	30	77	7	11	2	1	128
Children's Health Queensland	1	1	0	0	0	0	2
Darling Downs	10	66	3	8	1	0	88
Gold Coast	5	93	0	4	0	0	102
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	6	65	0	8	6	0	85
Mackay	8	53	0	4	0	1	66
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	4	50	0	2	0	1	57
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	4	44	0	11	1	0	60
Royal Brisbane and Women's Hospital	10	66	0	0	1	7	84
Sunshine Coast	3	28	0	2	0	1	34
The Park	0	2	0	1	0	0	3
The Park High Security	0	1	0	1	0	0	2
The Prince Charles Hospital	13	92	0	3	0	1	109
Toowong Private	0	0	0	0	0	0	0
Townsville	11	81	0	55	0	0	147
West Moreton	1	24	2	3	0	0	30
Wide Bay	4	21	0	0	0	0	25
Statewide	123	859	13	189	11	13	1208

[20] 'Other' includes patients on another type of order such as a judicial order (0), and persons detained for the purposes of making a recommendation for assessment (13).

Appendix 1

Abbreviations – authorised mental health services

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

ANNUAL REPORT 2023–2024

Office of the Chief Psychiatrist

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