Mental Health
Review Tribunal

2012/13

Annual Report

Mental Health
Review Tribunal

The Hon Kevin Humphries MP
Minister for Mental Health
Minister for Healthy Lifestyles
Minister for Western NSW
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

I enclose the Annual Report of the Mental Health Review Tribunal, for the period from 1 July 2012 to 30 June 2013, as required by section 147 of the *Mental Health Act 2007*.

Yours sincerely

Professor Dan Howard SC
President

Contents

TABLES

TABLES

APPENDICES

The MENTAL HEALTH REVIEW TRIBUNAL is a quasi-judicial body constituted under the Mental Health Act 2007.

The Tribunal has some 47 heads of jurisdiction, considering the disposition and release of persons acquitted of crimes by reason of mental illness; determining matters concerning persons found unfit to be tried, and prisoners transferred to a mental health facility for treatment; reviewing the cases of detained patients (both civil and forensic), and long-term voluntary psychiatric patients; hearing appeals against an authorised medical officer's refusal to discharge a patient; making, varying and revoking community treatment orders; determining applications for certain treatments and surgery; and making orders for financial management where people are unable to manage their own financial affairs.

In performing its role the Tribunal actively seeks to pursue the objectives of the Mental Health Act 2007, including delivery of the best possible kind of care to each patient in the least restrictive environment; and the requirements of the United Nations principles for the protection of persons with mental illness and the improvement of mental health care, including the requirement that 'the treatment and care of every patient shall be based on an individually prescribed plan, discussed with the patient, reviewed regularly, revised as necessary and provided by qualified professional staff'.

PRESIDENT'S REPORT

I am pleased to present this report on the Tribunal's progress and achievements over the past twelve months.

New People and New Directions

We have been fortunate this year to have recruited some exceptionally talented newcomers to fill various positions, to stimulate the flow of new ideas and to drive some exciting changes. We are currently in a favourable climate for innovation in mental health, and within its legislative remit, the Tribunal is uniquely placed to make a significant contribution by improving processes, increasing transparency, and facilitating some positive changes to the experience of the patients we review.

Soon after the commencement of the year, the fruits of an exhaustive and highly competitive public recruitment process became apparent with the appointment of 20 new part time Members, in addition to the reappointment of 42 existing part time Members whose terms of appointment were expiring. All new Members have been provided with a comprehensive induction program from senior members of the Tribunal. I warmly welcome all of our new Members and the experience, professionalism and range of skills that they bring to the challenging work of the Tribunal.

I am also very pleased to have welcomed this year a number of new part time Deputy Presidents of the Tribunal, all previous holders of judicial office, whose work is primarily to sit in the Tribunal's Forensic Division: Hon. Hal Sperling QC; Hon. Terry Buddin SC; Hon. Helen Morgan; Hon. Geoffrey Graham and Hon. Pat Staunton AM. These persons each bring a wealth of wisdom and experience to the Tribunal and, together with the Tribunal's three other part time Deputy Presidents, have been a continuing source of ideas, innovation and inspiration throughout the year.

In November 2012, Ms Anina Johnson, was appointed a full time Deputy President, responsible for the management of the Tribunal's Forensic Division, a position vacated by John Feneley upon his appointment as the State's first Mental Health Commissioner. Previously engaged in a senior legal role at the Crown Solicitor's Office, Anina brings with her exceptional legal and organisational skills that she has quickly brought to bear upon the work of the Forensic Division.

Before her appointment, the Tribunal was very fortunate to have Ms Lida Kaban acting in the role on secondment from the Department of Attorney General and Justice. I am grateful for her significant contribution in her time with us.

In April Ms Siobhan Mullany was appointed Team Leader of the Forensic Division (that position having become vacant after Sarah Hanson joined John Feneley at the Mental Health Commission as his Executive Officer). Siobhan has had an outstanding career to date as a senior solicitor with the Legal Aid Commission and more recently with the Law Reform Commission, and is widely respected for her work over the years as a defence lawyer. Siobhan brings to the Forensic Team Leader's role a very deep knowledge of the criminal justice system and high level management skills. I would also like to acknowledge the skilful and highly professional manner in which the Tribunal's Principal Forensic Officers, Ms Maria Hatzidimitris and Ms Vikki Hogan performed the Team Leader's role over several months pending the recruitment of Siobhan.

I would like to acknowledge John Feneley's very significant contribution during his years with the Tribunal and to say how pleased we are that the Commissioner's role has been filled by someone of his high calibre, who knows the work of the Tribunal well, and with whom the Tribunal can confidently engage in the Commission's important remit to bring about systemic reform within the mental health system.

I would also like to extend the Tribunal's sincere thanks to Ms Sarah Hanson, who has taken on the role of Executive Officer at the Mental Health Commission. For a number of years as the Team Leader of the Tribunal's Forensic Division, Sarah brought her remarkable insights and management skills to a very difficult and complex task. Sarah's achievements were many but included the development of reliable systems and exceptional quality assurance within the Division. She also instilled a very high degree of professionalism and teamwork amongst the members of our tireless forensic team. She leaves behind her a very capable team indeed.

We also farewell 14 part time Members, whose term of appointment expired, or who resigned for a variety of reasons, during the course of the year. Many of these have given long years of distinguished service to the Tribunal and I thank them for their generous and significant contribution. Further details are in the report of the Tribunal's Registrar.

We were deeply saddened by the death of Mr Alan Owen, who was a long serving and highly respected part time Member who will be fondly remembered by his colleagues and friends and for his contribution here.

Focusing on the Patient's Recovery

In the past few years, there has been a growing movement which acknowledges the importance of recovery principles to the delivery of effective mental health services. The Tribunal recognises that these principles, whilst not a 'cure all', have a great deal to offer, and we have taken a number of steps this year to promote these principles where appropriate.

We have provided education sessions on recovery principles as part of our Members' continuing professional development program and, with the support of and in conjunction with the Mental Health Commission, we have organised a major forum for Tribunal Members on recovery (to be held in October 2013) at which we hope to develop strategies that can be used in our hearings to focus effectively on recovery issues.

In consultation with consumer advocate groups and others, we have developed a 'Client Form' that will be piloted in October. This user friendly form has been specifically designed to encourage patients to 'have a say' and to tell the Tribunal, in writing and in advance of their hearing, their views about their care, about any order being sought by the treating team and any other matter they wish to raise about their circumstances. If the pilot is successful, this form will be rolled out to all inpatient and community mental health facilities.

We have also been working on strategies to find extra time within our busy hearing schedules to allow for additional engagement with patient recovery, and we are instituting in July a six months trial whereby Members sitting in Civil matters at Gladesville will commence their lists at 9.15 am, in order to free up a small yet useful parcel of time that can be used for this purpose.

As was made clear in the Ombudsman's report released in November, 2012 entitled *"Denial of Rights: the need to improve accommodation and support for people with psychiatric disability"* - a report that arose after extensive consultation with various stakeholders including the MHRT – there is a marked need for mental health services to more proactively address discharge planning and for proper resourcing by government to enable those with psychiatric disability, who are able to live in the community, to do so. The Tribunal commends the Ombudsman's report and, wherever it is appropriate to do so, the Tribunal has been taking a proactive approach at its hearings to make every effort to identify these cases and encourage discharge planning. Maria Bisogni, who is the Deputy President responsible for the Tribunal's Civil Division, has been liaising regularly with relevant stakeholders, including the Mental Health Advocacy Service, in order to identify in-patients whose circumstances may warrant proactive discharge planning and release to community care. This process is ongoing and one that is critical to ensuring that the 'least restriction' principle in s 68(a) of the *Mental Health Act, 2007* is given due regard in practice.

Transparency

This year the Tribunal has made significant improvements to its website http://www.mhrt.nsw.gov.au/the-tribunal/ and it is now a more 'user friendly' and highly accessible interface to a wealth of 'plain English' information about the Tribunal. This will continue to be a valuable resource for clients and their families and to all relevant agencies with which the Tribunal engages. I would like to acknowledge the efforts of the Tribunal's Registrar, Mr Rodney Brabin, in bringing this about.

I have also issued a number of Practice Directions, available on the website, which clearly set out the procedures that the Tribunal adopts with respect to such matters as the jurisdictional requirements for mental health inquiries, and the provision of recordings and transcripts of our hearings. An important development is a new Practice Direction providing for the first time a process for the publishing of 'Official Reports' of Tribunal proceedings pursuant to s 162(2) of the *Mental Health Act, 2007* in cases where a novel issue has arisen. The requirements of the Act necessitate appropriate anonymisation of such reports, to protect the privacy of the patient concerned. The first such report in the matter of 'Mr Adams', an important case from the Tribunal's Forensic Division dealing for the first time with the meaning of the expression *'sufficient time in custody'* under s 74 (e), will be published and available on the website from July. Over time this will build up to a useful resource of precedents that will provide transparency and clarity about the Tribunal's approach to important legal and procedural matters.

In June, 2013 we published and promulgated to all relevant stakeholders the Tribunal's new Forensic Guidelines, a major innovation that sets out in clear and simple terms the workings and practices of the Tribunal's Forensic Division. This too is available on the website. Significant among these is our new practice of providing a copy of our reasons for decision upon patient Reviews to the patient or their lawyer and to the patient's treating team, even in cases where there has been no change to the patient's current order – previously, 'no change' reasons were simply kept on file and not distributed. This practice will more positively inform patients and treating teams of the Tribunal's view of the patient's progress. I would like particularly to acknowledge the significant work that Deputy President Anina Johnson undertook to bring the Guidelines into being. The Forensic Division Report herein contains more information about the new guidelines.

The Tribunal has made some changes to practices in relation to the participation of victims which are set out in the Forensic Division Report. We consider that this process strikes the correct balance between keeping victims fully informed with the least amount of distress.

The Tribunal has made submissions this year to the Law Reform Commission and to the Attorney General in support of victims being granted the right to present victim impact statements at the trial court when the court determines its disposition of the trial or special hearing at which the person becomes a forensic patient in the first place. The Tribunal considers that this would be a far more appropriate forum for public acknowledgement of a victim impact statement than any forensic reviews by the Tribunal, which, by reason of the legislative policies underpinning forensic reviews, must necessarily include consideration of the care, treatment and control of the forensic patient.

Liaison

The Tribunal's work necessitates Tribunal staff maintaining an active and focused engagement with a wide variety of stakeholders and agencies, notably the Ministry of Health through the Minster for Mental Health and the Mental Health Drug & Alcohol Office (MDHAO), The NSW Mental Health Commission, Justice Health and the Forensic Mental Health Network, Corrective Services NSW, the Department of Aging, Disability and Home Care, the Local Health Districts, the Medical Superintendants of hospitals, the Official Visitors, and the NSW Police Force. We also engage with many NGOs operating in the mental health and disability fields. This year has been a particularly notable one in this regard. More details of the Tribunal's liaison activities will be found in the separate reports of the Civil and Forensic Division herein. However, I would like to highlight one from

each Division because of their significance to the work of the Tribunal.

In the Civil Division, the Tribunal's staff has continued to provide a significant amount of guidance, advice and education to the public and to medical and allied health staff at a variety of hospital and other venues. This ongoing outreach is extremely important to ensure that the provisions and requirements of the Mental Health Act, and the role of the Tribunal, are understood by all, and that patients' rights under the law are being fully respected. I wish to thank all members of the Tribunal and its staff who have been involved in this process.

In relation to the Forensic Division, the commencement of Justice Health's Forensic Mental Health Network (FMNH), which is a service co-operation agreement between Justice Health and a number of Local Health Districts, has provided significant opportunities for important discussions between Tribunal staff and the FMHN regarding finding ways to address the problematic issue of patient bedflow, the need for which was starkly highlighted when the Court of Appeal handed down its decision in the case of *State of NSW v TD* [2013] NSWCA 32. That decision emphasised the importance of ensuring that the place of detention of a forensic patient, whether in a correctional centre or a mental health facility, should accord with the disposition order made by the court at the time the matter was dealt with.

The Tribunal has previously voiced its concern at the lack of available beds, particularly in medium secure units, which in turn reflects a lack of suitable community placements and programs for forensic patients. The resulting absence of 'bedflow' has frequently left the Tribunal no option but to make an order for transfer of a patient, who is otherwise ready to be stepped down from a high secure setting, contingent upon 'when a bed becomes available'. In some cases the wait has simply been far too long. New beds were made available at Bloomfield Hospital in Orange this year. The government is to be commended for these improvements. However the shortage is still significant and continues to provide challenges to the Tribunal when making its dispositions in forensic matters involving patient transfers. The Tribunal regards the decision in TD as one that will justify the Tribunal ordering transfers unconditionally, or by a stipulated time, in appropriate circumstances and this has been made clear in our Forensic Guidelines.

The Tribunal remains concerned at the very limited availability of placement options for female forensic patients and also for forensic patients who are subject to limiting terms and who do not have a mental illness. There is an urgent need for the creation of additional rehabilitation pathways for these groups of forensic patients. More is said on this subject in the Forensic Division report herein.

Law Reform

This year the Tribunal has had a major input into law reform. In June, 2013 the NSW Law Reform Commission published a major report No. 138 "People with cognitive and mental health impairments in the criminal justice system: Criminal responsibility and consequences". The Tribunal, as a major stakeholder in this area, was widely consulted by the Commission. The Tribunal will continue to be involved in any ongoing consultation that may lead to legislative changes.

In addition, the Deputy President, Anina Johnson has been an active member this year of the working party set up to progress and consider the implications of the findings and recommendations of the Law Reform Commission in its Report No. 135 on Diversion, to which the Tribunal had a substantial input by way of submission and consultation last year.

The Tribunal has also been extensively involved in the State Government's Review of the Mental Health Act that reported to Parliament in May 2013, after wide consultation with the community and stakeholders. The Tribunal made numerous detailed submissions to the Review with suggestions for reform in some areas, and I participated in the Expert Reference Group that was consulted by the Review. The review process is ongoing, and the Tribunal will continue to be engaged with it.

The Tribunal has also advocated for some procedural improvements to the Mental Health Act, which were passe d and assented to in May, pursuant to the *Health Legislation Amendment Act, 2013*. These amendments provide that forensic patients can now be admitted as involuntary patients; clarify aspects of the breaching process under s 68 of the *Mental Health (Forensic Provisions) Act, 1990*; empower the Tribunal to make community treatment orders in respect of a forensic patient who is to be unconditionally released; and clarify certain other provisions of the legislation.

The Tribunal has also continued its facilitation and engagement this year with a number of academic researchers attached to tertiary institutions, detailed in the Forensic Division report herein.

Hearings – Our Core Work

As highlighted in the Report of the Tribunal's Registrar, the Tribunal's work continues to grow significantly. Since June, 2010, when the Tribunal took over the responsibility to hear Mental Health Inquiries from the Magistrates, the number of hearings conducted by the Tribunal has increased by more than 83% to in excess of 16,600 matters. For the year 2012/13 there has been an increase of nearly 14% in our number of hearings compared to last year. These are very significant figures and I would like to acknowledge the exceptional work that has been done by the Tribunal's Registrar, Rodney Brabin and the staff of the Tribunal in ensuring that the lists continue to run extremely smoothly despite this significant increase. As indicated in the financial report herein, the Tribunal's running costs have increased by just 8% since last year, which is a remarkable achievement in view of the increased workload.

I would also like to acknowledge the important funding boost provided by the Government to assist the Tribunal to drive very significant improvements in the timeframes for Mental Health Inquiries as a result of changes instigated in response to an external evaluation commissioned by the Ministry of Health, further detailed in the Registrar's report. 72% of all inquiries are now heard within the first two weeks of the patient's detention, compared to 27.7% last year. Only 1.2% of inquiries are heard in the fourth week of detention, compared to 26.5% last year. It is also important to note that the Tribunal's adjournment rate for mental health inquiries has remained at around 7% since the Tribunal took over this jurisdiction, whereas in the last year that the mental health inquiry jurisdiction was exercised by the magistracy, who generally saw the assessable person within the first week of detention, the adjournment rate was nearly 55%.

There has also been a significant increase in the number of face to face mental health inquiries (66.9% compared to 47% last year) and a corresponding reduction in the number of mental health inquiries conducted by video (33.1% compared to 53% last year).

Whilst minds may differ as to what is an acceptable time frame for bringing assessable persons before the Tribunal 'as soon as practicable' within the meaning of s 27(d) of the Mental Health Act, the Tribunal believes that these new listing arrangements conform with that legislative requirement, particularly in view of the vastly reduced adjournment rates compared to the discontinued regime of magistrate inquiries. The Tribunal has also informed the Mental Health Advocacy Service that if they identify and inform the Tribunal of any inquiry matters that have especially urgent issues, the Tribunal will endeavour to fast-track these within the new timeframes whenever possible.

This has been a very busy and productive year. I would like to express my sincere thanks to all of the Tribunal's Members and to our hardworking Executive and Staff for their dedication to our important and challenging work.

Professor Dan Howard SC
President

FORENSIC DIVISION REPORT

Transparency and Recovery

As noted in the President's report, the Tribunal has been keen to improve the transparency of the Forensic Division's procedures. This year, after the launch of the Ministry of Health's Forensic Policy Directive, the Tribunal has finally been able to issue its Forensic Guidelines, which had been in development for some time. These Guidelines largely capture the Tribunal's existing practices, but include some new guidance on issues such as how the Tribunal deals with the perception of conflict of interest of panel members, the format of Tribunal proceedings, to whom the Tribunal's reasons will be distributed and the timeframe within which the Tribunal expects to issue its reasons. These Guidelines are now available on the Tribunal's website.

The Tribunal has also been keen to incorporate recovery practice into its forensic procedures. At each of its forensic hearings, the Tribunal panel now actively enquires of the patient and the treating team about a recovery or discharge pathway.

At a practical level, the Tribunal has tried to shorten the time between its hearing and the issuing of reasons and orders. The Tribunal has set itself the target of providing its reasons and orders within six weeks of a Tribunal hearing. With the Minister's agreement, the Tribunal no longer offers the Minister for Mental Health 28 days to comment on its draft reasons in relation to leave. The Minister for Mental Health is still notified in advance if leave is to be considered at a Tribunal hearing, and given an opportunity to attend or make submissions at the hearing.

Key Statistics

There were 393 forensic patients in NSW at 30 June 2013, compared to 387 at the end of the previous reporting year. The Forensic Division experienced a small (1.6%) increase in the number of hearings during 2012/13 compared to 2011/12 (943 to 928 respectively).

After changes to the Births, Deaths and Marriages Registration Act 1995 which commenced in April 2012, the Tribunal became a supervising authority under that Act and must give its consent before a forensic patient can register a change of name. The Tribunal has considered and approved five applications for change of name in 2012/2013. An application must still be made to the Registrar of Births, Deaths and Marriages to have effect.

Patient Flow

The issue of patient flow was addressed in at least the last three annual reports, and is discussed again in the President's report this year.

There was a significant movement of patients following the Court of Appeal decision in State of New South Wales v TD [2013] NSWCA 32. In TD, the Court of Appeal upheld the plaintiff's claim that she had been falsely imprisoned by being held for 16 days in an ungazetted bed at the Long Bay Prison Hospital, when the Court had ordered under s 27 of the Mental Health (Forensic Provisions) Act 1990 that she be detained in a mental health facility. The plaintiff was awarded $80,000 damages.

Ten patients were moved to the Forensic Hospital from correctional centres in one day following the decision in TD. The opening of five new beds for forensic patients at Bloomfield in Orange also increased the opportunities for patients to move to a medium secure setting.

As at 30 June 2013, seven forensic patients were in a correctional centre and waiting for a bed to be available in an appropriate mental health facility. Pleasingly, only two patients had been waiting more than six months for a place to become available, and one of those moved shortly after the end of the financial year. This figure

is up slightly from the six forensic patients awaiting placement in an appropriate mental health facility as at 30 June 2012.

The 2012/2013 year has seen the new Forensic Mental Health Network begin to develop a holistic approach to the least restrictive and most appropriate placement of forensic patients. The Tribunal welcomes the Network's move to place patients according to their clinical and rehabilitation needs, rather than requiring all forensic patients with a mental illness to be funnelled through the Forensic Hospital.

The Tribunal also commends the Network's focus on improving discharge planning for patients who have had long stays in medium secure units. In the Tribunal's experience, a significant proportion of these patients have high needs but do not require a secure environment and hospital care. This is consistent with the NSW Ombudsman's conclusions in relation to patients detained under the Mental Health Act 2007 (Denial of rights: the need to improve accommodation and support for people with psychiatric disability, November 2012) suggesting that one-third of people currently living in mental health facilities in NSW could be discharged to the community, if appropriate accommodation and supports were available.

Plainly, if patients who do not need medium secure accommodation are supported to live in the community pursuant to a conditional release order, then this would improve bed flow into medium secure units. The Tribunal is hampered in its ability to make appropriate conditional release orders by the lack of suitable accommodation options and resources in the community.

As noted in the President's report, women and those on a limiting term without a mental illness are two groups of forensic patients who warrant additional resources.

At present the only medium secure mental health facility that will accommodate female patients is the Bunya Unit at Cumberland Hospital. The Tribunal encourages the Network to continue to work to open up beds for female patients in other medium secure units. In the meantime, the Tribunal considers that allowing escorted leave from the Forensic Hospital at Malabar would offer hope and an opportunity to continue recovery for women detained in that facility.

People on a limiting term, but who do not have a mental illness, would benefit from more concerted and co-ordinated service delivery or discharge planning through Corrective Services NSW, Justice Health and Family and Community Services. The opportunity for a conditional release application, with its attendant benefits of a supervised return to the community, is being missed. Otherwise, as the Tribunal has previously noted (Annual Report 2009/2010) these patients may be discharged without having accessed any rehabilitation opportunities. The Tribunal notes that Justice Health, Family and Community Services (Ageing, Disability and Homecare) and Corrective Services have made a commitment to working on this pressing issue in the year ahead.

Internal and External Liaison and Training

The Forensic Division has conducted education sessions with key forensic mental health facilities and the District Court. The Forensic Division holds regular information and training sessions for Presidential members and also held a Professional Development Session for all Tribunal members who sit on forensic hearings.

The Forensic Division has continued to develop strong and positive relationships with key stakeholders in the field of forensic mental health, including the Justice and Forensic Mental Health Network, Legal Aid NSW and Corrective Services NSW. The Tribunal looks forward to working more closely with the Ageing, Disability and Homecare (ADHC) in the year to come. The support of ADHC and its services is critical to the successful discharge of forensic patients with cognitive impairments.

Research Forum

The Tribunal continues to develop close contacts with universities to encourage research utilising the Tribunal's records. It is a partner in the successful National Health and Medical Research Council (NHMRC) Partnership Project "Improving the Mental Health Outcomes of People with Intellectual Disability". The Masters of Forensic Psychology program at the University of New South Wales continues a series of student placements with the Tribunal to work on the Forensic Database Enhancement Project. The Tribunal has also been in discussions with researchers from the University of Wollongong in relation to research proposals concerning the use of recovery in the context of forensic reviews.

Victims Register

The Forensic Division continues to manage the Forensic Patient Victims Register, through which it notifies victims of upcoming hearings and the outcomes of those hearings.

The Tribunal has issued an updated brochure 'Information for Victims' that contains detailed information about the forensic process, and where and how victims can be involved. The victim's information on the Tribunal's website has also been reviewed and updated.

As part of this process, the Tribunal has reviewed the involvement of victims in its hearings, to ensure that there is consistency between the Tribunal's practices and the Mental Health (Forensic Provisions) Act 1990. The effect of the legislation is to limit a victim's participation to being an observer of the Tribunal's hearing, unless issues of non association or geographical restriction arise, in which case a victim making an application has a right to be heard about the application. Given that most Tribunal hearings are held inside secure facilities, the Tribunal's staff will still facilitate a victim's observation of a Tribunal hearing through a video link from its Gladesville premises. This practice is documented in the Tribunal's Forensic Guidelines and in the Information brochure.

The Tribunal keeps abreast of victims' concerns through its membership of the Victims of Crime Interagency Forum

Interstate Forensic Patients

The importance of extending the existing interstate agreements for forensic patients to States other than Queensland and Victoria has been noted in previous annual reports. This was highlighted this year when a conditionally released patient left for Western Australia without his case manager's agreement. An order was issued under s 68 of the Mental Health (Forensic Provisions) Act 1990 for his apprehension and detention. However, in the absence of an interstate agreement, that order had no effect in Western Australia. Ultimately, the patient was located and returned to NSW pursuant to a warrant issued under s 72 of the Mental Health (Forensic Provisions) Act 1990. However, obtaining the warrant caused some difficulty and delay. On being detained in Western Australia, the patient was held in a correctional centre, rather than a mental health facility. It would have been preferable to have relied on an interstate agreement to return absconded forensic patients, as can be done with Victoria and Queensland.

As noted in the previous four annual reports, the Ministry of Health continues its negotiations with interstate agreements for the transfer of forensic patients to other States. This remains a matter of importance to the Tribunal. The recovery of patients whose family and support structures is elsewhere is being significantly impeded because they have fewer visitors, less support and more limited access to supervised leave while they work towards conditional release. As noted in previous reports, the importance of family and country is particularly important for Aboriginal and Torres Strait Islander patients. The Tribunal has identified a number of forensic patients who would be appropriate candidates for an interstate transfer. As the review of the Mental Health Act 2007 (that empowers the establishment of interstate agreements) draws to a close, the Tribunal considers that the prompt completion of these negotiations deserves priority.

Thanks

This year has seen considerable changes in the senior staff in the Forensic Division as noted in the President's Report. We also acknowledge the ground breaking work done by Mr Feneley and Ms Hanson in leading the Forensic Division through its formative years, and wish them all the best in their new roles.

Anina Johnson	Siobhan Mullany
Deputy President	Team Leader

CIVIL DIVISION REPORT

Applying Recovery Principles

As the recovery movement gains momentum at a State and national level the Tribunal is ideally placed to employ recovery principles in its day to day interactions with consumers, carers and treating teams. Recovery is a concept that has emerged from deinstitutionalisation and the disability movement in America in the eighties and nineties:

> *"The idea of recovery was conceptualised by people who had first-hand experiences of mental illness, yet achieved fulfilling lives despite being told that their situation would never improve. At its core, a recovery approach encourages people to take control of their lives and nurtures hope that they can achieve their goals despite the presence of mental illness". (S Bonney & T Stickley, 'Recovery and mental health: a review of the British Literature' (2008) 15 Journal of Psychiatric and Mental Health Nursing 140-153).*

The Tribunal, in this reporting year has particularly sought to emphasise the importance of recovery principles by devoting a professional development session to the national recovery framework report which focussed on the promotion of hope, self management, self determination, effective advocacy, and recognising the right of all mental health consumers to lead meaningful lives without stigma or discrimination.

Consumers' involvement in their own recovery is a key component of the movement and the Tribunal is keen to consult with consumers to understand their needs and to change policies and procedures in response to those needs. As noted by the President, to this end the Tribunal has developed a client form to enable mental health consumers to express their views at hearings about their care, treatment and "life" aspirations. The form will be trialled later this year, after which the Tribunal will evaluate the results of the trial and take into account feedback from consumers.

Mental Health Inquiries

As noted in last year's annual report, the Ministry for Health provided additional funds to allow the Tribunal to bring forward the timing of mental health inquiries. This change commenced on 1 July 2012 and assessable persons have generally been presented to the Tribunal for inquiries between seven and 21 days after detention. 72% of inquiries conducted during 2012/13 were held 14 days or less after the person was detained. A further 26.6% were held between 15 and 21 days of the person being detained.

It should be borne in mind that the Tribunal can conduct mental health inquiries at an earlier date upon request. Further, those appeals by a detained person against the authorised medical officer's refusal to discharge the person will generally be combined with a mental health inquiry and the inquiry is brought forward.

The additional funding provided by the Ministry of Health has enabled the Tribunal to absorb the increase in mental health inquiries and has allowed the Tribunal to conduct a significant proportion of them in person. Inquiries occur in person in the main metropolitan hospitals and areas such as Wollongong and Newcastle, the Central Coast and Orange. The Tribunal considers that, where it is feasible, this face to face contact is especially important when people are first brought into mental health facilities at a time and are likely to be most ill.

Hearing Statistics

As pointed out in the Registrar's report, there was an increase of 2,029 hearings in 2012/13 with the Tribunal's civil jurisdiction experiencing the greatest increase.

As anticipated, the bringing forward of Mental Health Inquiries to seven – 21 days after admission has been

responsible for an increase of 1,411 hearings alone (or by 28.7%), with the subsequent effect of an increase of involuntary patient review hearings under section 37 of the Mental Health Act 2007. Another likely consequence of earlier mental health inquiries has been the reduction by 23.7% of appeals against an authorised medical officer's refusal to discharge.

Community Treatment Orders (CTOs) increased by 10.3% (483 more hearings). CTOs for more than six months were made in 8.2% of cases. This was lower than the previous reporting year where they were made in 9.65% of cases. In 2010-2011 they were made in 11% of cases.

There were 692 involuntary patient applications for Electro-Convulsive Therapy (ECT) as compared with 671 in 2011/12, representing a marginal increase of 3.1%. There were five applications for ECT for voluntary patients, a significant decrease of 58.3% from the 12 applications considered in the previous year. Given the small number of applications it is not possible to comment on whether the decrease is statistically significant as those types of variations have occurred in previous years.

No applications were received for special medical treatment and only 12 applications were made for consent to surgery.

Under the *Trustee and Guardian Act 2009* the Tribunal conducted 225 reviews for Financial Management Orders, two of which related to forensic patients. Interested parties were responsible for 125 applications and the remaining 58 requests were considered at mental health inquiries. The Tribunal made 100 financial management orders under the Act. There were 39 applications made for the revocation of financial management orders with revocation being approved in 27 cases.

Most interesting are the statistics in relation to legal representation at civil hearings. Ten years ago, in 2003, 18.3 % of civil cases had legal representation, this climbed to 33.5% in 2008/9 and 72% this year. No doubt the dramatic increase is associated with the Tribunal conducting mental health inquiries where patients were represented in 96% of such cases.

Consumer attendance at hearings has also increased with 78% attending all civil hearings in 2008/9 climbing to 86% in 2012/13 and 96% of patients attending mental health inquiries.

In cases of consumers with dual diagnosis of mental illness and cognitive impairment the Tribunal has developed an informal referral arrangement with the Mental Health Advocacy Service who will provide legal representation at hearings. This is a most important development as such consumers will not necessarily have a private or public guardian involved in their lives. The provision of legal representation at hearings is a significant safeguard and allows for consumers who are impaired and vulnerable to have an effective opportunity to express their views to the Tribunal.

It is felt that consumers would benefit greatly by having peer workers or consumer advocates attend hearings to provide support prior to, during and after hearings. Too commonly persons appearing at hearings are unsupported during what is perceived by them to be a very stressful event. The Tribunal expects that the provision of such support would minimise any stress associated with the process and the outcome. This would also obviously benefit carers who may also find hearings bewildering and daunting.

Training and Professional Development of Members

Professional Development Evenings for members are held four times a year. In the reporting year a range of topics were offered, including: a session by the Hon Terry Buddin, Part-Time Deputy President on "Aspects of Hearing management"; a paper by Kathryn McKenzie of the NSW Ombudsman's office on "The Ombudsman's findings in relation to the accommodation and support needs of people with a disability"; and

a paper by Tribunal member, Ms Leanne Craze about the National Recovery Framework.

An Oxford style debate on “capacity is more important than risk in the decision to detain and treat” was also held. The Tribunal was treated to a lively debate on this topical issue. It was a timely debate to have in light of the current review of the Mental Health Act 2007.

External Training and Liaison

Demand from mental health facilities and related entities for information sessions about the Tribunal and its role has been high this year. The Tribunal responded to requests from: Queanbeyan, Blacktown, Bankstown, Sutherland and Cumberland Hospitals; Ryde and Sutherland Community Mental Health Services; the peak Advisory Committee, ARAFMI; and the Consumer Sub- Committee in the Ministry of Health. A paper was given by Maria Bisogni at the Community Legal Centre’s Conference in May 2013 on the role and jurisdiction of the Tribunal. The Tribunal’s Registrar, Rodney Brabin presented a session to Official Visitors as part of their training for Rural Official Visitors in February 2013.

The six monthly rotating roster of registrars attached to the major hospitals necessitates their ongoing training with respect to the Tribunal’s legal and procedural requirements. These sessions have been particularly important in ensuring that new doctors have a sound understanding of the Mental Health Act’s requirements and the cultural, practical and evidentiary requirement for hearings, including that evidence of the highest standard should be given at hearings.

In the reporting year the Tribunal has continued to liaise with a large number of organisations that interact with the Tribunal, including the NSW CAG, the Guardianship Tribunal, the NSW Trustee and Guardian, the Mental Health Drug and Alcohol Office (MHDAO), Area Directors, Medical Superintendents, Directors of Health Care facilities, the Mental Health Advocacy Service (MHAS), Ageing Disability and Homecare (ADHC), and the recently established NSW Mental Health Commission.

Ombudsman’s Inquiry

As foreshadowed in last year’s Annual Report, the NSW Ombudsman’s Report (“Denial of Rights: the need to improve accommodation as support for people with psychiatric disability”) was tabled on 29 November 2012. It involved the review of the files of 95 people in 11 mental health facilities across NSW, the consideration of independent expert clinical advice and consultation with almost 300 people across the mental health and disability sectors.

The report refers to the need for significant work to be undertaken to uphold the rights of people with psychiatric disability to live in the community, to receive treatment in the least restrictive environment possible, and to have fair access to disability support. The report also emphasises the importance of a coordinated and collaborative approach between the mental health and disability sectors. The report makes 11 recommendations aimed at achieving reform in this area.

As the President has noted, since that report, the Tribunal has liaised with the Mental Health Advocacy Service, treating teams and mental health service providers, including NGOs, to identify consumers who may, with support, be able to be discharged to a less restricted environment which is consistent with safe and effective care.

Review of the Mental Health Act 2007

The Tribunal provided submissions in relation to the review of the Mental Health Act 2007. Having now worked with the Act since 2007 it has become apparent that some provisions require refinement and clarification. There will be a draft new Act by December 2013 according to the Ministry of Health.

Staffing and members

We also extend our warm thanks for the outstanding contributions of John Feneley and Sarah Hanson and wish them well in their new roles at the Mental Health Commission.

The Tribunal once again acknowledges the ongoing collegiality, professionalism and dedication of Tribunal staff and members. Despite the ever increasing demands on the Tribunal, staff have absorbed these increasing workloads and complexities with no decline in output or standard. As noted by the Registrar, this year it was in the order of 13.85% increase in hearings. Our funding allowed for the appointment of a Registry officer, who is now attached to the Mental Health Inquiries Unit, which administratively is located in the Civil Team. This year staff in the Civil Team comprised five Senior Registry Officers, four full-time Registry Officers, and one permanent part-time Registry Officer, all of whom are supervised by the Civil Team Leader.

Future Directions

Many important challenges lie ahead for the mental health sector and the Tribunal, as the recovery movement continues to make its presence felt. The Tribunal is excited at the opportunities these changes may present, particularly in the context of our interactions with consumer, carers and mental health service providers. It presents an opportunity to be at the forefront of profound cultural change to ensure that services are designed with a recovery focus so that mental health consumers have the autonomy, respect, motivation and the ability to partake in society, as equal citizens, free of discrimination and stigma. Translating that ethos into mental health hearings will be an exciting goal, and necessary as the mental health landscape evolves to a consumer informed and consumer centred recovery approach. We look forward to the challenges that lie ahead.

Maria Bisogni	Danielle White
Deputy President	Team Leader

REGISTRAR'S REPORT

REPORT CONTENT AND PERIOD

As noted in the President's report this has been another busy and challenging year for the Tribunal in which we implemented changes to the timing of mental health inquires and saw continued growth in the number of hearings conducted. In the 3 years since the Tribunal assumed the responsibility for conducting mental health inquiries in June 2010 there has been a staggering 83.2% increase in the number of hearings conducted (7576 more hearings conducted in 2012/13 than in 2011/12). Further details about this increase are discussed below.

As the President has noted, during the year we farewelled former Deputy President John Feneley and Sarah Hanson, who had been the Team Leader of our Forensic team for more than five years. Both Mr Feneley and Ms Hanson made enormous contributions to the work of the Tribunal, particularly in the forensic area. Whilst everyone at the Tribunal was very sorry to lose Mr Feneley and Ms Hanson, we welcome the establishment of the Mental Health Commission and are very pleased to have already established productive working arrangements with both the Commissioner and his staff.

Under s147 of the *Mental Health Act 2007* (the Act) a number of matters are required to be included in this Annual Report. Each of the following matters is reported on in Appendix 1:

a) the number of persons taken to mental health facilities and the provisions of the Act under which they were so taken;
b) the number of persons detained as mentally ill persons or mentally disordered persons;
c) the number of persons in respect of whom a mental health inquiry was held;
d) the number of persons detained as involuntary patients for three months or less and the number of persons otherwise detained as involuntary patients; and
e) any matter which the Minister may direct or which is prescribed by the Regulations.

No Regulations have been made for additional matters to be included nor has the Minister given any relevant direction.

In addition to the statutory requirements I report on the following:

OPERATIONS

Caseload

In 2012/13 the Tribunal conducted 16,667 hearings including 6,321 mental health inquiries. This represents a 13.85% increase or 2,029 more hearings than in 2011/12. The increase in hearings was predominantly in the Tribunal's civil jurisdiction and most significantly in relation to mental health inquiries.

This was the third full year of the Tribunal's jurisdiction to conduct mental health inquiries under s 34 of the Mental Health Act 2007. Until 21 June 2010 this role had been carried out by Magistrates. During 2012/13 the Tribunal held 6,321 mental health inquiries 1,411 more than the previous year (an increase of 28.7%). This increase arose following a change in the timing of mental health inquiries introduced on 1 July 2013 which now sees patients generally presented for a mental health inquiry between seven and 21 days after they are detained.

Of the mental health inquiries conducted in 2012/13, 5,417 (85.7%) resulted in an involuntary patient order being made. This percentage is an increase from 79.3% in 2011/12 and could reflect the shorter period for which patients have received treatment when presented for an inquiry at an earlier stage. There was a significant reduction on the percentage of Community Treatment Orders made at a mental health inquiry

during 2012/13 - 339 (5.4%) compared to 2011/12 - 581 (11.8%). This is again a possible consequence of the earlier presentation of patients for a mental health inquiry in that there is less time for a person's condition to stabilise and for an appropriate Community Treatment Plan to be developed. A total of 81 orders were made for the patient to be discharged or for deferred discharge (1.3%). This included 17 patients who were discharged into the care of their primary carer.

The total number of hearings for the review of involuntary patients under s 37(1) of the Act increased by 296 in 2012/13 to 2433 from 2137 in 2011/12 – a 13.9% increase. The Tribunal is required to review the case of each involuntary patient on or before the end of the patient's initial period of detention ordered at a mental health inquiry, then at least once every three months for the first 12 months that the person is an involuntary patient, and then at least every six months while the person continues to be detained as an involuntary patient. Significantly, the number of initial reviews under s 37(1)(a) has increased by 382 (41.2%) while the number of people reviewed under s 37(1)(c) has decreased by 72 (11.1%).

The number of hearings held under s 44 of the Act to consider an appeal against an authorised medical officer's refusal to discharge a patient decreased from 775 in 2011/12, to 591 in 2012/13. This was a 23.7% decrease that can again be largely attributed to the change in timing of mental health inquiries. Of the appeal hearings conducted in 2012/13, 487 were dismissed (82.4%) and the patient was ordered to be discharged on 29 occasions (4.9%).

The number of hearings to consider applications for Community Treatment Orders increased by 483 from 4,697 in 2011/12 to 5180 in 2012/13 (a 10.3% increase). These hearings related to 3515 individual patients. A total of 5221 Community Treatment Orders were made in 2012/13 – an increase of 214 (4.3%) over the previous year. Excluding those made at a mental health inquiry (339) the number of Community Treatment Orders made by the Tribunal under s 51 of the Act increased by 456 from 4426 in 2011/12 to 4882 in 2012/13 – a 10.3% increase. As mentioned above, one of the consequences of the change to the timing of mental health inquires is that fewer Community Treatment Orders are made at a mental health inquiry. This means that in more cases a separate application and subsequent hearing are required for a person to be discharged on a Community Treatment Order.

Under s 56(2) of the Act the maximum duration of a Community Treatment order is 12 months. However of the 5221 Community Treatment Orders made in 2012/13 only 430 were for a period of more than six months (usually 12 months). This is 8.2% which is a slightly lower percentage of such orders in 2011/12 (9.6%). Although the Mental Health Act 2007 provides that the Tribunal is able to make Community Treatment Orders for up to 12 months, the vast majority of orders continue to be made for periods of up to six months. Longer orders are generally only made in circumstances where there are clearly established reasons for justifying a longer period.

There was a 1.6% increase in the number of hearings held by the Forensic Division in 2012/13 compared to the previous year (943 in 2012/13 compared to 928 in 2011/12).

In 20012/13 the Tribunal conducted:

	2012/13
Civil Patient hearings (for details see Tables 1-14) (* includes 6321 mental health inquiries)	*15510
Financial Management hearings (for details see Table 15)	224
Forensic Patient reviews (for details see Tables 16 - 23)	943
	16677

Details for each area of jurisdiction of the Tribunal are provided in the various statistical Tables contained later in this Report. Table A shows the number of hearings conducted each year since the Tribunal's first full year of operation in 1991 when 2,232 hearings were conducted.

Table A

Total number of hearings 1991 - 2012/2013

	Civil Patient Hearings	*Financial Management Hearings*	*Forensic Patient Hearings*	*Totals per year*	*% Increase over previous year*
1991	1986	61	185	2232	%
1992	2252	104	239	2595	+16.26%
1993	2447	119	278	2844	+9.60%
1994	2872	131	307	3310	+16.39%
1995	3495	129	282	3906	+18.01%
1996	4461	161	294	4916	+25.86%
1997	5484	183	346	6013	+22.31%
1998	4657	250	364	5271	-12.34%
1999	5187	254	390	5831	+10.62%
2000	5396	219	422	6037	+3.48%
2001	6151	304	481	6936	+14.8%
2002	6857	272	484	7613	+9.8%
2003	7787	309	523	8619	+13.2%
2004	8344	331	514	9189	+6.6%
2005	8594	293	502	9389	+2.2%
2006	9522	361	622	10505	+11.9%
2007	8529	363	723	9615	-8.5%
2007-08	8440	313	764	9517	N/A
2008-09	7757	224	771	8752	-8.1%
2009-10	8084	193	824	9101	+4.0%
2010-11	12413	221	870	13504	+43.4%
2011-12	13501	219	928	14648	+8.5%
2012-13	15510	224	943	16677	+13.85%

The Tribunal has regular rosters for its mental health inquiries, civil and forensic hearing panels. In addition to the hearings held at the Tribunal's premises in Gladesville, in person hearings were conducted at 39 venues across the Sydney metropolitan area and regional New South Wales in 2012/13. Although the Tribunal has a strong preference for conducting its hearings in person at a mental health facility or other venue convenient to the patient and other parties, this is not always practical or possible. The Tribunal has continued to use telephone and video-conference hearings where necessary and conducted hearings by telephone and/or video conference to 252 inpatient or community venues across New South Wales. In 2012/13, 7,745 hearings and mental health inquiries were conducted in person (46.4%), 7,553 by video (45.3%) and 1,393 by telephone (8.3%). The numbers and percentages although similar to the last two years, differ quite significantly from prior years due to the impact of mental health inquiries which can only be conducted in person or by video, that is, not by telephone.

If mental health inquiries are excluded from the figures then 3,504 hearings were conducted in person (33.8%), 5,459 by video (52.7%) and 1,393 by telephone (13.5%). These numbers and percentages varied

slightly from 2011/12 when 3,477 hearings were conducted in person (35.7%), 4,988 by video (51.2%) and 1273 by telephone (13%) and show a continued trend of decrease in the number of hearings conducted in person and by telephone and a corresponding increase in the number of video conference hearings. The continued reduction in telephone hearings is particularly pleasing as telephone hearings are only used where an in person hearing is not practicable and where no video conference facilities are available. The vast majority of telephone hearings related to Community Treatment Orders (95.8%), most often for people in the community on an existing Community Treatment Order (54.1%). Hearings to vary the conditions of existing Community Treatment Orders comprised 12.6% of telephone hearings.

Number of Clients

Having assumed the mental health inquires role the Tribunal is now responsible for making and reviewing all involuntary patient orders and all Community Treatment Orders (apart from a small number of Orders made by Magistrates under s 33 of the Mental Health (Forensic Provisions) Act 1990). This means that the Tribunal is now able to get a fairly accurate picture of the actual number of people subject either to an involuntary patient order or to a Community Treatment Order at any given time.

As at 30 June 2013 there were 1,250 people for whom the Tribunal had made an involuntary patient order either at a mental health inquiry or at a subsequent review (this compares to 1,074 at the same date in 2012). However it should be noted that a number of these patients may in fact have been discharged or reclassified as voluntary patients since the making of the order without reference to the Tribunal. There were 66 individuals who had been voluntary patients for more than 12 months and had been reviewed by the Tribunal – again a number of these may have been discharged or reclassified since the Tribunal review. See Table 5 for further details including a summary of the facilities in which these individuals were detained/ admitted.

In terms of Community Treatment Orders, as at 30 June 2013 there were 2,763 individuals subject to an Order made by the Tribunal. While a small number of these orders may have been revoked by the Director of the Health Care Agency responsible for implementing the Order, this should be a fairly accurate count on the number of people subject to a Community Treatment Order at that point in time. This is slightly more than at the same date in 2012 when there were 2,709 individuals subject to a Community Treatment Order.

Mental Health Inquiries

The Tribunal assumed the role of conducting mental health inquiries on 21 June 2010 and at that time implemented a two weekly schedule for conducting mental health inquiries at forty two (42) inpatient mental health facilities around the State. Initially inquiries were conducted on a fortnightly basis by video conference to most of these facilities.

In mid 2011 the Ministry of Health commissioned Communio Pty Ltd to conduct an external evaluation of the 'efficacy and cost of the mental health inquiry system'. The Final Report from this evaluation was released in early 2012. On 15 March 2012 the Minister for Mental Health announced the Government's response to the Report that in line with the Report's recommendations additional funding would be provided to the Tribunal to improve the Tribunal's capacity to conduct mental health inquiries in a timely manner.

Mental health facilities are required to present the patient to an inquiry 'as soon as practicable' after meeting various statutory requirements for the Tribunal to determine if the patient should continue to be detained as the subject of an involuntary patient order, discharged on a Community Treatment Order or otherwise discharged from the facility. From 1 July 2012 assessable persons are generally presented for a mental health inquiry on the first occasion that the Tribunal visits the relevant mental health facility to conduct mental health inquiries after the person has been detained for 7 days. This means that assessable persons are now presented for mental health inquires in their second or third week of detention depending on the timing

of the rostered mental health inquires day for each facility. This is a change from the previous arrangement which generally saw people presented in the third or fourth week. Patients can be presented earlier for a mental health inquiry on request, and this is so particularly if it is proposed that the patient be discharged on a Community Treatment Order or if a hearing is required to consider an appeal or an application for ECT in relation to the patient.

The Tribunal anticipated that this change would result in an increase in mental health inquiries as more patients remained detained at the time they were due to be presented for an inquiry. The number of inquires conducted in 2012/13 increased by 1411 to 6321 (a 28.7% increase) over 2011/12.

In person inquiries are now conducted at most metropolitan and a number of rural mental health facilities with video conferencing only used at those facilities where in person inquiries are not feasible due to distance or the small number of inquires required at the facility. This has had a significant impact on the percentages of inquires conducted in person or by video. During 2012/13 66.9% of mental health inquiries were held in person and 33.1% by video compared to 47% in person and 53% by video in 2011/12, and 35.6% in person and 64.4% by video in 2010/11.

In implementing the mental health inquiries system the Tribunal has had regard to the number of mental health inquiries previously adjourned by Magistrates. Of the 10,596 inquiries commenced by Magistrates in 2009/10, 5,808 were adjourned (54.8%). The Tribunal was concerned to ensure that moving the timing of inquiries forward did not result in an increase in the rate of adjournment. Pleasingly, the rate of adjournment has remained relatively consistent at about 7% for the three years the Tribunal has been conducting mental health inquiries – 2010/11 - 7.1%, 2011/12 - 7%, and 2012/13 – 7.3%.

In 2012/13, 15.1% of initial mental health inquiries were commenced during the first week of a person's detention (compared to 5.5% in 2011/12), 56.9% during the second week (22.2% in 2011/12), 26.6% in week three (45.1% in 2011/12) and 1.2% in the persons fourth week of detention (26.5% in 2011/12). In a small proportion of cases (0.2% in 2012/13 down from 0.8% in 2011/12) the inquiry was commenced sometime after four weeks, each such case was investigated by the Tribunal and where appropriate followed up with the facility involved. Many of these cases involved patients who were AWOL, on leave or too unwell to be presented for a mental health inquiry at the time they were due.

The Tribunal has continued to closely monitor the new system of holding inquiries earlier both in terms of its cost and any impact on patients and the mental health system. A monitoring group was established with representatives from a number of the peak mental health bodies as well as Legal Aid, PIAC and the Ministry of Health to assist in monitoring the implementation of this process. Given that the system had been in place for three years the monitoring group was wound up during 2012/13. The Tribunal is appreciative of the time and valuable input from the members of the monitoring group.

Directly related to the change in timing of mental health inquires has been a reduction in the number of hearings held to consider appeals against a decision of an authorised medical officer to refuse a request for discharge. In 2012/13 there were 591 such hearings – 184 less than in 2011/12 (a 23.7% reduction). The reduction in the number of appeal hearings has meant that less additional three member panels have been required to be added to the Tribunal's regular schedule of hearings.

Representation and Attendance at Hearings

All persons appearing before the Tribunal have a right under s 152 and s 154 of the *Mental Health Act 2007* to be represented notwithstanding their mental health issues. Representation is usually provided through the Legal Aid Commission of NSW by the Mental Health Advocacy Service (MHAS), although a person can choose to be represented by a private legal practitioner (or other person with the Tribunal's consent) if they wish. Due to funding restrictions the MHAS has advised the Tribunal that the Service cannot automatically provide representation for all categories of matters heard by the Tribunal. In addition to all forensic cases, representation through the MHAS is usually provided for all mental health inquiries and reviews of involuntary patients during the first 12 months of detention; appeals against an authorised medical officer's refusal to discharge a patient and all applications for financial management orders. Representation is also provided for some applications for Community Treatment Orders and some applications for revocation of financial management orders, however this may be subject to a means and merits test. Including mental health inquiries, representation was provided in 72% of all hearings in the Tribunal's civil jurisdiction (see table 1) and 98.9% of all forensic hearings. During 2011/12 the Legal Aid Commission expanded representation to include some ECT inquiries, particularly those held before an involuntary patient order has been made at a mental health inquiry.

All persons with matters before the Tribunal are encouraged to attend the hearing to ensure that their views are heard and considered by the Tribunal and to ensure that they are aware of the application being made and the evidence that is being presented about them. This attendance and participation in hearings can be in person or by way of video or telephone. In civil matters the person the hearing is about attended in 86% of all hearings – this is the same percentage as in 2011/12. Included in these figures are mental health inquiries at which the patient must attend for the inquiry to proceed – for mental health inquiries the rate of client attendance was 96.3%. The mental health inquiry would generally be adjourned if the patient is not able to attend. In forensic matters, where there is a general requirement that the person attend unless excused from doing so by the Tribunal, the rate was 97%.

Appeals

Section 163 of the Mental Health Act 2007 and s 77A of the *Mental Health (Forensic Provisions) Act 1990* provide for appeals by leave against decisions of the Tribunal to be brought to the Supreme Court of NSW.

During 2012/13 three appeals were lodged with the Supreme Court. Two of these were finalised during the reporting period with the remaining one still to be determined. Two appeals lodged in 2011/12 were also finalised during 2012/13.

Of the appeals finalised during this period, one was successful with a CTO made by the Tribunal being quashed and the Tribunal ordered to re-hear the application with a three member panel; two were settled; and one was refused by the Court.

The Tribunal has carefully reviewed the Court's decision in these appeals with a view to adjusting its procedures as required.

Multicultural Policies and Services

The Tribunal, due to its size, is not required to report under the Multicultural Policies and Services Program. However both the *Mental Health Act 2007* and the *Mental Health (Forensic Provisions) Act 1990* contain specific provisions designed to promote and protect the principles of access and equity. Members of the Tribunal include consumers and persons from various ethnic origins or backgrounds including Aboriginal and Torres Straight Islanders.

Persons appearing before the Tribunal have a right under s158 of the Act to be assisted by an interpreter if they are unable to communicate adequately in English. During 20012/13 interpreters in 52 different languages were used in a total of 779 hearings. This is 179 more hearings involving an interpreter than in 2011/12 – a 23% increase. The most common languages used were Arabic (102), Vietnamese (100), Mandarin (88) and Cantonese (82), followed by Korean (42) Italian (40) and Greek (38).

In August 2009 the Tribunal entered in to a Memorandum of Understanding with the Community Relations Commission on the provision of translation services concerning the Tribunal's official forensic orders. No forensic orders were translated in 2012/13. Translated copies of the Statement of Rights are available from the Tribunal's website.

In future years, the Tribunal will continue to arrange interpreters and translations as required and ensure that its membership includes representation from people with a multicultural background. We will also investigate the option of translation of some of the Tribunal's publications once the current review of the Mental Health Act 2007 is concluded.

Government Information (Public Access) Act 2009

Applications for access to information from the Tribunal under the Government Information (Public Access) Act 2009 (GIPA ACT) are made through the Right to Information Officer at the NSW Ministry of Health. Information relating to the judicial functions of the Tribunal is 'excluded information' under the GIPA Act and as such is generally not disclosed.

The administrative and policy functions of the Tribunal are covered by the GIPA Act. Information was provided in response to one application for disclosure of information during 2012/13.

This year the Tribunal issued a new Practice Direction about applying for a copy of an audio recording or transcript.

Public Interest Dislocures Act 1994

Public Authorities in New South Wales are required to report annually on their obligations under the *Public Interest Disclosures Act 1994*.

There were no Public Interest Disclosures received by the Tribunal during the reporting period.

Data Collection – Involuntary Referral to Mental Health Facilities and Mental Health Inquiries

The Tribunal is required under the Act to collect information concerning the number of involuntary referrals and the provisions of the Act under which the patients were taken to hospital and admitted or released. The Regulations to the Act provide that these details are collected by means of a form which all inpatient mental health facilities are required to forward to the Tribunal with respect to each involuntary referral (Form 10).

Although a large number of Emergency Departments are now gazetted under the Act as emergency assessment facilities, most Emergency Departments do not currently complete Form 10s. This means that the data collected from these Forms is incomplete and may not accurately reflect the full number of involuntary referrals, particularly those taken by ambulance or police to an Emergency Department rather than directly to an inpatient mental health facility.

Information from this data is contained in Table 4 and in Appendix 1.

Official Visitor Program

The Official Visitor Program is an independent statutory program under the *Mental Health Act 2007* reporting to the Minister for Mental Health. The Program is headed by the Principal Official Visitor, Ms Jan Roberts and supported by two permanent and one temporary staff positions. In March 2008 the Official Visitor Program relocated to share premises with the Tribunal at Gladesville and became administratively reportable to the Registrar of the Tribunal.

Although the Program is administratively supported by the Registrar and staff of the Tribunal, it remains completely independent of the Tribunal in terms of its statutory role. Official Visitors and the Principal Official Visitor continue to report directly to the Minister. The Registrar of the Tribunal is a member of the Official Visitor Advisory Committee. A Memorandum of Understanding was entered into by the Tribunal and the Official Visitor Program in 2009 setting out the agreed systems for raising issues identified by the Tribunal or the Official Visitor Program in relation to the other body.

The program is appreciative of the ongoing support and advice provided by the Mental Health and Drug and Alcohol Office in the Ministry of Health.

Premises

The Tribunal continues to operate from its premises in the grounds of Gladesville Hospital.

The Tribunal has six hearing rooms all fitted with video-conferencing facilities. Video conferencing equipment has also been installed in the Tribunal's conference room. This room is now used occasionally for 'overflow' hearings when all other hearing rooms are being used. There are two separate waiting areas for use by people attending hearings and rooms available for advocates and representatives to meet with their clients prior to hearings.

One of the Tribunal's hearing rooms continues to be made available for use by the Northern Territory Mental Health Review Tribunal once or twice a week for the conduct of their hearings by video conference using psychiatrist members located in New South Wales.

Renovations were carried out in June 2012 to a previously unused area of the Tribunal's premises to make way for the installation of a large compactus to provide additional storage for Tribunal files. File storage is an ongoing issue for the Tribunal as it maintains a client file for each person for whom a hearing is held. The Tribunal holds records for more than 35,000 clients.

Venues

Regular liaison with hearing venues is essential for the smooth running of the Tribunal's hearings. Venue coordinators or Tribunal Liaison Clerks at each site provide invaluable assistance in the scheduling of matters; collation of evidence and other relevant information for the panels; contacting family members and advocates for the hearing; and supporting the work of the Tribunal on the day. This role is particularly important in ensuring that all the necessary notifications have occurred and correct documentation is available for mental health inquiries. The Tribunal is very appreciative of the support provided to the Tribunal by these Tribunal Liaison Clerks.

The Tribunal continues to be constrained by the limited resources and facilities available at some mental health facilities and correctional centres. Many venues do not have an appropriate waiting area for family members and patients prior to their hearing. There are safety and security concerns at a number of venues, with panels utilising hearing rooms without adequate points of access or other appropriate security systems in place. Essential resources such as telephones with speaker capacity are sometimes unavailable in some

venues. During the year, the President of the Tribunal wrote to all Medical Superintendents of mental health facilities where Tribunal hearings are held requesting confirmation that their hearing rooms comply with the Ministry of Health requirements. The Tribunal proposes to conduct a 'venue audit' in the second half of 2013 to identify and raise any difficulties with particular venues.

Staff at venues are not always familiar with the video conferencing equipment used to conduct hearings or the help desk or support arrangements in place to deal with problems with this equipment – this was particularly evident again during 2012/13 as a number of Local Health Districts (LHDs) made changes to their video conference infrastructure which resulted in ongoing difficulties for Tribunal panels attempting to conduct hearings by video. The Tribunal continues to negotiate with particular venues and LHD's about these issues. The Tribunal is also negotiating with the Ministry of Health about the option of conducting video conference calls over the internet rather than using ISDN lines. This would overcome many of the technical difficulties experienced by panels trying to conduct hearings by video, and also be much more cost effective.

Community Education and Liaison

During 2012/13 the Tribunal conducted a number of community education sessions to inpatient and community staff at various facilities across the State. These sessions were used to explain the role and jurisdiction of the Tribunal and the application of the Mental Health Act and the Mental Health (Forensic Provision) Act 1990.

In November 2012 the Tribunal hosted the annual National Heads of Mental Health Review Tribunals and Boards meeting. The meeting was attended by Presidents and Registrars or Executive Officers from most states and territories across Australia. It provided a valuable forum for discussing common issues and to keep abreast of legislative and other developments in each jurisdiction.

Staff and full time members of the Tribunal also attended and participated in a number of external conferences, training sessions and events.

OUR STAFF AND TRIBUNAL MEMBERS

Staff

Although the number of hearings conducted by the Tribunal has increased more than sevenfold since the Tribunal's first full year of operation in 1991 staffing levels remained relatively the same for many years with the increased workload absorbed through internal efficiencies and the increased use of information technology. Managing the increase in the Tribunal's workload was only been possible due to the ongoing hard work and dedication of the Tribunal's staff.

In recognition of the increased workload the Tribunal has been assisted in recent years by the establishment of a number of temporary positions. These positions have continued but attempts to have them made permanent were not successful due to a lack of available recurrent funding though the Mental Health Drug & Alcohol budget. This resulted in a large number of staff acting in positions or being appointed to the Tribunal on a temporary basis for a number of years. However, the Tribunal is hopeful that with the support of the Ministry of Health these temporary positions will be made permanent in the next reporting period. This will be a very positive step and provide greater stability for our staff and recognise their ongoing commitment to the work of the Tribunal.

Two additional permanent positions were approved in 2010 and one more in mid 2012 to support the mental health inquiries function.

Appendix 4 shows the organisational structure and staffing of the Tribunal as at 30 June 2013.

Tribunal Members

Appendix 3 provides a list of the members of the Tribunal as at 30 June 2013. As at this date the Tribunal had a President, two full time Deputy Presidents, eight part time Deputy Presidents and 115 part time members. Members sit on hearings in accordance with a roster drawn up to reflect members' availability, preferences and the need for hearings. Most members sit between two and four times per month at regular venues.

The Tribunal's part time membership reflects a sound gender balance with 66 female part time members and 57 male (this includes two female and six male part time Deputy Presidents). There are a number of members who have indigenous or culturally diverse backgrounds. A number of the Tribunal's part time members have a lived experience with mental illness and bring a valuable consumer focus to the Tribunal's hearings and general operations.

The Tribunal is supported by a large number of dedicated and skilled members who bring a vast and varied array of talents and perspectives. The experience, expertise and dedication of these members is enormous and often they are required to attend and conduct hearings in very stressful circumstances at inpatient and community mental health facilities, correctional centres and other venues.

In 2012/13 the Tribunal continued its program of regular professional development sessions for its members. These sessions involve presentations from Tribunal members and staff as well as guest speakers. The sessions are conducted out of hours and no payment is made for members' attendance. The Tribunal is encouraged and appreciative of the high rate of member attendance at these sessions. Topics covered during the reporting period included: aspects of hearing management; a presentation on tasers and drug induced psychosis based on the Curti coronial inquest; findings from the Ombudsman Inquiry into the need to improve accommodation and support to people with psychiatric disability; the National Recovery Framework; the Forensic Mental Health Network; assessing risk - how is it done and what does it mean, as well as an Oxford style debate on "Risk Vs Capacity".

The Tribunal also regularly distributes practice directions, circulars and information to our members to support their work in conducting hearings. Presidential members are also available on a day-to-day basis to assist and respond to enquiries from members and other parties involved in the Tribunal process.

An important component of striving to maintain the high standards of Tribunal members is the formal appraisal of members, a process which commenced in 2011. The Tribunal's full time presidential members have been involved in the ongoing appraisal of part time members. Whilst the aim of the initiative is to ensure that Tribunal members are of the highest standard, the appraisal mechanism also provides the Tribunal with additional opportunities to identify training needs or gaps in service.

The performance of members is appraised against a set of competency criteria drawn from the Tribunal's existing standards and from the 'Competence framework for Chairman and members of Tribunal' (2002) and the 'Fundamental Principles and Guidance for Appraisals in Tribunals and Model Scheme' (2003) published by the Judicial Studies Board (UK) and adopted by other Australian Tribunals.

The appraisal of members will occur at least once during each term of appointment and involve the member completing a self appraisal form, which is used as a basis of discussion with the appraiser. This is followed by a hearing observation against the agreed standards and results in a report to the President which is signed by the appraiser and the member. The appraisal is a relevant consideration in the reappointment process.

The terms of all part time members expired on 31 August 2012. Approximately half of the Tribunal membership had their appointment reviewed by an internal process involving an expression of interest and an interview

with the President of the Tribunal. Following this process 54 current members were reappointed for a further four year term, five members did not seek reappointment and their term expired on 31 August 2012.

The remainder of the Tribunal members were required to compete in an external merits based recruitment process which commenced in early 2012 with interviews being held in April, May and June. In response to its external advertising the Tribunal received 276 expressions of interest from people seeking appointment as part time members. Of these 95 were interviewed and 62 ultimately appointed – this included 20 new appointees and 42 current part time members. The new members were inducted in late 2012 and commenced regular sittings from the beginning of 2013. The Tribunal was delighted with the very positive response to its advertisement and with the very high calibre of applications. Our next planned recruitment action for part time members is in 2016.

The Tribunal would like to gratefully acknowledge the contribution of the following members whose terms expired during 2012/13: Mr Christopher Hogg, Dr Yega Muthu, the Hon Ken Shadbolt, Mr Charles Vandervord, Dr Brian Boettcher, Dr Barbara Burkitt, Dr Jonathon Carne, Professor David Greenberg, Dr Anthony Samuels, Dr Andrew Walker, Dr Timothy Keogh, Mr Gordon Lambert, Mr Andy Robertson and Ms Anne Whaite.

We would also express our gratitude to member Mr Alan Owen who passed away in November 2012. Alan had been a much valued and respected member of the Tribunal since 1995.

FINANCIAL REPORT

The Tribunal receives its funding from the Mental Health Drug and Alcohol Office (MHDAO), Ministry of Health. Total net expenditure for 2012/13 was $6,306,196 (see Appendix 5). This was an increase of approximately $470,000 (8%) over the previous financial year.

A Treasury Adjustment of $400,000 was provided to the Ministry of Health being the agreed amount transferred for the Department of Attorney General and Justice to fund the mental health inquiries role. An additional $400,000 was provided by the Ministry of Health to fund the changes to the mental health inquiry system discussed above. The actual expenditure related to this role for the financial year was $849,907. This included approximately $110,000 being the cost of additional three member Tribunal panels required to deal with the increased number of appeals lodged by patients against an authorised medical officer's refusal to discharge.

The Tribunal is most appreciative of the support provided by the Minister for Mental Health and MHDAO to enable the Tribunal to meet the obligations of its core business in the statutory review of patients under the Mental Health Act 2007 and the Mental Health (Forensic Provisions) Act 1990.

THANK YOU

The Tribunal is very fortunate to have such great staff and fantastic and committed members. I would like to thank the staff and members of the Tribunal for their continued hard work and commitment to the very important work that we do. I would also like to thank those staff in the inpatient and community based mental health facilities with whom the Tribunal has had contact over the last 12 months. The successful operation of the Tribunal in conducting more than 16,600 hearings would not have been possible without their ongoing co-operation and support.

Rodney Brabin
Registrar

5. STATISTICAL REVIEW

5.1 CIVIL JURISDICTION

Table 1

Summary of statistics relating to the Tribunal's civil jurisdiction under the Mental Health Act 2007 for the period 1 July 2012 to 30 June 2013

Section of Act	*Description of Review*	*Hearings (Including Adjournments)*			*% Reviewed by Sex*		*Legally Represented*	*Client Attended*
		M	*F*	*Total*	*M*	*F*		
s9	Review of voluntary patients	36	41	77	47	53	36 (47%)	66 (86%)
s34	Mental Health Inquiry	3477	2844	6321	55	45	6073 (96%)	6088 (96%)
s37(1)(a)	Initial review of involuntary patients prior to expiry of magistrate's order	707	603	1310	54	46	1145 (87%)	1186 (91%)
s37(1)(b)	3 monthly review of involuntary patients after initial 12 month period	350	197	547	64	36	485 (89%)	494 (90%)
s37(1)(c)	Continued review of involuntary patients after initial 12 month period	367	209	576	64	36	268 (47%)	524 (91%)
s44	Appeal against an authorised medical officer's refusal to discharge	304	287	591	51	49	471 (80%)	554 (94%)
s51	Community treatment orders	3253	1927	5180	63	37	2238 (43%)	3766 (73%)
s63	Review of affected persons detained under a community treatment order	5	3	8	63	37	7 (88%)	6 (75%)
s65	Revocation of a community treatment order	4	-	4	100	-	1 (25%)	3 (75%)
s65	Variation of a community treatment order	136	51	187	73	27	26 (14%)	18 (10%)
s67	Appeal against a Magistrate's community treatment order	-	-	-	-	-	-	-
s96(1)	Review of voluntary patient's capacity to give informed consent to ECT	2	3	5	40	60	2 (40%)	5 (100%)
s96(2)	Application to administer ECT to an involuntary patient with or without consent	254	438	692	37	63	456 (66%)	606 (88%)
s99	Review report of emergency surgery involuntary patient	1	2	3	33	67	-	-
s101	Application to perform a surgical operation	4	8	12	33	67	9 (75%)	11 (92%)
s103	Application to carry out special medical treatment	-	-	-	-	-	-	-
s154(3)	Application to be represented by a person other than an Australian legal practitioner	-	-	-	-	-	-	-
TOTAL		**8900**	**6613**	**15513**	**57**	**43**	**11217 (72%)**	**13327 (86%)**

Table 2

Summary of statistics relating to the Tribunal's civil jurisdiction under the Mental Health Act 1990/Mental Health Act 2007 for the periods 2009/10, 2010/11, 2011/12 and 2012/2013

	2009/10	*2010/11*	*2011/12*	*2012/13*
Reviews of assessable persons - Mental Health Inquiries	43	4447	4910	6321
Reviews of persons detained in a mental health facility for involuntary treatment	2572	2062	2137	2433
Appeal against authorised medical officer's refusal to discharge (s44)	255	608	775	591
Applications for orders for involuntary treatment in a community setting (s51)	4196	4380	4697	5180
Variation and Revocation of Community Treatment Orders (s65)	186	134	190	191
Review of those persons detained in a mental health facility following a breach of the Community Treatment Order (s63)	10	11	11	8
Appeal against a Magistrate's Community Treatment Order (s67)	8	2	-	-
Review of those in a mental health facility receiving voluntary treatment who have been in the facility for more than 12 months (s9)	60	75	83	77
Notice of Emergency Surgery (s99)	4	2	8	3
Consent to Surgical Operation (s101)	27	9	14	12
Consent to Special Medical Treatment (s103)	2	-	-	-
Review voluntary patient's capacity to consent to ECT (s96(1))	9	5	12	5
Application to administer ECT to an involuntary patient	716	680	671	692
Application for representation by non legal practitioner	-	-	1	-
TOTALS	**8088**	**12415**	**13509**	**15513**

Table 3

Summary of outcomes for reviews of assessable persons at a mental health inquiry for the period 1 July 2012 to 30 June 2013

M	*F*	*T*	*Adjourn*	*Invol Patient Order*	*Discharge*	*Deferred Discharge*	*Discharge on CTO*	*Discharge to Primary Carer*	*Declined to deal with/ withdrawn*	*Reclass to Voluntary*
3477	2844	6321*	464	5417	31	33	339	17	20	-

Note: * These determinations related to 5194 individuals.

Table 4

Flow chart showing progress of involuntary patients admitted during the period July 2012 to June 2013

Persons taken to a mental health facility involuntarily

Total involuntary referrals

Involuntary admissions (10977 mentally ill and 3948 mentally disordered persons)

Mental health inquiries commenced under s34 (includes 464 hearings that were adjourned)

Involuntary patient orders made at a mental health inquiry (36.3% of total involuntary admissions and reclassifications; 85.7% of mental health inquiries commenced)

Involuntary patient reviews by Tribunal under s37(1)(a) (8.8% of total involuntary admissions and reclassifications; 24.2% of persons placed on involuntary orders at a mental health inquiry)

Iinvoluntary patient orders made by Tribunal pursuant to s37(1)(a) review (7.5% of total involuntary admission and reclassifications; 85.5% of patient reviews under s37(1)(a))

Involuntary patient review unders s37(1)(b) (3.7% of total involuntary admissions and reclassifications; 48.8% of patients placed on involuntary orders by Tribunal under s37(1)(a))

Involuntary patient orders made by Tribunal pursuant to s37(1)(b) reviews (3.2% of total involuntary admissions and reclassifications; 88.7% of patient reviews under s37(1)(b)).

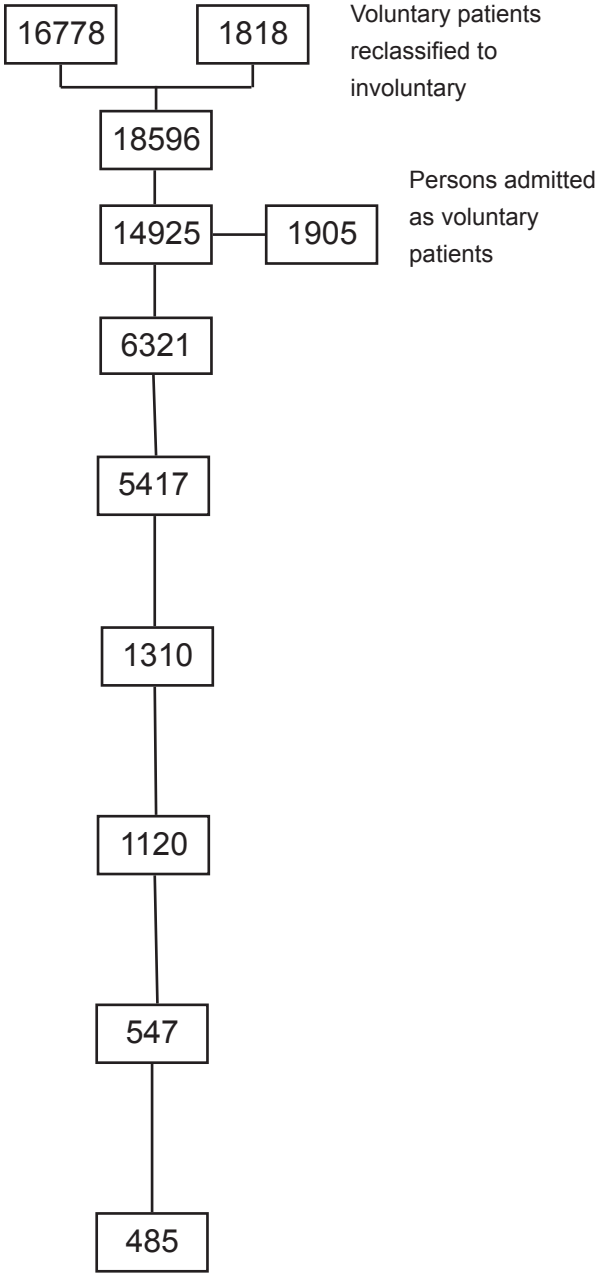


Table 5

Summary of patients subject to Involuntary patient orders or voluntary patient review as at 30 June 2013

Hospital	*s34*	*s37(1)a*	*s37(1)b*	*s37(1)c*	*Total Involuntary*	*Voluntary*	*Total*
Albury	5	2	0	0	7	0	7
Bankstown	20	4	1	0	25	0	25
Bega	3	2	0	0	5	0	5
Blacktown	14	7	0	0	21	0	21
Bloomfield	21	10	8	21	60	9	69
Blue Mountains	6	2	0	0	8	0	8
Braeside	3	4	0	0	7	0	7
Broken Hill	0	0	0	0	0	0	0
Campbelltown	16	8	2	0	26	0	26
Cessnock	0	0	0	0	0	0	0
Coffs Harbour	10	8	3	0	21	0	21
Concord	59	29	10	22	120	7	127
Cumberland	39	29	22	68	158	21	179
Dubbo	7	7	0	0	14	0	14
Forensic Hospital	0	0	2	7	9	0	9
Gosford	11	1	1	0	13	0	13
Goulburn	11	4	3	2	20	1	21
Greenwich	7	1	2	0	10	0	10
Hornsby	15	5	1	1	22	0	22
James Fletcher	0	0	1	0	1	0	1
John Hunter	2	1	0	0	3	0	3
Kenmore	2	1	0	7	10	5	15
Lismore	20	5	1	1	27	1	28
Liverpool	25	5	4	1	35	0	35
Macquarie	10	12	16	123	161	8	169
Maitland	7	4	3	1	15	0	15
Manly	8	6	2	0	16	0	16
Mater MHC	46	16	10	13	85	1	86
Morisset	2	1	6	45	54	6	60
Nepean	5	7	3	0	15	0	15
Prince of Wales	30	11	2	0	43	2	45
Port Macquarie	4	3	1	0	8	0	8
Royal North Shore	7	4	1	1	13	0	13
Royal Prince Alfred	16	4	0	0	20	0	20
Shellharbour	19	6	2	0	27	2	29
St George	12	9	1	2	24	2	26
St Joseph's	3	3	1	0	7	0	7
St Vincent's	23	5	1	0	29	0	29
Sutherland	13	2	2	0	17	0	17
Tamworth	8	2	0	0	10	0	10
Taree	3	2	0	0	5	0	5
Tweed Heads	13	4	0	0	17	0	17
Wagga	7	4	2	0	13	0	13
Westmead Adult Psych	5	3	0	0	8	0	8
Westmead Childrens	3	1	0	0	4	0	4
Westmead Psycho Geriatric	1	1	0	0	2	0	2
Wollongong	6	3	0	0	9	1	10
Wyong	19	6	1	0	26	0	26
Total	**566**	**254**	**115**	**315**	**1250**	**66**	**1316**

Table 6

Involuntary patients reviewed by the Tribunal under the Mental Health Act 2007 for the period 1 July 2012 to 30 June 2013

		M	*F*	*T*	*Adjourn*	*Withdrawn No Jurisdic-tion*	*Discharge/ voluntary*	*Discharge on CTO*	*Continued detention as involuntary patient*
s37(1)(a)	Review prior to expiry order for detention as a result of a mental health inquiry	707	603	1310	125	-	54	11	1120
s37(1)(b)	Review at least once every 3 months during first 12 months person is an involuntary patient	350	197	547	45	-	15	2	485
s37(1)(c)	Review at least once every 6 months while person is an involuntary patient after first 12 months	367	209	576	18	1	3	-	554
Total		1424	1009	2433	188	1	72	13	2159

Note: The 1310 reviews under s37(1)(a) related to 1209 individuals
The 547 reviews under s37(1)(b) related to 323 individuals
The 576 reviews under s37(1)(c) related to 345 individuals
The total of 2433 reviews under s37(1) related to 1606 individuals

Table 7

Summary of outcomes of appeals by patients against an authorised medical officer's refusal of or failure to determine a request for discharge (s44) during the periods 2007/8, 2008/9, 2009/10, 2010/11, 2011/12 and 2012/13

	M	F	T	Adjourned	Withdrawn no jurisdiction	Appeal Dismissed	Dismissed and no further Appeal to be heard prior to next scheduled review	Discharged	Reclass to Voluntary
Jul 07 - Jun 08	104	53	157	20	9	116	9	3	-
Jul 08- Jun 09	105	94	199	16	12	144	15	12	-
Jul 09 - Jun 10	137	118	255	27	14	192	18	3	1
Jul 10 - Jun 11	336	272	608	50	43	471	18	25	1
Jul 11 - Jun 12	413	362	775	49	62	613	20	26	5
Jul 12 - Jun 13	304	287	591*	46	28	461	26	29	1

Note: * These determinations related to 473 individudals

Table 8

Community Treatment Orders for declared mental health facilities made by the Tribunal for the periods 2010/11, 2011/12 and 2012/13

Health Care Agency	*2010/11 Total CTOs*	*2011/12 Total CTOs*	*2012/13 Total CTOs*	*Health Care Agency*	*2010/11 Total CTOs*	*2011/12 Total CTOs*	*2012/13 Total CTOs*
Albury CMHS	19	10	12	James Fletcher Hospital	1	-	-
Auburn CHC	38	38	35	Kempsey CMHS	34	28	36
Bankstown MHS	148	144	157	Lake Illawarra Sector MHS	80	114	110
Bega Valley Counselling & MHS	17	26	20	Lake Macquarie MHS	96	90	96
Blacktown	147	172	190	Leeton/Narrandera CHC	7	2	3
Blue Mountains MHS	90	93	101	Lismore MHOPS	89	88	90
Bondi Junction CHC	9	9	5	Liverpool MHS	96	118	154
Bowral CMHS	21	19	11	Macquarie Area MHS	42	72	69
Campbelltown MHS	166	188	160	Manly Hospital & CMHS	121	142	150
Camperdown	99	124	140	Maroubra CMH	202	217	202
Canterbury CMHS	125	111	119	Marrickville CMHS	155	147	165
Central Coast AMHS	297	265	282	Merrylands CHC	97	117	132
Clarence District HS	33	43	47	Mid Western CMHS	75	71	102
Coffs Harbour MHOPS	85	87	98	Mudgee MHS	9	2	2
Cooma MHS	9	5	11	Newcastle MHS	100	134	124
Cootamundra MHS	2	2	1	Northern Illawarra MHS	102	115	135
Croydon	122	151	182	Orange C Res/Rehab Services	33	19	17
Deniliquin District MHS	11	7	4	Parramatta	82	102	77
Dundas CHC	32	28	29	Penrith MHS	97	97	114
Eurobodalla CMHS	23	19	23	Port Macquarie CMHS	74	81	54
Fairfield MHS	138	158	153	Queanbeyan MHS	36	37	35
Far West MHS	42	48	54	Redfern CMHS	59	60	74
Goulburn CMHS	41	52	48	Royal North Shore H & CMHS	136	128	139
Granville	-	17	20	Ryde Hospital & CMHS	109	89	97
Griffith (Murrumbidgee) MHS	14	9	15	Shoalhaven MHS	45	42	31
Hawkesbury MHS	32	22	10	St George Div of Psychiatry & MH	221	253	242
Hills CMHC	51	55	52	Sutherland C Adult & Family MHS	91	111	97
Hornsby Ku-ring-gai Hospital & CMHS	103	92	107	Tamworth	-	5	6
Hunter	32	23	11	Taree CMHS	63	48	77
Hunter NE Mehi/McIntyre	20	21	29	Temora	9	11	15
Hunter NE Peel	26	24	33	Tumut	3	8	9
Hunter NE Tablelands	17	13	15	Tweed Heads	105	128	124
Hunter Valley HCA	44	53	55	Wagga Wagga CMHS	45	42	48
Inner City MHS	95	125	151	Young MHS	12	13	15

Total Number of Community Treatment Orders 2010-11 4694*
Total Number of Community Treatment Orders 2011-12 4984**
Total Number of Community Treatment Orders 2012-13 5221***

* Includes 566 Community Treatment Orders made at mental health inquiries.
** Includes 581 Community Treatment Orders made at mental health inquiries.
*** Includes 339 Community Treatment Orders made at mental health inquiries.

Table 9

Number of Community Counselling Orders and Community Treatment Orders made by the Tribunal and by Magistrates for the period 2001 to 2012/13

	2001	2002	2003	2004	2005	2006	2007	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Total MagistrateCCO/ CTOs	1349	578	1159	2092	1542	1585	1460	1318	997	806	-	-	-
Mental Health Inquiry CTOs										10	566	581	339
Total TribunalCCO/ CTOs	2826	3220	3676	3992	4325	4661	4854	4706	4058	3956	4128	4426	4882
Total CCO/CTOs made	**4175**	**3798**	**4835**	**6084**	**5867**	**6256**	**6314**	**6024**	**5055**	**4772**	**4694**	**5007**	**5221**

Table 10

Summary of outcomes for applications for Community Treatment Orders (s51) 2012/13

	M	F	Total	Adjourned	Withdrawn No Jurisdiction	Application Decline	CTO Made
Application for CTO for a person on an existing CTO	1536	828	2364	46	5	16	2297
Application for a CTO for a person detained in a mental health facility	943	640	1583	83	12	28	1460
Application for a CTO not detained or on a current CTO	774	459	1233	76	5	27	1125
Totals	**3253**	**1927**	**5180***	**205**	**22**	**71**	**4882**

Note: * These determinations related to 3515 individuals

Table 11

Tribunal determinations of ECT consent inquiries for voluntary patients for period 2012/13

Adjourned	1
Capable and has consented	2
Incapable of consent	2
Total	**5***

Note: * These determinations related to four individuals

Table 12

Tribunal determinations of ECT administration inquiries for civil patients for the periods 2009/10, 2010/11, 2011/12 and 2012/13

Outcome	2009/10	2010/11	2011/12	2012/13
Capable and has consented	46	28	24	31**
Incapable of giving informed consent	1	-	-	-
ECT approved	608	584	581	560***
ECT not approved	24	23	11	38
No jurisdiction/withdrawn	5	7	13	7
Adjourned	32	38	42	56
Totals	**716**	**680**	**671**	**692***

Note: * These determinations related to 435 individual patients
** Include one forensic patient
*** Includes two forensic patients

Table 13

Summary of notifications received in relation to emergency surgery (s99) during the priods 2010/11, 2011/12 and 2012/13

	M	F	T	Lung/Heart	Pelvis/Hip/ Leg	Tissue/Skin	Hernia	Gastro	Brain
2010/11	1	1	2	1	1	-	-	-	-
2011/12**	3	5	8	4	-	1	-	1	1
2012/13	1	2	3	1	1	-	1	-	-

Note: ** Includes emergency surgery for one forensic patient.

Table 14

Summary of outcomes for applications for consent to surgical procedures (s101) and special medical treatments (s103) for the period 2012/13

	M	***F***	***T***	***Approved***	***Refused***	***Adjourned***	***No Jurisdiction***
Surgical procedures	4	8	12*	10	-	2	-
Special medical treatment	-	-	-	-	-	-	-

Note: * These determinations related to 11 individuals

5.2 FINANCIAL MANAGEMENT

Table 15

Summary of statistics relating to the Tribunal's jurisdiction under the NSW Trustee & Guardian Act 2009 for the period July 2012 to June 2013

Section of Act	*Description of Reviews*	*Reviews*			*Adjourn-ments*	*With-drawn no jurisdic-tion*	*Order made*	*No Order made*	*Interim Order under s20*	*Revoca-tion Ap-proved*	*Revo-cation Declined*	*Legal Repres.*
		M	*F*	*T*								
s44	At a Mental Health Inquiry	27	31	58	19	1	27	6	5	-	-	53
s45	Forensic patients	1	-	1	-	-	1	-	-	-	-	1
s46	On application to Tribunal for Order	72	53	125	22	5	72	22	4	-	-	115
s48	Review of interim FM order	-	2	2	-	-	-	2	-	-	-	1
s88	Revocation of Order	21	18	39	3	1	-	-	-	27	8	37
Total		**121**	**104**	**225**	**44**	**7**	**100**	**30**	**9**	**27**	**8**	**207**

5.3 FORENSIC JURISDICTION

Table 16

Combined statistics for Tribunal reviews of forensic patients under the Mental Health (Forensic Provisions) Act 1990 for 2011/12 and 2012/13

Description of Review	*2011/12 Reviews*			*2012/13 Reviews*		
	M	F	T	M	F	T
Review after finding of not guilty by reason of mental illness (s44)	26	6	32	26	6	32
Review after detention or bail imposed under s17 MHCPA following finding of unfitness (s45(1)(a))	-	-	-	-	-	-
Review after limiting term imposed following a special hearing (s45(b))	5	-	5	2	-	2
Regular review of forensic patients (s46(1))	585	66	651	620	67	687
Application to extend period of review of forensic patients (s46(4))	1	-	1	1	-	1
Regular review of correctional patients (s61(1))	26	3	29	11	-	11
Review of a forensic patient following their apprehension due to an alleged breach of a condition of leave or release (s68(2))	21	6	27	41	5	46
Application by a victim of a forensic patient for the imposition of a non contact or place restriction condition on the leave or release of the forensic patient (s76)	8	-	8	6	-	6
Initial review of person transferred from prison to MHF (s59)	65	7	72	57	6	63
Review of person awaiting transfer from prison (s58)	22	6	28	21	1	22
Application for a forensic community treatment order (s67)	7	1	8	8	2	10
Application to vary forensic commjnity treatment order (s65)	-	-	-	1	-	1
Regular review of person subject to a forensic community treatment order and detained in a correctional centre (s61(3))	-	1	1	-	-	-
Appeal against decision of Director-General (s76F)	-	-	-	-	-	-
Application for ECT (s96)[1]	3	3	6	3	-	3
Application for surgical operation (s101)	-	-	-	-	-	-
Application for access to medical records (s156)	-	-	-	-	-	-
Application to allow publication of names (s162)	2	-	2	-	-	-
Approval of change of name (s31D)	-	-	-	4	1	5
Total	**726**	**99**	**825**	**801**	**88**	**889**
Determinations						
Fitness s16	40	5	45	42	1	43
Following limiting term s24	13	-	13	11	-	11
Total	**53**	**5**	**58**	**53**	**1**	**54**
Combined Total	**824**	**104**	**928**	**854**	**89**	**943**

[1] In 2011/12 the Tribunal approved the administration of ECT for forensic patients on six occasions and in 2011/13 on three occasions

Table 17

Determinations following reviews held under the Mental Health (Forensic Provisions) Act 1990 for the periods 2011/12 and 2012/13

	2011/12			2012/13		
	M	F	T	M	F	T
Forensic Community Treatment Order	7	1	8	7	2	9
Variation to Forensic CTO	-	1	1	1	-	1
Revocation of Forensic CTO	-	-	-	-	-	-
Determination under s 59 person IS a mentally ill person who should continue to be detained in a mental health facility	60	7	67	52	6	58
Determination under s 59 person IS NOT a mentally ill person who should continue to be detained in a mental health facility	1	-	1	3	-	3
Classification as an involuntary patient	5	1	6	4	-	4
Determination under s76F appeal against Director-General's failure or refusal to grant leave allowed, leave granted	-	-	-	-	-	-
Approval for publication of name under s162	1	-	1	-	-	-
Adjournments	3	-	3	4	1	5
Total	77	10	87	71	9	80

Table 18

Outcomes of reviews held under the Mental Health (Forensic Provisions) Act 1990 for the periods 2011/12 and 2012/13

	2011/12			2012/13		
	M	F	T	M	F	T
No change in conditions of detention	407	48	455	420	43	463
Transfer to another facility	70	15	85	60	4	64
Revocation of order for transfer to a mental health facility	-	-	-	1	-	1
Grant of leave of absence	69	10	79	74	12	86
Revocation of leave of absence	2	-	2	-	-	-
Conditional release	7	1	8	6	2	8
No change to conditional release	125	9	134	114	13	127
Variation of conditions of release	35	2	37	48	6	54
Revocation of conditional release	5	1	6	2	-	2
Unconditional release	5	2	7	4	-	4
Non-association or place restriction on leave or release (s76)	8	-	8	5	-	5
Extend review period to 12 months[1]	36	2	38	34	1	35
Adjournments	27	6	33	58	5	63
Decision not forwarded/completed due to change in circumstances	7	1	8	-	-	-
Order for apprehension or detention	-	-	-	4	1	5
Decision Reserved	-	-	-	4	-	4
Hearing conducted in private	-	-	-	1	-	1
Total	**803**	**97**	**900**	**835**	**87**	**922**

[1] Under s 46(5)(b) the Tribunal may extend the review period of forensic and correctional patients from six months up to 12 months if it is satisfied that there are reasonable grounds to do so or that an earlier review is not required because:

(i) there has been no change since the last review in the patient's condition, and
(ii) there is no apparent need for any chane in existing orders relating to the patient, and
(iii) an earlier review may be detrimental to the condition of the patient.

Table 19

Determinations of the Mental Health Review Tribunal as to fitness to stand trial following reviews held under the Mental Health (Forensic Provisions) Act 1990 for the periods 2011/12 and 2012/13

	2011/12			2012/2013		
	M	**F**	**T**	**M**	**F**	**T**
S16 person WILL become fit to stand trial on the balance of probabilities within 12 months	8	1	9	6	-	6
S16 person WILL NOT become fit to stand trial on the balance of probabilities within 12 months	28	4	32	24	1	25
S24 person is mentally ill	9	-	9	2	-	2
S24 person is suffering from a mental condition and DOES object to being detained in a mental health facility	1	-	1	1	-	1
S24 person is suffering from a mental condition and DOES NOT object to being detained in a mental health facility	1	-	1	5	-	5
S24 person is neither mentally ill nor suffering from a mental condition	1	-	1	3	-	3
S45 person has not become fit to stand trial and will not become fit within 12 months	5	-	5	2	-	2
S47 person has become fit to stand trial	14	1	15	10	1	11
S47 person has not become fit to stand trial and will not become fit within 12 months	48	3	51	68	4	72
Adjournments	5	-	5	12	-	12
TOTAL	**120**	**9**	**129**	**133**	**6**	**139**

Table 20			
Location of forensic and correctional patients as at 30 June 2011, 30 June 2012 and 30 June 2013			
	30 June 2011	**30 June 2012**	**30 June 2013**
Bankstown Hospital	1	-	-
Bathurst Correctional Centre	-	2	1
Blacktown Hospital	-	1	1
Bloomfield Hospital	5	12	17
Blue Mountains Hospital	-	1	2
Cessnock Correctional Centre	-	1	2
Community	98	92	97
Concord Hospital	5	8	6
Cumberland Hospital - Bunya Unit	36	34	37
Forensic Hospital	98	103	111
Gosford Hospital	-	-	1
Goulburn Correctional Centre	3	6	4
High Risk Management Correctional Centre	-	1	-
Junee Correctional Centre	2	1	-
Juvenile Justice Centre	1	1	-
Kenmore Hospital	1	-	-
Lismore Hospital	-	-	1
Lithgow Correctional Centre	1	-	-
Liverpool Hospital	-	2	3
Long Bay Prison Hospital	37	42	38
Macquarie Hospital	10	7	9
Metropolitan Remand and Reception Centre	36	28	19
Metropolitan Special Programs Centre	5	6	8
Morisset Hospital	30	32	31
Nepean Hospital	-	1	-
Parklea Correctional Centre	1	-	-
Shellharbour	-	2	2
Silverwater Womens Correctional Centre	4	3	1
Wellington Correctional Centre	-	-	1
Wyong	-	1	1
TOTAL	**374**	**387**	**393**

Table 21

Location of hearings held for forensic and correctional patients during 2010/11, 2011/12 and 2012/13

	2010/11	2011/12	2012/2013
Bathurst Correctional Centre	-	-	2
Bloomfield Hospital	-	3	-
Concord Hospital	13	-	2
Cumberland Hospital - Bunya Unit	86	94	88
Forensic Hospital	199	224	232
Goulburn Gaol	-	-	7
Long Bay Prison Hospital	134	142	147
Macquarie Hospital	11	11	15
Metropolitan Remand and Reception Centre	90	85	73
Morisset Hospital	73	69	65
Silverwater Womens Correctional Centre	4	3	-
Tribunal Premises	260	297	312
TOTAL	**870**	**928**	**943**

Table 22

Category of forensic and correctional patients as at 30 June 2012 and 30 June 2013

Category	**Male**		**Female**		**Total**	
Year	**June 12**	**June 13**	**June 12**	**June 13**	**June 12**	**June 13**
Not Guilty by Reason of Mental Illness	269	280	30	33	299	313
Fitness	23	25	2	2	25	27
Limiting Term	24	23	1	1	25	24
Correctional Patients	32	23	2	-	34	23
Forensic CTO	2	4	1	1	3	5
Norfolk Island NGMI	1	1	-	-	1	1
Total	**351**	**356**	**36**	**37**	**387**	**393**

Table 23

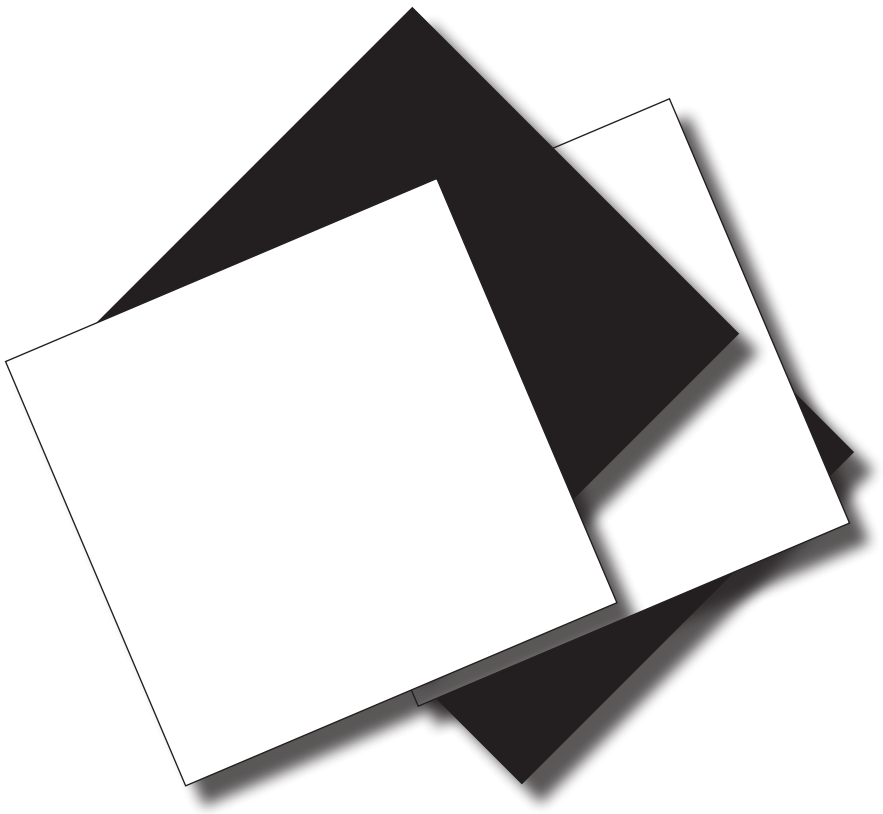
Number of forensic and correctional patients 1995 - 30 June 2013

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Forensic Patients	123	122	126	144	176	193	223	247	279	277	284	310	309	315	319	348	374	387	393

NOTE: Figures for 1994-2001 taken from MHRT Annual Reports as at 31 December of each year. Figures from 2002 - 2012 were taken as at 30 June of these years. Figures for 2009, 2010, 2011 and 2012 include correctional patients. Figures for 2011, 2012 and 2013 include one Norfolk Island forensic patient.

Mental Health
Review Tribunal

APPENDICES



Patient statistics required under MHA s147(2) concerning people taken to a mental health facility during the period July 2012 to June 2013

(1) s147(2)(a)

The number of persons taken to a mental health facility and the provisions of the Act under which they were so taken.

	Method of referal	*Admitted*	*Not Admitted*	*Total*
MHA90/MHA07				
s19	Certificate of Doctor	10901	217	11118
s22	Apprehension by Police	2143	965	3108
s20	Ambulance Officer	764	264	1028
s142/s58	Breach Community Treatment Order	118	16	134
s23/s26	Request by primary carer/relative/friend	955	2	957
s25/s24	Order of Court	254	62	316
s23 via s19	Authorised Doctor's Certificate	114	3	117
Total Admissions		**15249**	**1529**	**16778**
Reclassified from Voluntary to Involuntary		1568	250	1818
TOTAL		**16817**	**1779**	**18596**

(2) s147(2)(b)

Persons were detained as mentally ill persons on 10977 occasions and as mentally disordered persons on 3948 occasions. 1905 persons were admitted as voluntary patients.

(3) s147(2)(c)

A total of 4910 mental health inquiries were commenced relating to 4130 individuals.

Outcome of mental health inquiries conducted 1 July 2012 - 30 June 2013

	MHRT
Adjourned	464
Discharge or deferred discharge	81
Reclassify from involuntary to voluntary	-
Involuntary patient order	5417
Community treatment order	339
Declined to deal with	20
TOTAL	**6321**

(4) s147(2)(d)

In 2012/13 of the 18596 persons taken involuntarily to a mental health facility or reclassified from voluntary to involuntary: 1779 were not admitted; 1905 people were admitted as a voluntary patient and 14925 were detained as either a mentally ill or mentally disordered person - a total of 16817 admissions (including 1568 of the 1818 people who were reclassified from voluntary to involuntary).

There were 6321 mental health inquiries commenced with 5417 involuntary patient orders made. Of these only 1310 patients remained in a mental health facility until the end of the involuntary patient order (which could be made for a maximum of three months) and were reviewed by the Tribunal. This means 4107 people were discharged from a mental health facility or reclassified to voluntary status prior to the end of their initial involuntary patient order.

The jurisdiction of the Tribunal as at 30 June 2013 as set out in the various Acts under which it operates is as follows:

Mental Health Act 2007 Matters

• Review of voluntary patients	s9
• Reviews of assessable persons - mental health inquiries	s34
• Initial review of involuntary patients	s37(1)(a)
• Review of involuntary patients during first year	s37(1)(b)
• Continued review of involuntary patients	s37(1)(c)
• Appeal against medical superintendent's refusal to discharge	s44
• Making of community treatment orders	s51
• Review of affected persons detained under a community treatment order	s63
• Variation of a community treatment order	s65
• Revocation of a community treatment order	s65
• Appeal against a Magistrate's community treatment order	s67
• Review of voluntary patient's capacity to give informed consent to ECT	s96(1)
• Application to administer ECT to an involuntary patient (including forensic patients) with or without consent	s96(2)
• Inspect ECT register	s97
• Review report of emergency surgery involuntary patient	s99(1)
• Review report of emergency surgery forensic patient	s99(2)
• Application to perform a surgical operation on an involuntary patient	s101(1)
• Application to perform a surgical operation on a voluntary patient or a forensic patient not suffering from a mental illness	s101(4)
• Application to carry out special medical treatment on an involuntary patient	s103(1)
• Application to carry out prescribed special medical treatment	s103(3)

NSW Trustee & Guardian Act 2009 Matters

• Consideration of capability to manage affairs at mental health inquiries	s44
• Consideration of capability of forensic patients to manage affairs	s45
• Orders for management	s 46
• Interim order for management	s47
• Review of interim orders for management	s48
• Revocation of order for management	s86

Mental Health (Forensic Provisions) Act 1990 Matters

• Determination of certain matters where person found unfit to be tried	s16
• Determination of certain matters where person given a limiting term	s24
• Initial review of persons found not guilty by reason of mental illness	s44
• Initial review of persons found unfit to be tried	s45
• Further reviews of forensic patients	s46(1)
• Review of forensic patients subject to forensic community treatment orders	s46(3)
• Application to extend the period of review for a forensic patient	s46(4)
• Application for a grant of leave of absence for a forensic patient	s49
• Application for transfer from a mental health facility to a correctional centre for a correctional patient	s57
• Limited review of persons awaiting transfer from a correctional centre to a mental health facility	s58
• Initial review of persons transferred from a correctional centre to a mental health facility	s59
• Further reviews of correctional patients	s61(1)
• Review of those persons (other than forensic patients) subject to a forensic community treatment order	s61(3)
• Application to extend the period of review for a correctional patient	s61(4)
• Application for a forensic community treatment order	s67
• Review of person following apprehension on an alleged breach of conditions of leave or release	s68(2)
• Requested investigation of person apprehended for a breach of a condition of leave or release	s69
• Application by victim of a patient for a non association or place restriction condition to be imposed on the leave or release of the patient	s76
• Appeal against Director-General's refusal to grant leave	s76F

Births, Deaths and Marriages Registration Act 1995 Matters

• Approval of change of name	s31D
• Appeal against refusal to change name	s31K

APPENDIX 3

Mental Health Review Tribunal Members as at 30 June 2012

Full-Time Members	Professor Dan Howard SC (President)	Ms Maria Bisogni (Deputy President)	Ms Anina Johnson (Deputy President)
Part-Time Deputy Presidents	The Hon John Dowd AO QC The Hon Terry Buddin SC The Hon Hal Sperling QC	Mr Richard Gulley AM RFD Mr Geoffrey Graham The Hon Patricia Staunton AM	The Hon Ken Taylor RM RFD The Hon Helen Morgan

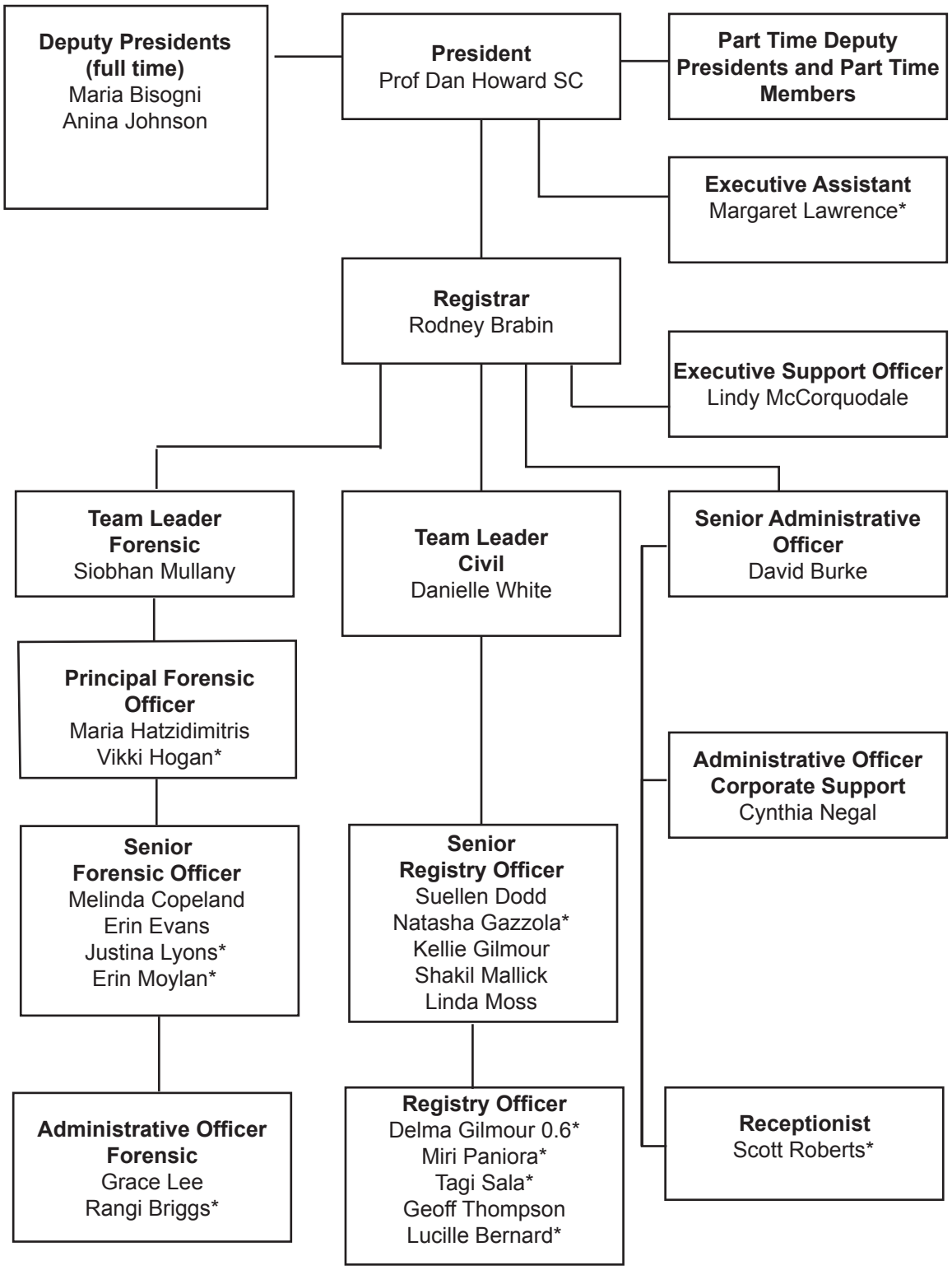
	Lawyers	**Psychiatrists**	**Other**
Part-Time Members	Ms Carol Abela	Dr Clive Allcock	Ms Lyn Anthony
	Ms Diane Barnetson	Dr Stephen Allnutt	Ms Elisabeth Barry
	Ms Rhonda Booby	Dr Dinesh Arya	Mr Peter Bazzana
	Mr Peter Braine	Dr Uldis Bardulis	Mr Ivan L Beale
	Ms Catherine Carney	Assoc Prof John Basson	Ms Diana Bell
	Ms Jennifer Conley	Dr Jenny Bergen	Ms Christine Bishop
	Ms Janice Connelly	Dr Andrew Campbell	Mr Peter Champion
	Ms Jenny D'Arcy	Dr Raphael Chan	Mr Gerald Cheung
	Ms Linda Emery	Dr Shailja Chaturvedi	Ms Gillian Church
	Ms Christine Fougere	Dr June Donsworth	Ms Felicity Cox
	Mr Phillip French	Dr Charles Doutney	Dr Leanne Craze
	Ms Helen Gamble	Dr Michael Giuffrida	Mr Michael Gerondis
	Ms Michelle Gardner	Dr Robert Gordon	Mr John Hageman
	Mr Anthony Giurissevich	Dr Adrienne Gould	Mr John Haigh
	Ms Yvonne Grant	Prof James Greenwood	Ms Corinne Henderson
	Mr Robert Green	Dr Jean Hollis	Ms Sunny Hong
	Ms Eraine Grotte	Dr Rosemary Howard	Ms Lynn Houlahan
	Mr David Hartstein	Dr Peter Klug	Ms Susan Johnston
	Mr Hans Heilpern	Dr Karryn Koster	Ms Janet Koussa
	Mr John Hislop	Dr Dorothy Kral	Ms Rosemary Kusuma
	Ms Barbara Hughes	Dr Lisa Lampe	Ms Jenny Learmont AM
	Ms Julie Hughes	Dr William E Lucas	Ms Robyn Lewis
	Ms Carolyn Huntsman	Dr Rob McMurdo	Ms Leonie Manns
	Mr Michael Joseph SC	Dr Sheila Metcalf	Dr Meredith Martin
	Mr Thomas Kelly	Dr Janelle Miller	Ms Sally McSwiggan
	Mr Dean Letcher	Dr Olav Nielssen	Mr Shane Merritt
	Ms Monica MacRae	Dr Geoffrey Rickarby	Ms Tony Ovadia
	Mr Michael Marshall	Dr Peter Shea	Mr Rob Ramjan
	Ms Carol McCaskie	Dr Satya Vir Singh	Ms Felicity Reynolds
	Mr Lloyd McDermott	Dr John Spencer	Ms Jacqueline Salmons
	Ms Miranda Nagy	Dr Gregory Steele	Mr Peter Santangelo
	Ms Anne Scahill	Dr Victor Storm	Ms Robyn Shields
	Ms Tracy Sheedy	Prof Christopher Tennant	Ms Alice Shires
	Mr Jim Simpson	Dr Paul Thiering	Assoc Prof Meg Smith
	Ms Rohan Squirchuk	Dr Susan Thompson	Dr Suzanne Stone
	Mr Bill Tearle	Dr Rosalie Wilcox	Ms Bernadette Townsend
	Mr Herman Woltring	Dr John Woodforde	Ms Pamela Verrall
		Dr Rasiah Yuvarajan	Dr Ronald Witton
			Prof Stephen Woods

The Tribunal notes with appreciation the contributions of the following member who passed away during 2012/13: Mr Alan Owen

The Tribunal also notes its appreciation for the following members whose appointments ended during 2012/13: Ms Catherine Henry, Mr Christopher Hogg, Dr Yega Muthu, The Hon Ken Shadbolt, Mr Charles Vandervord, Dr Brian Boettcher, Dr Barbara Burkitt, Dr Jonathan Carne, Prof David Greenberg, Dr Anthony Samuels, Dr Andrew Walker, Dr Timothy Keogh, Mr Gordon Lambert, Mr Andy Robertson, Ms Anne Waite

MENTAL HEALTH REVIEW TRIBUNAL

Organisational Structure and Staffing as at 30 June 2013



*** Acting or temporary appointment**

FINANCIAL SUMMARY

Expenditure 2012/13

Expenditure for 2012/13 was directed to the following areas:

Salaries and Wages	2,826,628
Goods and Services	*3,427,313
Equipment, repairs and maintenance	43,987
Depreciation	18,469
Expenditure	**6,316,397
Less Revenue	10,201
Net Expenditure	$6,306,196

* Includes $2,942,377 for payment of part-time member fees.

** Includes expenditure of $849,907 on the Mental Health Inquiries program.