



# ANNUAL REPORT 2020

## NSW MENTAL HEALTH REVIEW TRIBUNAL

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The Honourable Bronnie Taylor MLC

Minister for Mental Health  
Parliament House  
Macquarie Street  
Sydney NSW 2000

19 October 2020

Dear Minister

I enclose the Annual Report of the NSW Mental Health Review Tribunal for the period 1 July 2019 through 30 June 2020, as required by section 147 of the *Mental Health Act 2007*.

Yours sincerely,



Judge Paul Lakatos SC  
**President**

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## THE VALUES WE BRING TO OUR WORK

The NSW Mental Health Review Tribunal is an independent Tribunal which plays an important role in safeguarding the civil liberties of persons under the *Mental Health Act 2007* and in ensuring that people living with mental illness receive the least restrictive care that is consistent with safe and effective care. In exercising its functions and its jurisdiction under the law, the Tribunal adopts the following values:

- Our independence as a decision maker is paramount and our decisions shall, at all times, be arrived at independently and free from improper influence.
- We acknowledge the importance of the objects of and principles for care and treatment contained in the *Mental Health Act 2007* (MHA) and of our role in prompting and giving effect to those objects and principles.
- We acknowledge and respect the dignity, autonomy, diversity and individuality of those whose matters we hear and determine and our important role in protecting their civil liberties.
- Procedural fairness is to be accorded to all persons with matters before the Tribunal.
- Courtesy and respect are to be extended at all times to all persons that we deal with.
- We acknowledge the importance of our procedures being transparent to the public.
- We acknowledge the importance of open justice and also the need to balance this with considerations of individual privacy and confidentiality where appropriate.
- Our work is specialised and requires a high level of professional competence as well as ongoing training, education and development for members and staff.
- We value our members and staff and will continually strive to maintain a supportive, efficient and enjoyable working environment where the dignity and the views of all are respected and where appropriate development opportunities are available.
- As a key stakeholder in the mental health system in New South Wales we shall, where appropriate, seek to promote and to engage collaboratively with other stakeholders and agencies in promoting the ongoing improvement of mental health services in New South Wales.

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## THE WORK THAT WE DO

The Tribunal has some 47 heads of jurisdiction covering:

- 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 objects of the *Mental Health Act 2007* including delivery of the best possible kind of care to each person in the least restrictive environment. The Tribunal also seeks to meet 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'

The COVID-19 pandemic significantly impacted the work of the Tribunal as with all sectors of Australian society. The response to the pandemic, was formulated having regard to three significant factors: continuing the legislative oversight of mentally ill persons, both forensic and civil patients as nearly as possible; in continuing that oversight, attention to the welfare of patients in the COVID-19 situation and the consequent stressors and the welfare of the staff of the Tribunal.

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### LEGISLATIVE AMENDMENTS

Legislative amendments were enacted in the COVID-19 Legislation Amendment (Emergency Measures) Act 2020. The amendments were limited to a period of 6 months from 25 March 2020 (subject to a further extension by up to 12 months). Resort to all of the measures has not been necessary due to the good fortune that there has been no direct impact to the Tribunal of the COVID-19 pandemic.

The measures which were actually implemented were the cessation of attendances by the Tribunal members at mental health or correctional facilities to conduct hearings; the cessation of face-to-face hearings at our Gladesville premises and where in effect, there is no other practical option, to conduct mental health inquiries by telephone. In addition, a mechanism was adopted to extend existing community treatment orders and forensic community treatment orders for limited periods without a hearing. The reviews of voluntary and some involuntary patients were also suspended. Many forensic hearings between 30 March and 30 June 2020 were adjourned for 6 months, subject to a request by or on behalf of the patient or other specified persons for a review. None of these measures interfered with the statutory criteria to be applied to forensic patients and civil patients, including as to issues of leave and release.

Generally, the feedback has been that the stakeholders have not had any significant concerns about the measures. One issue however was the fact that patients' rights and welfare, have not been the subject of proper scrutiny, but it was recognised that this undesirable (and time limited) result was necessary in the circumstances. As with other organisations, the balance was between continuing the work of the Tribunal to some extent and the potential inability of the Tribunal to perform any of its functions at all.

The balance endeavoured to prioritise and implement the mandatory reviews and remove restrictions or expand timeframes, where possible. By way of safety net, the Tribunal encouraged the Mental Health Advocacy Service to communicate with their clients and to exercise rights of appeal, where absent or delayed reviews have resulted in any concerns or injustice.

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### CASELOAD

The net effect of the work of the Tribunal has not been substantially different. In the Civil Division, there has been a decrease between 2019 and 2020, in section 34 reviews from 6787 to 6467. In addition, there has been a decrease in section 37 reviews from 2727 to 2325. On the other hand, appeals to the Tribunal pursuant to section 44 increased from 629 to 797; CTO applications pursuant to section 51 increased from 5519 to 5915 and ECT applications pursuant to section 96 increased from 810 to 828. In total, the work of the Civil Division under all domains decreased from 17006 to 16,855.

In the Forensic Division, there has been a combined increase in the work undertaken from 1543 to 1612. However, it is noted in the Forensic Division Report, the number of matters listed in that division dropped to about 40% in April and May 2020 and the remaining matters were adjourned. In June 2020, approximately 65% of forensic matters were listed for hearing. There were 244 adjourned hearings compared with 87 the preceding year. The intention was to return to listing all matters from September 2020, subject to necessary COVID-19 responses. At the time of this Report, that has been largely achieved.

The report of the Deputy President, Ms Johnson makes reference to the delays in transferring forensic patients to beds in appropriate mental health facilities. This is a continuing issue. But it is heartening to note that in the case of one civil patient with complex needs and a problematical trajectory into the community, a group (including all relevant stakeholders and an entity with overall control) has been established to facilitate the required collaboration between agencies and resource investment to identify and implement an appropriate alternative service model for that patient. This includes attempts to find viable solutions for alternative accommodation, preferably in the community. A tentative



timeframe of upper limit two years has been nominated in which to secure a suitable property and funding for that patient.

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## TRIBUNAL STAKEHOLDERS

The effective work of the Tribunal relies upon a good working relationship with stakeholders, and particularly in the COVID-19 circumstances. In this regard, I acknowledge the cooperation of the Ministry of Health, the Ministry of Communities and Justice, the Justice and Forensic Mental Health Network, Legal Aid NSW, the clinicians at the mental health facilities and various consumer, carer and victim's organisations.

In the report of the Deputy President, Ms Bisogni, she acknowledges the staff changes in the Tribunal and I endorse those comments. In March 2020, the Registrar, Rodney Brabin left the Tribunal after approximately two decades of tireless work and devotion to our mission of protecting the welfare of mentally ill people. I acknowledge that significant contribution and also Mr Brabin's considerable assistance to me personally when I joined the Tribunal. The incoming Registrar Alisa Kelley joined the Tribunal as the COVID-19 pandemic took hold and in that short time, has exhibited considerable skill and added great value to the work of this organisation.

Finally, I would like to acknowledge the invaluable service of the following members of the Tribunal who have retired this year: Dr Stephen Allnutt, Dr Dinesh Arya, Ms Helen Gamble, Professor Timothy Lambert, Dr Geoffrey Rickarby, Dr Kathleen Smith, Professor John Spencer, Dr Suzanne Stone and Dr Stephen Woods. Each of these members has rendered valuable service to the Tribunal and also to those persons with a mental illness, under our care.

The Tribunal looks forward to returning to its normal operations in the next year and if the circumstances permit.

**Judge Paul Lakatos SC**  
**President**

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### COVID-19 RESPONSE

The President has outlined the general Tribunal response to the COVID pandemic.

In March and April 2020, it was unclear to what extent COVID-19 might impact on the physical health of forensic patients and the staff who work with them. Given the Public Health Orders limiting social contact and movement, the Tribunal anticipated that the opportunities for leave, transfer and perhaps release were likely to be significantly reduced. In difficult times, the Tribunal was also conscious of not increasing the anxiety of patients, staff and victims.

The Tribunal's solution was to administratively adjourn a significant number of forensic patient reviews and only proceed with those matters that required a hearing. The process was set out in the Tribunal's COVID-19 Practice Direction.

Reducing the number of forensic reviews allowed for forensic Tribunal staff to assist the Civil Division, to ensure that essential Tribunal hearings could continue to be conducted. It also allowed the Forensic Division time to adjust its practices to enable more staff and members to work remotely and conduct all hearings by video. In this way, the Forensic Division was better prepared to be able to continue its work if COVID-19 restrictions were tightened.

From the end of March to the close of the financial year (and beyond), the Mental Health Advocacy Service and treating teams advised the Tribunal if a forensic matter needed a Tribunal decision. Matters that required a Tribunal decision included forensic community treatment orders, fitness, transfer, leave, release, breach decisions or a request to consider victim restrictions. The Tribunal also considered the information it holds from its previous reviews. If the patient consented, and if the Tribunal considered that a review was not immediately needed, the Tribunal adjourned the proposed review without holding a hearing for up to 6 months.

No changes were made to the statutory criteria that applied to Tribunal decisions to grant leave or release during the pandemic.

The number of matters listed for hearing in the Forensic Division dropped to about 40% in April and May 2020. The remaining matters were adjourned. In June about 65% of forensic matters were listed for hearing. These changes can be seen in the number of adjournments in the Forensic Division. This financial year, the Tribunal adjourned 244 hearings, compared with 87 last financial year.

At the end of June, a decision was made to return to listing 100% of matters from September, subject to any further changes to the Health advice.

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### FORENSIC PATIENTS AND THEIR WHEREABOUTS

There were 34 new findings of Not Guilty by Reason of Mental Illness made in this financial year, similar to the previous year. *See Appendix 2 Table 8.*

As at 30 June 2020, there were 634 forensic and correctional patients in NSW, a small increase from 618 of forensic and correctional patients in the previous financial year. *See Appendix 2 Table 20.*

The numbers of unconditional release orders do fluctuate from year to year. In 2019/2020, there were 17 unconditional release orders. In comparison in 2018/19, there were 12, in 2017/2018, there were 19 and 10 in 2017/2016.

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### TIMEFRAMES FOR ADMISSION TO LESS RESTRICTIVE FORENSIC MENTAL HEALTH FACILITIES

In its Annual Reports from 2009 onwards, the Tribunal has been reporting on delays in transferring forensic patients to a bed in an appropriate mental health facility.



As at 30 June 2020, there were 27 male forensic patients waiting in custody for a bed in the Forensic Hospital. This is a decrease from 30 patients at the same time last year. Eleven people have been waiting in custody for more than 3 years for a bed in the Forensic Hospital. As at 30 June, 12 patients were waiting in the Forensic Hospital for a medium secure bed, two more than in the previous year.

Justice Health and Forensic Mental Health Network says that on average, 15 male forensic patients and 6 female patients are admitted to the Forensic Hospital every year.

In its Annual Report for 2019, the Tribunal noted that the NSW Forensic Mental Health Strategic Plan had been in discussion for three years. It remains in discussion.

When the clinical evidence suggests that the transfer of a forensic patient to a less restrictive environment would be appropriate, the Tribunal retains the power to make an order that a forensic patient be transferred within a specified time frame (“a time limited order”). In the last financial year, time limited orders were made on 12 occasions or 21% of the occasions on which the Tribunal ordered a patient’s transfer. This is the same number of time limited orders as were made in 2018/19. *See Appendix 2 Table 10.*

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## OTHER NOTABLE EVENTS OF 2020/21

June 2020 saw the passage of the Mental Health and Cognitive Impairment Forensic Provisions Act 2020. This legislative reform began with the Law Reform Commission Reports 135 and 138. The new Act updates, clarifies and streamlines the work of the courts and the Tribunal in the area of forensic mental health. It also introduces a new verdict of “act proven but not criminally responsible because of cognitive impairment.” The statutory criteria to be applied by the Tribunal will not change significantly. In the next 6-12 months, the Tribunal will be working with other stakeholders to be ready for the commencement of the new Act.

In his 2017 Report, the Hon Anthony Whealy QC recommended that the Tribunal and other agencies cease using the language ‘index event’ to refer to the offence, or alleged offence. After extensive consultation, NSW Health has decided that the phrase “index offence” should now be used. The Tribunal agreed with this approach and has changed the language it uses in its Guidelines and reasons.

The Tribunal and its members have continued to contribute to research into the outcomes for forensic patients and those with mental illness in the custody by collaborating with Associate Professor Kimberlie Dean, UNSW and Professor Tony Butler, UNSW.

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## FURTHER WORK NEEDED

For a number of years, the Tribunal has noted in its Annual Reports that there are no interstate arrangements for the transfer of forensic patients. Queensland and Victoria have already successfully arranged for the transfer of forensic patients between those two States. The Tribunal considers that similar arrangements should be possible for patients in NSW.

The Mental Health (Forensic Provisions) Act 1990 and the Mental Health and Cognitive Impairment Forensic Provisions Act 2020 are predicated on community case management for forensic patients with cognitive impairments. Forensic case management services are not funded by the NDIS. The Community Safety Program (CSP, formerly the Community Justice and Integrated Services Program) of the Department of Communities and Justice has continued to offer ongoing and urgent discharge planning, case management and risk assessment, as well as regular reports to the Tribunal. This year there have been several examples where CSP has intervened to facilitate the safe discharge of forensic patients or ensure their ongoing conditional release. The future of CSP is uncertain.

The Law Reform Commission (Report 138) recommended that a strategy and implementation plan for forensic patients with cognitive impairments be developed (Recommendation 10.2). A sub-committee of the Forensic Working Group, convened by the Department of Communities and Justice, has been considering this issue for several years.

Unless discharge planning, case management and risk assessment are provided for forensic patients with cognitive impairment, the Tribunal will be unable to fulfil its statutory functions.

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## THANKS

This has certainly been an extraordinary year. The Tribunal has relied on its strong relationships with key stakeholders including the Ministry of Health, Ministry of Communities and Justice, the Justice and Forensic Mental Health Network, Legal Aid NSW, consumer, carer and victims' organisations to manage the changes required by COVID-19.

Rodney Brabin, Registrar of the Tribunal for more than 15 years retired in March 2020, as the COVID-19 pandemic surged. We welcomed Alisa Kelley in that same fortnight. If ever the Tribunal needed two Registrars, it was during COVID-19. We will miss Rodney's breadth of knowledge, incredible work ethic and compassionate approach towards members, staff and consumers. His retirement is well deserved. We are looking forward to finding new opportunities with the fresh ideas that Alisa brings.

The pandemic has required even more than usual from our staff and members. We acknowledge their hard work, flexibility and good will. Thank you.

**Anina Johnson**  
**Deputy President**

**Nadia Sweetnam**  
**Team Leader**

### COVID - 19

In the last quarter of the reporting year, the COVID-19 emergency had a significant impact on the work of the Tribunal's Civil Division. All face to face hearings were ceased and replaced with video conference hearings, primarily from the Tribunal's premises in Gladesville. The following measures were taken due to the limited number of hearing rooms and the need to also accommodate forensic hearings, with no increase in staff: Persons detained as 'assessable persons' were brought to the Tribunal for mental health inquiries 28 to 35 days after detention (instead of the usual 14 to 21 days); and voluntary patient reviews and some involuntary patient reviews were suspended. Urgent legislative changes permitted telephone hearings for mental health inquiries; the adjournment of mental health inquiries for up to 28 days (instead of 14 days) and the extension of Community Treatment Orders for 3 months, for COVID-19 related reasons.

Conscious of the impact of these changes on the rights of consumers, the Tribunal worked with the Mental Health Advocacy Service (MHAS) and mental health facilities to give consumers a voice. The MHAS agreed to contact those consumers who had missed their reviews and offered to represent those who wished to have a hearing before the Tribunal.

COVID-19's impact on consumers and their loved ones was especially challenging, particularly in the early phases of state-wide 'lockdown', which curtailed contact with their loved ones and carers. The change from face to face to video or audio hearings, with the lawyer, family and carers attending 'remotely', undoubtedly added to the stress levels of many consumers. Unfortunately, at the time of writing, any return to wholly face to face hearings appears to be some time off. Plans to restart face to face mental health inquiries in June 2020 were put on hold after the re-emergence of COVID-19 hotspots. Subsequently, the Tribunal planned to resume all hearings by videoconference, by mid-September.

Statistics compiled from the beginning of the pandemic to June 2020 measured the impact of the legislative changes on consumers as follows: 0.4% of CTO hearings were extended for 3 months (or 21 out of 5934); 0.6 % of mental health inquiries were by telephone (or 20 out of 6467) and 0.2 % (or 14 out of 6461) were adjourned for 28 days. These statistics demonstrate that recourse to these measures was exceptional.

### THE TRIBUNAL'S ROLE IN TREATMENT

A key priority of the Tribunal is its commitment to procedurally fair, consumer-centred hearings that promote a recovery paradigm. Consistency in approach of panels in reviewing care and treatment is an important aspect of procedural fairness. To that end, as noted in last year's annual report, a paper that addressed the Tribunal's role in relation to treatment was distributed to Tribunal members and published on the website. There was a professional development event devoted to this topic which considered the perspectives of carers, consumers and clinicians.

A notable increase in the last few years in CTO applications for consumers with eating disorders focused the Tribunal's attention on the treatment needs of this cohort and the Tribunal's role in the reporting year.

Consumers with eating disorders may be admitted to a mental health facility as involuntary patients and have ongoing 'involuntary' care in the community by way of a CTO. To better understand contemporary psychiatric approaches to these disorders, the Tribunal held a training event for Tribunal members that included an expert panel. This was followed by consultations with the expert panel, carer and consumer groups in the development of a CTO Treatment Plan Template for people with eating disorders that met the legal requirements under the Mental Health Act, 2007 and encouraged a consistent approach by applicants and Tribunal panels. The Template and an Information Sheet were also published on the Tribunal's website.

### CONTINUOUS IMPROVEMENT

As noted in previous annual reports, Tribunal panels are able to relay concerns about particular cases or systemic issues to the Tribunal's Executive, via a Member Feedback Form. This allows the Executive to advocate for appropriate outcomes for individual consumers and raise wider systemic issues outside the hearing context. The range of issues taken up in the reporting year included: requests for 'forensic' assessments of 'high risk' civil consumers; the transfer

of involuntary patients to facilities nearer to their loved ones; culturally appropriate input for non-English speaking background consumers and for indigenous consumers; and access to the NDIS.

Issues raised in respect of the NDIS were in substance the same as they had been since its inception, including lengthy time frames for review of NDIS packages, underfunded plans, and an inability by clinicians to track the progress of any application. As noted in last year's annual report, this lack of information can make it difficult for the Tribunal to assess the reasonable availability of less restrictive and appropriate care in the community.

In 2019, the Tribunal was pleased to relay its experience of NDIS access as part of the Federal Government's review of the NDIS Act. The review report, published in January 2020, recognised the above barriers (and others) and made 29 recommendations to improve and support access, as well as the experience of participants. Case study 1 below refers to concerns about the lack of appropriate supports for a consumer with mental illness and severe alcohol dependence and the lack of timely resolution by the NDIA of an appeal for greater supports. Case study 2 sets out the kind of practical advocacy undertaken by the Tribunal for the health and welfare of consumers.

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## KEY RELATIONSHIPS AND LIAISON

The Tribunal has developed good working relationships with Legal Aid, clinicians, and consumer and carer groups. At a practical level, the Civil Team regularly give guidance and advice to these groups in relation to the Tribunal's jurisdiction and its processes. Members of the Executive also undertake training on the Mental Health Act, 2007 to new Registrars. The Tribunal is also able to raise any issues of concern with the Official Visitors Program and vice versa.

The Tribunal is part of NCAT's Guardianship Division's User Group. In this reporting period the Tribunal has commenced attending mental health cross agency sharing information meetings, hosted by the Mental Health Commission relating to common systemic issues.

In the coming year, the Tribunal hopes to formalise and strengthen these working relationships by starting its own user group.

Ms Danielle White continued her work on the MHRT Waiting Room Committee at Cumberland Hospital, which meets monthly and she also provided training to the volunteers involved in this initiative, once a quarter.

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## CARERS

The Tribunal welcomed the 2018 amendments to the MHA to require that notice be given to all carers in relation to all Tribunal hearings conducted at mental health facilities. Carers and carer groups have long agitated for recognition of their role in supporting loved ones and the need to access information in order to do so. In the reporting year, a new Tribunal Form was created to assist clinicians in meeting their obligation to 'take all reasonably practicable steps' to notify carers of Tribunal hearings.

It is hoped that the Form will prompt clinicians to make the necessary notifications. To better gauge if this is being undertaken, the Tribunal will soon record this data at hearings. The Tribunal has emphasised the importance of carer notification and involvement in its hearings in its training session of clinicians who present to the Tribunal.

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## THE PEER WORK FORCE 2020

In last year's annual report, I referred to the fledgling professional paid peer workforce in NSW and expressed a hope that over time peer workers would seek to support consumers at Tribunal hearings. Anecdotally, more peers are attending hearings which is very gratifying. As with carers, the Tribunal is planning to formally record their attendance at hearings which will give an accurate picture of their level of involvement. In addition, this data may be useful for research purposes.

As stated in last year's report the value of having a peer worker in a hearing may be that the peers might be seen by consumers as a way of bringing their perspectives and views into prominence and independently from the perspectives of treating teams, families and carers. This additional source of communication may address perceived power imbalances and enhance the hearing experience.

As part of this process of involving peer workers, Maria Bisogni gave the keynote address at the Peer Workers Forum on "Harnessing the power of peers" and making the case for their involvement in supporting consumers at hearings.

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## PROFESSIONAL DEVELOPMENT

In addition to the training events referred to above, a Tribunal training session was devoted to 'Clear, Kind and Accessible Communication' by Rosalie Martin, Speech Pathologist and Criminologist.

The Tribunal also hosted its first ever Webinar on the topic of 'Psychedelic-Assisted Therapy for mental health - an adjunct to psychotherapy'. Mind Medicine Australia (MMA) presented the session and set out the case for the potential application of psychedelic derivatives in the treatment of mental health disorders. At the time of writing, MMA was requesting approval from the Therapeutic Goods Administration to commence treatments.

The Executive completed the 'tail end' of Tribunal member appraisals and commenced its recruitment of new members in each of the 3 categories.

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## STAFF CHANGES AND ACKNOWLEDGEMENT OF MEMBERS

There were many staffing changes in the Civil Team during reporting period. Shakil Mallick moved to the Administration team, Natasha Gazzola took up a placement with the Department of Education, seconded until June 2021, and Miri Paniora left her role to pursue options closer to home. This meant new team members had to be trained in the Senior Registry Officer (SRO) role and in the Registry Officer (RO) role. Christine Young, Lucy Utting and Valerio Meroi were successfully appointed to the SRO roles. Sharon Abraham, Noman Bukari, Jagdish Verma and Mark-Leon Thorne joined the team as Registry Officers.

The advent of COVID-19 and transition to wholly remote hearings, required exceptional coordination and planning. The Civil team responded to the many challenges with dedication and professionalism.

Registrar Rodney Brabin left the Tribunal in March 2020. He had served the Tribunal exceptionally well and tirelessly for two decades. Unfortunately, a celebration of Rod's work was cancelled due to COVID-19 but will be held at the earliest opportunity. The registrar reins were handed to Alisa Kelley just at the start of the pandemic. The Tribunal was most fortunate to have in Ms Kelley, a person with a flair for systems analysis and improvements, and general technology skills and problem solving. In her short time, she has made an outstanding contribution.

As always, the Tribunal remains indebted to its wonderful staff and to its Tribunal members who bring consistently high levels of professionalism and expertise to their work.

**Maria Bisogni**  
**Deputy President**

**Danielle White**  
**Team Leader**

**CASE STUDY 1**

At the review of Mr X, involuntary patient status evidence was given that he had been scheduled following a relapse. Mr X has a diagnosis of chronic schizophrenia and alcohol dependence syndrome. He is 41 years of age and continues to experience auditory hallucinations.

Evidence was given at the hearing that Mr X had a 'minimal NDIS package' and that a proposal was submitted for a supported accommodation package. This proposal was apparently rejected and was the subject of an appeal. The appeal was made more than four weeks prior to the hearing. There was evidence at the hearing that Mr X had been accepted into supported accommodation and the treating team considered that the facility could meet his needs. The Tribunal wrote to the NDIA advising that the lack of information as to the appeal decision to the treating team was impeding Mr X's discharge and that he required NDIS funding for supported accommodation and significant supports in the community. A previous Tribunal review had also considered he was suitable for discharge and that it was his preference that he reside in that facility.

Unfortunately, the appeal was not expedited, and Mr X was discharged at his brother's request, into his care. Despite the Assertive Care Team being involved in Mr X's community care, X ceased Clozapine immediately and recommenced using alcohol, resulting in a catastrophic relapse characterized by psychotic symptoms, catatonia, and self-neglect. He was rescheduled and his treating team recommenced their efforts to obtain appropriate housing.

**CASE STUDY 2**

The Tribunal reviewed Mr Y and determined that he should remain detained as an involuntary patient, on the basis that he continued to experience active symptoms of his schizoaffective disorder and due to his continuing condition, he required further care and treatment to be stabilized and ready for rehabilitation. There was a concern that if Mr Y were to be discharged there would be a risk of relapse and readmission.

The Tribunal raised a concern that although the consumer had completed his treatment in the dual diagnosis ward and was stable, he remained at the facility, rather than being transferred to the facility in which he was initially detained. Mr Y wished to return to his local area, but the original hospital had refused to take him back. This appeared to be contrary to Ministry policy that consumers are usually to be transferred back to their local areas. The Tribunal expressed concern that Mr Y's recovery was being hampered whilst he remained out of his local area. The Tribunal wrote to the hospital requesting that urgent action be taken to facilitate Mr Y's transfer back to the facility in his local area.

Some weeks later the Tribunal was advised that the transfer had taken place.



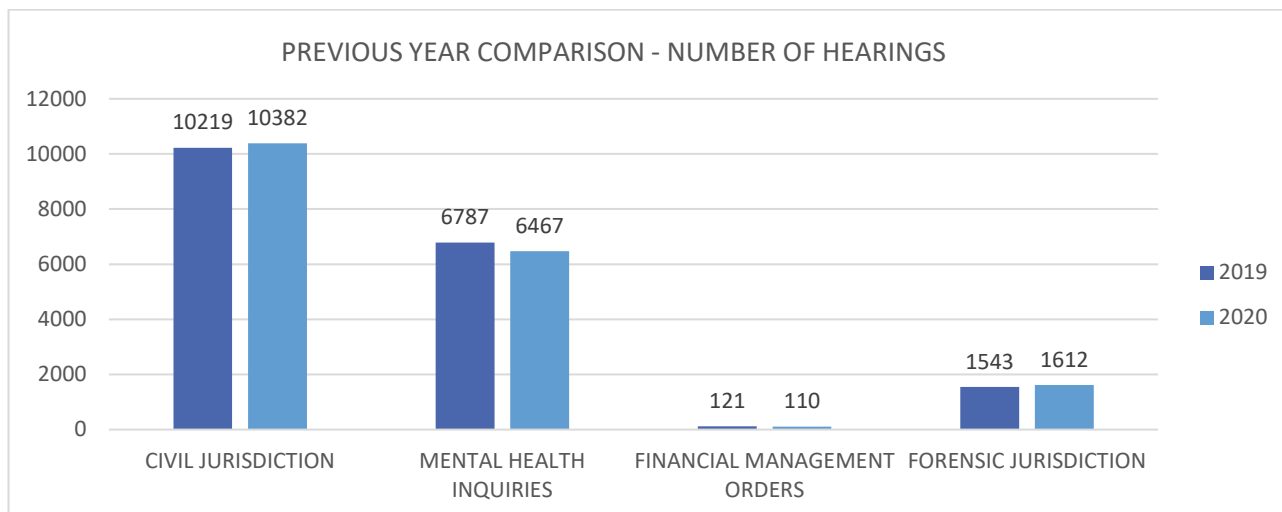
## REGISTRAR'S REPORT

This year has seen both change and challenge brought to the Tribunal. The onset of the COVID-19 pandemic in March 2020 saw a swift and comprehensive internal transformation in order to move to 100% remote hearings. Both staff and members stepped up to the challenge and transitioned our very paper-based systems and processes to a workable system in an extraordinarily short period of time.

At the same time, we farewelled our long-serving Registrar Rodney Brabin who retired after 17 years of dedicated service. As the new Registrar, I received a very warm welcome before I hit the ground running. Only days after I began in the role, COVID-19 overtook the world. Navigating the health and safety demands of the pandemic whilst assimilating the new role and ensuring the continued function of the Tribunal has been both a challenging and rewarding experience. The Tribunal staff and members are genuinely dedicated people who have demonstrated extraordinary commitment and cooperation in adapting to the new normal.

### CASE LOAD SUMMARY

The Tribunal conducted 18,527 hearings in the financial year 2020 involving 8,826 individuals representing an overall movement of less than 1% from 2019 (18,668 hearings; 8,885 individuals).



The Tribunal saw a slight increase in Forensic and Civil matters during the financial year 2020, offset by a drop-in inquiries and financial management orders. The reduction in the number of mental health inquiries reflects the impact of the COVID-19 pandemic in the period March – June 2020.

CATEGORY	HEARINGS 2019	HEARINGS 2020	MOVEMENT	INDIVIDUALS *
CIVIL JURISDICTION	10219	10382	2%	5561
MENTAL HEALTH INQUIRIES	6787	6467	-5%	5320
FINANCIAL MANAGEMENT ORDERS	121	110	-9%	88
FORENSIC JURISDICTION	1543	1612	4%	754
<b>TOTAL</b>	<b>18670</b>	<b>18571</b>	<b>-1%</b>	

\* Individuals are counted in each category in which they have appeared. The total number of individuals brought before the Tribunal was 8,826.

Over the past 10 years the number of civil hearings has increased by an average of 3% per year, forensic hearings by 7% per year and inquiries by 5% per year.

The following table shows the number of hearings conducted since the Tribunal's first full year of operation in 1991.

Hearings 1991-2020						
Year	Mental Health Inquiries	Civil Hearings	Financial Management Hearings	Forensic Hearings	Total	% Variation from 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	3.53%
2001		6151	304	481	6936	14.89%
2002		6857	272	484	7613	9.76%
2003		7787	309	523	8619	13.21%
2004		8344	331	514	9189	6.61%
2005		8594	293	502	9389	2.18%
2006		9522	361	622	10505	11.89%
2007		8529	363	723	9615	-
2007-08		8440	313	764	9517	-1.02%
2008-09		7757	224	771	8752	-8.04%
2009-10	43	8041	193	824	9101	3.99%
2010-11	4447	7966	221	870	13504	48.38%
2011-12	4910	8591	219	928	14648	8.47%
2012-13	6321	9189	225	943	16678	13.86%
2013-14	6232	9184	191	972	16579	-0.59%
2014-15	6633	9402	170	1017	17222	3.88%
2015-16	6887	9709	168	1186	17950	4.23%
2016-17	6757	9832	169	1340	18098	0.82%
2017-18	6806	10098	144	1490	18538	2.43%
2018-19	6787	10219	121	1541	18668	0.70%
<b>2019-20</b>	<b>6467</b>	<b>10382</b>	<b>110</b>	<b>1612</b>	<b>18571</b>	<b>-0.52%</b>
Variation from 2010	45%	105%	22%	164%	121%	
Variation from previous year	-5%	2%	-9%	5%	-1%	
Average yearly variation since 2010	5%	3%	-7%	7%	4%	

## COVID-19

Legislative changes (*COVID-19 Legislation Amendment (Emergency Measures) Act 2020*) were introduced in March 2020 to enable the Tribunal to continue operating effectively during the pandemic. The Tribunal utilised these provisions as sparingly as possible with the result that the overall impact has been less than anticipated. The Tribunal also implemented a number of administrative changes, which have been outlined in previous reports. (COVID-19 provisions).

From March 2020, under pandemic response procedures, the Tribunal ceased holding face-to-face hearings at mental health facilities, correctional facilities and the Gladesville premises.

### IMPACT ON HEARINGS

Under the COVID-19 provisions, the following measures were authorised:

From mid-March to June 2020 hearings were conducted remotely and the legislative amendment allowed mental health inquiries to be conducted by telephone.

CATEGORY	DESCRIPTION	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
MHI	BY PHONE	0	0	0	0	0	0	0	0	5	3	7	4	20
	HEARINGS	572	610	525	660	625	480	653	529	515	329	483	486	6467
CIVIL	BY PHONE	89	94	92	100	102	99	104	109	155	186	190	135	1455
	HEARINGS	867	914	845	943	966	825	879	929	925	806	762	721	10382
FMO	BY PHONE	0	0	0	0	0	0	0	0	1	1	1	1	4
	HEARINGS	7	9	13	9	7	9	8	11	12	6	7	12	110
FORENSIC	BY PHONE	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEARINGS	138	153	141	138	141	140	108	146	149	92	152	114	1612
<b>Total BY PHONE</b>		<b>89</b>	<b>94</b>	<b>93</b>	<b>100</b>	<b>102</b>	<b>99</b>	<b>104</b>	<b>109</b>	<b>161</b>	<b>190</b>	<b>198</b>	<b>140</b>	<b>1479</b>
<b>Total HEARINGS</b>		<b>1587</b>	<b>1686</b>	<b>1524</b>	<b>1750</b>	<b>1739</b>	<b>1454</b>	<b>1648</b>	<b>1615</b>	<b>1601</b>	<b>1233</b>	<b>1404</b>	<b>1333</b>	<b>18571</b>

Reviews under s9 (voluntary patients), s37(1)(b) (3-month review of an involuntary patient) and s37(1)(c) (6-month review of an involuntary patient) were not held unless they coincided with an application for ECT or an appeal against a refusal to discharge.

### IMPACT ON MENTAL HEALTH INQUIRIES

During the pandemic, the Tribunal considered that persons should be brought before the Tribunal after 21 days from the date of admission. Assessable persons were therefore seen within 21 to 35 days after admission (ordinarily 7 – 14 days). Note that assessable persons could still be presented for earlier inquiries if they lodged an appeal (s44) or the treating team was seeking to discharge on a CTO (s35(5)(b)).

DAYS ELAPSED BETWEEN DATE DETAINED AND MENTAL HEALTH INQUIRY - 30 MARCH 2020 TO 30 JUNE 2020		
ELAPSED DAYS	INQUIRIES	PERCENTAGE OF INQUIRIES
UNDER 14 DAYS	329	25%
14 - 20 DAYS	399	31%
21 - 35 DAYS	512	39%
MORE THAN 35 DAYS	58	4%
<b>TOTAL HEARINGS</b>	<b>1298</b>	<b>100%</b>

The Tribunal was also empowered to adjourn mental health inquiries for up to 28 days. Figures below demonstrate the minimal usage of this provision.

DESCRIPTION	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
TOTAL MHI ADJOURNED 28+ DAYS	0	0	0	0	0	0	0	0	0	7	0	7	14
TOTAL MHI HEARINGS	572	610	525	660	625	480	653	529	515	329	483	486	6467
<b>% OF TOTAL HEARINGS ADJOURNED</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.1%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>0.2%</b>

## IMPACT ON COMMUNITY TREATMENT ORDERS

Under the amendment, existing Community Treatment Orders could be extended by 3 months without change. This extension did not affect the right to apply for revocation, variation or review of a CTO. Figures below demonstrate the minimal usage of this provision.

DESCRIPTION	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
TOTAL CTO EXTENDED BY 3-4 MTHS	0	0	0	0	0	0	0	0	0	14	7	0	21
TOTAL CTO HEARINGS	487	487	508	483	561	433	446	523	539	524	505	440	5936
% OF TOTAL HEARINGS EXTENDED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.4%	0.0%	0.4%

## IMPACT ON FORENSIC HEARINGS

Between 30 March 2020 and 30 June 2020, all forensic hearings were adjourned for 6 months and all forensic Community Treatment Order reviews listed were extended for 6 months.

Note that the consumer, legal representatives, authorised medical officers and case managers retained the option to request that the Tribunal review the case of any forensic patient during this period.

FORENSIC HEARINGS ADJOURNED ON PAPERS BETWEEN 30 MARCH 2020 AND 30 JUNE 2020	
MATTER TYPE	HEARINGS
s46(1) Review of forensic patients	118
s61(1) Review of correctional patients	1
s61(3) Review of person subject to a CTO in a correctional centre	21
s68(2) Review of person apprehended under s68	2
<b>TOTAL HEARINGS</b>	<b>142</b>

FORENSIC CTO'S EXTENDED FOR 6 MONTHS ON PAPERS BETWEEN 30 MARCH 2020 AND 30 JUNE 2020	
MATTER TYPE	HEARINGS
Informal review of those awaiting transfer to a hospital	0
s61(3) Review of person subject to a CTO in correctional centre	0
<b>TOTAL HEARINGS</b>	<b>0</b>

## S147 MENTAL HEALTH ACT 2007 – PRESCRIBED REPORTS

Certain matters are required to be reported under s 147 of the *Mental Health Act 2007* (the Act):

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				
MHA	METHOD OF REFERRAL	ADMITTED	NOT ADMITTED	TOTAL
S19	CERTIFICATE OF DOCTOR	9853	244	10097
S22	APPREHENSION BY POLICE	2082	1381	3463
S20	AMBULANCE OFFICER	1989	668	2657
S58	BREACH OF COMMUNITY TREATMENT ORDER	136	21	157
S26	REQUEST BY PRIMARY CARER/RELATIVE/FRIEND	1346	3	1349
S24	COURT ORDER	411	148	559
S23 VIA S19	AUTHORISED DOCTOR'S CERTIFICATE	484	9	493
<b>TOTAL</b>		<b>16301</b>	<b>2474</b>	<b>18775</b>
	RECLASSIFIED FROM VOLUNTARY TO INVOLUNTARY	8189	75	894
<b>TOTAL</b>		<b>17120</b>	<b>2549</b>	<b>19669</b>

<b>S147(2)(b) CLASSIFICATION OF PERSONS DETAINED</b>	
<b>CLASSIFICATION</b>	<b>INDIVIDUALS</b>
MENTALLY ILL	11237
MENTALLY DISORDERED	4236
VOLUNTARY PATIENTS ADMITTED	1647
<b>TOTAL</b>	<b>17120</b>

<b>S147(2)(c) MENTAL HEALTH INQUIRIES</b>	
NUMBER OF INQUIRIES	6467
NUMBER OF INDIVIDUALS	5320

<b>OUTCOME OF MENTAL HEALTH INQUIRIES CONDUCTED</b>	<b>HEARINGS</b>
INVOLUNTARY PATIENT ORDER	5079
RECLASSIFY FROM VOLUNTARY TO INVOLUNTARY	0
DISCHARGE OR DEFERRED DISCHARGE	52
COMMUNITY TREATMENT ORDER	650
ADJOURNED OR WITHDRAWN	654
DECLINED TO DEAL WITH OR NO JURISDICTION	32
<b>TOTAL</b>	<b>6467</b>

<b>S147(2)(d) PERSONS TAKEN INVOLUNTARILY TO A MENTAL HEALTH FACILITY OR RECLASSIFIED FROM VOLUNTARY TO INVOLUNTARY</b>	
<b>CLASSIFICATION</b>	<b>INDIVIDUALS</b>
ADMITTED AS A VOLUNTARY PATIENT	1647
DETAINED AS A MENTALLY DISORDERED OR MENTALLY ILL PERSON	15473
NOT ADMITTED	2474
<b>TOTAL</b>	<b>19669</b>

This report is also to include any matters the Minister may direct or that are prescribed by the regulations. No regulations have been made for additional matters to be included nor has the Minister given any relevant direction.

## MENTAL HEALTH INQUIRIES

This was the tenth full year of the Tribunal's jurisdiction to conduct mental health inquiries under s 34 of the Act. Until 21 June 2010, this role had been carried out by Magistrates. During the financial year 2020, the Tribunal held 6,467 inquiries relating to 5,320 individuals (2019: 6,787 inquiries - 5,511 individuals).

### INVOLUNTARY PATIENT ORDERS

Of the mental health inquiries conducted in financial year 2020, 5,079 (78.5%) resulted in an involuntary patient order being made. This decrease from 2019 (5,521 - 81.4%) reflects the impact of COVID-19 provisions which extended the period before which a patient can be brought before the Tribunal after admission. This later presentation meant more time for the patient's condition to stabilise and for community options to be explored.

### COMMUNITY TREATMENT ORDERS AT MENTAL HEALTH INQUIRIES

The number of Community Treatment Orders made at a mental health inquiry increased to 650 (2019: 416) and represented 10% of inquiries.

## DEFERRED DISCHARGE

Ninety-three orders were made for a deferred discharge (1.5%). These orders included six patients discharged into the care of their designated carer and 62 patients discharged to a community treatment order.

	FEMALE	MALE	TOTAL	% OF INQUIRIES
INVOLUNTARY PATIENT ORDER	2310	2769	5079	78.5%
DISCHARGED	8	7	15	0.2%
DEFERRED DISCHARGE	11	16	27	0.4%
DISCHARGED TO CTO	214	374	588	9.1%
DEFERRED DISCHARGE TO CTO	18	44	62	1.0%
DISCHARGED TO CARER	2	4	6	0.1%
DEFERRED DISCHARGE TO CARER	4	0	4	0.1%
ADJOURNED	330	316	646	10.0%
DECLINED TO DEAL WITH MATTER	16	14	30	0.5%
WITHDRAWN	2	3	5	0.1%
RECLASSIFIED TO VOLUNTARY	0	0	0	0.0%
<b>TOTAL MENTAL HEALTH INQUIRIES</b>	<b>2916</b>	<b>3551</b>	<b>6467</b>	-
<b>INDIVIDUALS AFFECTED</b>	<b>2383</b>	<b>2931</b>	<b>5314</b>	-

## DAYS TO MENTAL HEALTH INQUIRY FROM DATE DETAINED

In the financial year 2020, 12% of inquiries were commenced in the first week of a person's detention (2019: 16.7%), 46% during the second week (2019: 56.5%), 27% in the third week (2019: 25.2%) and 9% in week four (2019: 1.3%).

In 6% of cases, the inquiry was commenced after four weeks (2019: 0.5%). Each of these cases is reviewed and, where appropriate, followed up with the facility involved. More than 50% of these cases were during the period April to June 2020 under COVID-19 provisions. Other cases involved patients who were AWOL or on approved leave or were too unwell to come before the Tribunal at the time they were due.

DAYS TO HEARING FROM DATE DETAINED	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Under 7 Days	71	100	72	86	87	73	68	85	52	23	34	27	778	12%
8 - 14 Days	308	356	302	330	344	246	284	289	259	68	86	91	2963	46%
15 - 21 Days	160	137	131	210	163	130	156	119	153	97	160	142	1758	27%
22 - 28 Days	19	9	13	21	18	18	88	20	26	92	130	147	601	9%
29 - 35 Days	12	7	5	11	10	9	34	8	17	35	54	54	256	4%
Over 35 Days	2	1	2	2	3	4	23	8	8	14	19	25	111	2%
<b>Grand Total</b>	<b>572</b>	<b>610</b>	<b>525</b>	<b>660</b>	<b>625</b>	<b>480</b>	<b>653</b>	<b>529</b>	<b>515</b>	<b>329</b>	<b>483</b>	<b>486</b>	<b>6467</b>	-

Other than for some minor variations these figures have been relatively consistent for the last seven or eight years and reflect the Tribunal's expectation that assessable persons are presented for a mental health inquiry within three weeks of the person being detained in a mental health facility.

## INVOLUNTARY PATIENT REVIEWS

The Tribunal held 2,325 hearings (1,767 individuals) for the review of involuntary patients during the financial year 2020, a 15% decrease on 2019 figures (2,727 hearings - 1,665 individuals). This is largely driven by the fact that s37(1)(b) and s37(1)(c) hearings were not held during the final quarter under the COVID-19 provisions.

The Tribunal is required to review the case of each involuntary patient:

1. On or before the end of the patient's initial period of detention ordered at a mental health inquiry under s37(1)(a)
2. Once every three months for the first 12 months that the person is an involuntary patient under s37(1)(b)
3. Once every six months while the person continues to be detained as an involuntary patient under s37(1)(c).
4. At any other time necessary under s37(1A)



During 2020, the Tribunal held 1,315 initial reviews under s37(1)(a) (affecting 1,155 individuals) demonstrating a 7% decrease from 2019 (1,409 reviews - 1,257 individuals). The most significant variations from previous year figures were observed in the number of 3-month and 6-month reviews. Decreases of 26% for s37(1)(b) reviews (2020: 486 / 2019: 734) and 20% for s37(1)(c) reviews (2020: 469 / 2019: 584) were largely influenced by the cancellation of such hearings under COVID-19 provisions during April to June 2020.

Outcomes for involuntary patient reviews									
SECTION	DESCRIPTION	GENDER	INDIVIDUALS AFFECTED	TOTAL HEARINGS	CONTINUED DETENTION AS AN INVOLUNTARY PATIENT	DISCHARGED OR MADE VOLUNTARY	DISCHARGED TO CTO	ADJOURNED	WITHDRWN OR NO JURISDICTN
S37(1)(a)	Review prior to expiry order for detention as a result of a mental health inquiry.	FEMALE	535	610	516	10	0	81	1
		MALE	620	705	591	8	2	96	5
		<b>TOTAL</b>	<b>1155</b>	<b>1315</b>	<b>1107</b>	<b>18</b>	<b>2</b>	<b>177</b>	<b>6</b>
S37(1)(b)	Review at least once every 3 months while a person is an involuntary patient during the first 12 months	FEMALE	121	184	161	1	0	21	1
		MALE	217	357	325	1	0	30	1
		<b>TOTAL</b>	<b>338</b>	<b>541</b>	<b>486</b>	<b>2</b>	<b>0</b>	<b>51</b>	<b>2</b>
S37(1)(c)	Review at least once every 6 months while person is an involuntary patient after first 12 months.	FEMALE	92	177	161	0	0	16	0
		MALE	182	292	266	1	0	25	0
		<b>TOTAL</b>	<b>274</b>	<b>469</b>	<b>427</b>	<b>1</b>	<b>0</b>	<b>41</b>	<b>0</b>
<b>S37(1) TOTAL</b>			<b>1767</b>	<b>2325</b>	<b>2020</b>	<b>21</b>	<b>2</b>	<b>269</b>	<b>8</b>

See also Appendix 1 – Tables 1, 2 and 3

## APPEALS AGAINST A REFUSAL TO DISCHARGE

The number of hearings held under s44 of the Act, to consider an appeal against an authorised medical officer’s refusal to discharge a patient, increased by 27% to 797 (2019: 629) representing 611 individuals. Of these hearings, 613 were dismissed (77%) of which 15 were subject to an order of no further right of appeal before the next review. The patient was ordered to be discharged on 24 occasions (3%) and the remaining 160 appeals were either adjourned, withdrawn or the Tribunal had no jurisdiction to deal with the matter.

Outcomes for appeals against refusal to discharge									
FIN. YEAR	GENDER	INDIVIDUALS	TOTAL APPEALS	APPEAL DISMISSED	DISMISSED WITH NO FURTHER APPEAL	RECLASSIFY TO VOLUNTARY	DISCHARGE	ADJOURN	WITHDRAWN OR NO JURISDICTION
2020	FEMALE	274	367	260	6	0	11	41	49
	MALE	337	430	338	9	0	13	26	44
	<b>TOTAL</b>	<b>611</b>	<b>797</b>	<b>598</b>	<b>15</b>	<b>0</b>	<b>24</b>	<b>67</b>	<b>93</b>
	<b>%</b>			<b>75%</b>	<b>2%</b>	<b>0%</b>	<b>3%</b>	<b>8%</b>	<b>12%</b>
2019	FEMALE		287	468	18	0	18	53	72
	MALE		342						
	<b>TOTAL</b>		<b>629</b>						
2018	FEMALE		294	559	15	1	12	43	55
	MALE		391						
	<b>TOTAL</b>		<b>685</b>						
2017	FEMALE		286	533	21	1	16	60	59
	MALE		404						
	<b>TOTAL</b>		<b>690</b>						
2016	FEMALE		302	481	12	0	17	54	77
	MALE		339						
	<b>TOTAL</b>		<b>641</b>						

Regulation 16(3) of *Mental Health Regulation 2019* allows for appeals lodged by persons other than involuntary patients to be heard by the President, a Deputy President or a member qualified for appointment as a Deputy President. This means that an appeal lodged by an assessable person (a person who has not yet had a mental health inquiry) is able to be heard by an experienced single legal member of the Tribunal. During the financial year 2020, 357 appeals were heard by a single member (45% of the total number of appeals held).

*See also Appendix 1 – Tables 2 and 3*

## COMMUNITY TREATMENT ORDERS

The Tribunal considered 5,915 applications for CTO's under s51 of the Act during the financial year 2020 relating to 3,950 individuals, a 7% increase over 2019 (5,519 hearings - 3,698 individuals).

The number of CTO's made at a mental health inquiry surged by 56% to 650 (2019: 416) reflecting the influence of a delayed inquiry under the COVID-19 provisions. An additional 5,426 CTO's were made by the Tribunal, an increase of 5% from 2019 (5,177 CTO's made).

SECTION	APPLICATION TYPE	GENDER	INDIVIDUALS AFFECTED	HEARINGS	CTO MADE	CTO MADE DISCHARGED DEFERRED	ADJOURNED	DECLINED OR NOT RENEWED	WITHDRAWN OR NO JURISDICTION
S51	Application for a CTO for a person on an existing CTO	FEMALE	840	1141	1088	1	37	15	1
		MALE	1482	2023	1948	1	53	20	1
		<b>TOTAL</b>	<b>2322</b>	<b>3164</b>	<b>3036</b>	<b>2</b>	<b>90</b>	<b>35</b>	<b>2</b>
S51	Application for a CTO for person detained in mental health facility	FEMALE	613	669	557	55	51	3	3
		MALE	966	1030	892	78	50	6	4
		<b>TOTAL</b>	<b>1579</b>	<b>1699</b>	<b>1449</b>	<b>133</b>	<b>101</b>	<b>9</b>	<b>7</b>
S51	Application for a CTO for a person not detained or on a current CTO	FEMALE	303	336	298	2	28	6	2
		MALE	626	716	643	2	54	16	1
		<b>TOTAL</b>	<b>929</b>	<b>1052</b>	<b>941</b>	<b>4</b>	<b>82</b>	<b>22</b>	<b>3</b>
<b>Total S51 Outcomes</b>			<b>4830</b>	<b>5915</b>	<b>5426</b>	<b>139</b>	<b>273</b>	<b>66</b>	<b>12</b>
s202(4)	Application to extend a CTO *	FEMALE	11	11	11	0	0	0	0
		MALE	10	10	10	0	0	0	0
		<b>TOTAL</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Hearing Outcomes</b>			<b>4851</b>	<b>5936</b>	<b>5447</b>	<b>139</b>	<b>273</b>	<b>66</b>	<b>12</b>

\* COVID-19 provisions (April-June2020) allow for the extension of a CTO for up to 3 months under section S202(4).

\*\* Individuals are counted separately for each category under which they appear before the Tribunal

Under s 56(2) of the Act, the maximum duration of a CTO is 12 months. Under COVID-19 amendment s202(4) a CTO may be extended by 3 months even where this means that it would be in force for more than 12 months. Twenty-one CTO's were extended during April to June 2020 under this provision.

During the financial year 2020, 17% of CTO's were made for 6 - 12 months, 81% for 3 – 6 months and 2% for less than 3 months. Of the CTO's made for 6-12 months, 53% were made in the period April – June 2020 under COVID-19 provisions.

In spite of the impact of the COVID-19 pandemic, the majority (83%) of orders continue to be made for periods of six months or less. *See also Appendix 1 - Tables 2, 3 and 5*

## ELECTRO CONVULSIVE THERAPY (ECT)

Under s96 of the Act, the Tribunal held 828 hearings to consider the administration of ECT to involuntary patients, including 6 hearings concerning forensic patients. This is a marginal increase of 2% from 2019 (814 hearings - 4 forensic).

ECT was approved in 744 hearings (98%) and of these approvals, 38 patients (5%) were found to be capable of consent.

ECT ADMINISTRATION INQUIRIES UNDER S96(2)								
Outcome	INDIVIDUALS		TOTAL HEARINGS		CIVIL		FORENSIC	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Capable of consent - ECT approved	18	15	21	17	21	17	0	0
Capable of consent - ECT not approved	2	1	2	1	2	1	0	0
Incapable of consent - ECT approved	274	178	430	276	430	276	0	6
Incapable of consent - ECT not approved	6	4	6	10	6	4	0	0
Adjourned	38	19	40	21	40	21	0	0
Withdrawn or no jurisdiction	1	3	1	3	1	3	0	0
<b>Total</b>	<b>339</b>	<b>220</b>	<b>500</b>	<b>328</b>	<b>500</b>	<b>322</b>	<b>0</b>	<b>6</b>

These ECT administration hearings related to 559 individual patients – 1 of whom was under the age of 16 years.

ECT ADMINISTRATION INQUIRIES UNDER S96(3A) - PERSONS UNDER 16 YEARS				
Outcome	Voluntary Patient		Involuntary Patient	
	FEMALE	MALE	FEMALE	MALE
Capable of consent - ECT approved	1	0	0	0
Capable of consent - ECT not approved	0	0	0	0
Incapable of consent - ECT approved	0	0	0	0
Incapable of consent - ECT not approved	0	0	0	0
Adjourned	0	0	0	0
Withdrawn or no jurisdiction	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

The Tribunal also conducted four ECT consent inquiries to consider a voluntary patient's capacity to give informed consent to the administration of ECT. Two persons were found capable and consented, the other two were found incapable of consent and ECT was not able to be administered to those patients while they remained a voluntary patient.

ECT CONSENT INQUIRIES UNDER S96(1)								
Outcome	INDIVIDUALS		TOTAL HEARINGS		CIVIL HEARINGS		FORENSIC HEARINGS	
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Capable and has consented	1	1	1	1	1	1	0	0
Capable but has refused consent	0	0	0	0	0	0	0	0
Incapable of consent	1	1	1	1	1	1	0	0
Adjourned	0	0	0	0	0	0	0	0
Withdrawn or no jurisdiction	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

See also Appendix 1 – Tables 1 and 2

## FINANCIAL MANAGEMENT HEARINGS

Under the *NSW Trustee and Guardian Act 2009 (TAG Act)* the Tribunal can make a Financial Management Order appointing the NSW Trustee and Guardian of a person's estate in the following circumstances:

1. After a mental health inquiry if ordering that a person is to be detained in a mental health facility (s44 of the *TAG Act*);
2. After reviewing a forensic or correctional patient if ordering that a person is to be detained in a mental health facility (s45 of the *TAG Act*), and
3. On application for a patient in a mental health facility (s46 of the *TAG Act*).

The Tribunal is also able to review interim Financial Management Orders under s48 of the *TAG Act* and to consider applications to revoke financial management orders, made under the *TAG Act* or under the former *Protected Estates Act*, under s88 of the *TAG Act*.

During the financial year 2020, the Tribunal conducted 110 hearings (2019: 121 hearings) in relation to financial management and made a total of 48 Financial Management Orders (2019: 42 orders), 3 Interim Financial Management Orders (2019: 6 interim orders) and revoked 15 orders (2019: 19 revocations).

SECT	DESCRIPTION	GENDER	INDIVIDUALS AFFECTED	TOTAL HEARINGS	LEGAL REPRESENT PRESENT	ORDER MADE	NO ORDER MADE	REVOCAION APPROVED	REVOCAION DECLINED	ADJOURNED	WITHDRAWN OR NO JURISDICTION
S44	Application for order at a mental health inquiry	FEMALE	7	8	8	7	0	0	0	1	0
		MALE	11	15	15	7	2	0	0	6	0
		<b>TOTAL</b>	<b>18</b>	<b>23</b>	<b>23</b>	<b>14</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>
Sh(1) (9)	Referral for order from Magistrate	FEMALE	0	0	0	0	0	0	0	0	0
		MALE	0	0	0	0	0	0	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
S46	On application to the Tribunal for an order (Forensic patient)	FEMALE	0	0	0	0	0	0	0	0	0
		MALE	0	0	0	0	0	0	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
S46	On application to the Tribunal for an order (Civil patient)	FEMALE	24	27	19	16	6	0	0	4	1
		MALE	25	29	28	18	5	0	0	5	1
		<b>TOTAL</b>	<b>49</b>	<b>56</b>	<b>47</b>	<b>34</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>
S48	Review of an interim order (Forensic patient)	FEMALE	0	0	0	0	0	0	0	0	0
		MALE	0	0	0	0	0	0	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
S48	Review of an interim order (Civil patient)	FEMALE	3	3	2	3	0	0	0	0	0
		MALE	0	0	0	0	0	0	0	0	0
		<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
S88	Revocation of an order (Forensic patient)	FEMALE	1	1	1	0	0	0	1	0	0
		MALE	0	0	0	0	0	0	0	0	0
		<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
S88	Revocation of an order (Civil patient)	FEMALE	10	10	0	0	0	7	2	1	0
		MALE	11	17	3	0	0	8	2	7	0
		<b>TOTAL</b>	<b>21</b>	<b>27</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>4</b>	<b>8</b>	<b>0</b>
TOTAL		FEMALE	<b>42</b>	<b>49</b>	<b>30</b>	<b>26</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>1</b>
		MALE	<b>47</b>	<b>61</b>	<b>46</b>	<b>25</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>18</b>	<b>1</b>
		<b>TOTAL</b>	<b>89</b>	<b>110</b>	<b>76</b>	<b>51</b>	<b>13</b>	<b>15</b>	<b>5</b>	<b>24</b>	<b>2</b>

## EMERGENCY SURGERY & SPECIAL MEDICAL TREATMENT

Under the Mental Health Act 2007 and the Guardianship Act 1987, the following table sets out the consent regime by reference to patient category and treatment for persons.

Category	Mental health treatments	Electro convulsive therapy (ECT)	Sterilisation	Termination of pregnancy	Surgical Treatment <sup>5</sup>	Any other non-surgical treatment
<b>Voluntary patient</b>	Mental Health or Guardianship <sup>1</sup>	Mental Health	Guardianship	Guardianship	Guardianship	Guardianship
<b>Detained patient</b> <sup>2</sup>	Mental Health	Mental Health	Guardianship	Guardianship	Guardianship	Guardianship
<b>Assessable person</b> <sup>3</sup>	Mental Health	Mental Health	Guardianship	Guardianship	Guardianship	Guardianship
<b>Mentally disordered patient</b>	Mental Health	Mental Health	Guardianship	Guardianship	Guardianship	Guardianship
<b>Involuntary patient</b> <sup>4</sup>	Mental Health	Mental Health	Mental Health	Mental Health (if surgical treatment <sup>2</sup> )	Mental Health	Guardianship (including non-surgical termination of pregnancy)
<b>Forensic or correctional patients</b>	Mental Health	Mental Health	Mental Health	Mental Health (if surgical treatment <sup>2</sup> )	Mental Health	Guardianship (including non-surgical termination of pregnancy)

<sup>1</sup> Mental Health Act 2007 applies if patient has capacity to consent. Guardianship Act 1987 applies if the treating practitioner believes the patient lacks capacity to consent.

<sup>2</sup> Involuntarily admitted and awaiting assessment under s27 of the MHA or admitted on a breach of a CTO

<sup>3</sup> Involuntarily admitted and assessment carried out under s27 of the MHA but before the Mental Health Inquiry

<sup>4</sup> Involuntarily detained after the Mental Health Inquiry

<sup>5</sup> Surgical treatment' is defined in the Mental Health Act 2007 as 'a surgical procedure, a series of related surgical operations or surgical procedures, and the administration of an anaesthetic for the purpose of medical investigation' (s98).

During the financial year 2020, the Tribunal held 10 hearings under s101 for the provision of non-urgent surgical procedures (8 were approved) and one civil hearing for special medical treatment. No emergency surgery hearings were required.

SEC	DESCRIPTION	GENDER	INDIVIDUALS AFFECTED	TOTAL HEARINGS	APPROVED	REFUSED	ADJOURNED	WITHDRAWN OR NO JURISDICTION
S99	Emergency Surgery	FEMALE	0	0	0	0	0	0
		MALE	0	0	0	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
S101(1)	Non-urgent Surgical Procedures	FEMALE	4	4	3	0	1	0
		MALE	6	6	5	0	1	0
		<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>0</b>
S101(3)	Non-urgent Surgical Procedures (Forensic Patients)	FEMALE	0	0	0	0	0	0
		MALE	1	1	1	0	0	0
		<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
S103	Special Medical Treatments	FEMALE	1	1	0	1	0	0
		MALE	0	0	0	0	0	0
		<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
S102	Special Medical Treatments (Forensic Patients)	FEMALE	0	0	0	0	0	0
		MALE	0	0	0	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SEC	DESCRIPTION	GENDER	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
S99	Emergency Surgery	FEMALE	0	2	0	2	1	0
		MALE	0	0	2	2	1	4
		<b>TOTAL</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>4</b>

## FORENSIC HEARINGS

The Tribunal held a total of 1,612 hearings during the financial year 2020, representing 756 individuals. This demonstrates a 5% increase on previous year activity (2019: 1,541 hearings - 739 individuals). The Forensic jurisdiction has seen an average of 14% increase each year for the past 5 financial years.

Approximately 20% of hearings are for the Tribunal to consider an application for a Forensic Community Treatment Order (FCTO). These applications have been consistent at around 290 per year for the past three years. The Tribunal is required to conduct three monthly reviews of each person subject to a FCTO who is detained in a correctional centre. During the 2020 financial year, 133 such hearings were conducted (2019: 108).

The Tribunal ordered the conditional release of 28 forensic patients (2019: 25 patients) and the unconditional release of 17 forensic patients (2019: 12 patients), including 15 patients for whom a CTO was also made to have effect on the date of unconditional release (2019: 8 patients). The Tribunal made one order revoking conditional release of a forensic patient (2019: nil).

### FORENSIC HEARINGS – DETERMINATIONS & REVIEWS

SEC	DESCRIPTION		2019/20	2018/19	2017/18
<b>Mental Health Act 2007</b>					
S96(1)&(2)	Application for ECT	FEMALE	0	2	0
		MALE	6	2	2
		<b>TOTAL</b>	<b>6</b>	<b>4</b>	<b>2</b>
S101 & s102	Application for surgical operation	FEMALE	0	0	0
		MALE	1	0	0
		<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>
S162	Application to allow publication of names	FEMALE	0	0	0
		MALE	0	4	2
		<b>TOTAL</b>	<b>0</b>	<b>4</b>	<b>2</b>
<b>Total Mental Health Act 2007</b>		<b>FEMALE</b>	<b>0</b>	<b>2</b>	<b>0</b>
		<b>MALE</b>	<b>7</b>	<b>6</b>	<b>4</b>
		<b>TOTAL</b>	<b>7</b>	<b>8</b>	<b>4</b>
<b>Trustee &amp; Guardian Act 2009</b>					
S88	Application to revoke Financial Management Order	FEMALE	1	0	1
		MALE	0	1	2
		<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Total Trustee &amp; Guardian Act 2009</b>		<b>FEMALE</b>	<b>1</b>	<b>0</b>	<b>1</b>
		<b>MALE</b>	<b>0</b>	<b>2</b>	<b>2</b>
		<b>TOTAL</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Births Deaths &amp; Marriages Registration Act 1995</b>					
S31D	Approval of change of name	FEMALE	0	2	0
		MALE	1	2	4
		<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>4</b>



SEC	DESCRIPTION		2019/20	2018/19	2017/18
<b>Mental Health (Forensic Provisions) Act 1990</b>					
S44	Review after finding of <i>not guilty by reason of mental illness</i>	FEMALE	5	3	8
		MALE	32	27	25
		<b>TOTAL</b>	<b>37</b>	<b>30</b>	<b>33</b>
S45(1)(a)	Review after detention or bail imposed under s17 following finding of unfitness	FEMALE	0	0	0
		MALE	0	0	1
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>
S45(1)(b)	Review after limiting term imposed following a special hearing	FEMALE	1	1	3
		MALE	5	9	3
		<b>TOTAL</b>	<b>6</b>	<b>10</b>	<b>6</b>
S46(1)	Regular review of forensic patients	FEMALE	118	109	89
		MALE	843	804	781
		<b>TOTAL</b>	<b>961</b>	<b>913</b>	<b>870</b>
S46(4)	Application to extend period of review of forensic patients	FEMALE	0	0	0
		MALE	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
S61(1)	Regular review of correctional patients	FEMALE	0	1	0
		MALE	16	11	7
		<b>TOTAL</b>	<b>16</b>	<b>12</b>	<b>7</b>
S68(2)	Review of a forensic patient following their apprehensions due to an alleged breach of a condition of leave or release	FEMALE	11	16	7
		MALE	62	38	45
		<b>TOTAL</b>	<b>73<sup>1</sup></b>	<b>54</b>	<b>52</b>
S76	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	FEMALE	2	1	0
		MALE	2	11	5
		<b>TOTAL</b>	<b>4</b>	<b>12</b>	<b>5</b>
S59	Initial review of person transferred from correctional centre to mental health facility	FEMALE	5	11	11
		MALE	69	80	94
		<b>TOTAL</b>	<b>74</b>	<b>91</b>	<b>105</b>
S58	Review of person awaiting transfer from correctional centre to a mental health facility	FEMALE	4	4	3
		MALE	47	25	17
		<b>TOTAL</b>	<b>51</b>	<b>29</b>	<b>20</b>
S67	Application for a forensic community treatment order	FEMALE	17	28	11
		MALE	137	154	162
		<b>TOTAL</b>	<b>154</b>	<b>182</b>	<b>173</b>
S61(3)	Regular review of person subject to the forensic community treatment order and detained in a correctional centre	FEMALE	8	12	10
		MALE	125	96	115
		<b>TOTAL</b>	<b>133</b>	<b>108</b>	<b>125</b>
S77A(11)	Request to suspend operations of an order pending determination of an appeal	FEMALE	0	0	0
		MALE	0	0	0
		<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Mental Health (Forensic Provisions) Act 1990</b>		FEMALE	<b>171</b>	<b>186</b>	<b>142</b>
		MALE	<b>1338</b>	<b>1255</b>	<b>1256</b>
		<b>TOTAL</b>	<b>1509</b>	<b>1441</b>	<b>1398</b>
<b>TOTAL REVIEWS</b>		FEMALE	<b>172</b>	<b>190</b>	<b>143</b>
		MALE	<b>1346</b>	<b>1265</b>	<b>1266</b>
		<b>TOTAL</b>	<b>1518</b>	<b>1455</b>	<b>1409</b>

<sup>1</sup> This pertains to 33 individuals (4 female and 29 male).

SEC	DESCRIPTION		2019/20	2018/19	2017/18
<b>DETERMINATIONS</b>					
S16	Fitness to stand trial	FEMALE	11	3	9
		MALE	75	66	65
		<b>TOTAL</b>	<b>86</b>	<b>69</b>	<b>74</b>
S24	Following limiting term	FEMALE	1	3	2
		MALE	7	16	8
		<b>TOTAL</b>	<b>8</b>	<b>19</b>	<b>10</b>
<b>TOTAL DETERMINATIONS</b>		<b>FEMALE</b>	<b>12</b>	<b>6</b>	<b>11</b>
		<b>MALE</b>	<b>82</b>	<b>82</b>	<b>73</b>
		<b>TOTAL</b>	<b>94</b>	<b>88</b>	<b>84</b>
<b>TOTAL HEARINGS - DETERMINATIONS &amp; REVIEWS COMBINED</b>		<b>FEMALE</b>	<b>184</b>	<b>196</b>	<b>154</b>
		<b>MALE</b>	<b>1428</b>	<b>1347</b>	<b>1339</b>
		<b>TOTAL</b>	<b>1612</b>	<b>1543</b>	<b>1493</b>

See also Appendix 2, Tables 6-23.

## HEARING LOCATIONS AND TYPES

The Tribunal has regular rosters for its mental health inquiries and civil and forensic hearing panels. In addition to 144 in-person hearings held at the Tribunal's premises in Gladesville, 6,125 in-person hearings were conducted at 42 venues across the Sydney metropolitan area and regional New South Wales in the financial year 2020.

While the preference for conducting hearings is always 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 also holds telephone and video-conference hearings where necessary. During 2020, 1,250 telephone and 10,762 video conference hearings were held for 218 inpatient or community venues across New South Wales.

During the 2020 financial year, 6,269 (21%) hearings and mental health inquiries were conducted in person (2019: 8,717 - 46.7%), 10,762 (57%) by video (2019: 8497 - 45.5%) and 1,250 (7%) by telephone and 633 (3%) hearings "on the papers" (2019: 1,460 - 7.8% by phone and papers combined). The increase in video hearings and consequent decrease in face-to-face hearings is directly attributable to the COVID-19 impact. During the period April to June 2020 100% of hearings were held by video, telephone or on the papers.

JURISDICTION	LIVE	VIDEO	PHONE	PAPERS	TOTAL
CIVIL	2194 (21%)	6623 (64%)	1226 (12%)	339 (3%)	10382 (55%)
FMO	34 (31%)	73 (66%)	2 (2%)	1 (1%)	110 (1%)
FORENSIC	811 (41%)	831 (43%)	20 (1%)	293 (15%)	1955 (10%)
MHI	3230 (50%)	3235 (50%)	2 (0%)	0 (0%)	6467 (34%)
<b>Grand Total</b>	<b>6269 (33%)</b>	<b>10762 (57%)</b>	<b>1250 (7%)</b>	<b>633 (3%)</b>	<b>18914</b>

The vast majority of civil hearings conducted by telephone or on the papers related to CTOs (97% of telephone hearings and 66% of hearings on the papers). This is commonly for persons in the community on an existing CTO. A significant proportion (70% of CTO related hearings on the papers) were to vary the conditions of existing CTOs. The majority of these hearings involved varying the order to reflect a change in treatment team following a change of address by the client. All forensic hearings conducted 'on the papers' were adjournments.

Mental health inquiries are conducted 'in person' at most metropolitan and a number of rural mental health facilities. Under COVID-19 provisions, inquiries were held 100% by video but were also permitted to be conducted by telephone if necessary. Under ordinary Tribunal conditions, video conferencing is only used at those facilities where in person inquiries are not practical.

Of the 6,467 mental health inquiries this year, 50% were held in person (2019: 70.8%) and 50% by video (2019: 35.6%). The variation reflects the impact of the April to June 2020 period.

## NUMBER OF CLIENTS

As at 30 June 2020, there were 994 people for whom the Tribunal had made an involuntary patient order either at a mental health inquiry or at a subsequent review (2019: 1,248). The negative variation from previous year figures is directly attributable to the COVID-19 provisions under which S9, S37(1)(b) and S37(1)(c) hearings were not scheduled during the period April to June 2020. However, it should be noted that a number of these patients may, without reference to the Tribunal, have been discharged or reclassified as voluntary patients since the last Tribunal hearing.

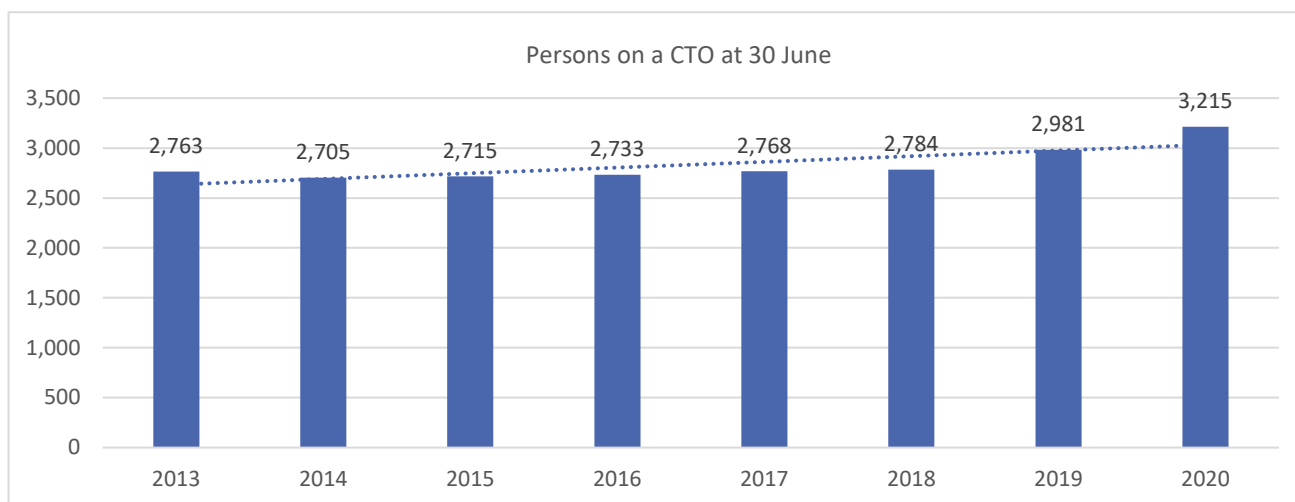
There were 28 individuals who had been voluntary patients for more than 12 months and had been reviewed by the Tribunal (2019: 66) – again, these figures are distorted by the lack of S9 hearings under COVID-19 provisions. A number of these people may have been discharged or reclassified since their last Tribunal review.

Hospital	INVOLUNTARY					VOLUNTARY		Total
	SECO34	SEC0371A	SEC0371B	SEC0371C	Total	SEC009	Total	
ALBURY	1		2		3			3
BANKSTOWN	6	3			9			9
BLACKTOWN	9	4	5	1	19			19
BLOOMFIELD	15	1	30	32	78			78
BLUE MOUNTAINS	7	2			9			9
BRAESIDE	2	1	2		5			5
BYRON BAY		1			1			1
CAMPBELLTOWN	4	2	6		12			12
COFFS HARBOUR	7	4	7		18			18
COMMUNITY	2	1			3			3
CONCORD	24	14	33	22	93	2	2	95
CUMBERLAND	22	8	24	42	96	12	12	108
DUBBO	2	1			3			3
FORENSIC	1			7	8			8
GOSFORD	9	1	4		14			14
GOULBURN	5	2			7			7
GREENWICH	7	2	2		11			11
HORNSBY	12	2	6		20			20
JAMES FLETCHER		1			1			1
JOHN HUNTER	3		1		4			4
KENMORE	2		1		3			3
LISMORE	16	1	1		18			18
LIVERPOOL	11	8	10	5	34			34
MACQUARIE	1	4	27	88	120	11	11	131
MAITLAND	3	1	4		8			8
MATER	33	5	10	13	61			61
MORISSET			15	50	65	2	2	67
NEPEAN	11	3	3		17			17
NORTHERN BEACHES	5		1		6			6
PORT MACQUARIE	6	1	1		8			8
PRINCE OF WALES	13	6	13	2	34			34
PROFESSOR MARIE BASHIR	24	5	2		31			31
ROYAL NORTH SHORE	9	4	2		15			15
SHELLHARBOUR	13	1	9	1	24			24
SOUTH EAST REGIONAL	4				4			4
ST GEORGE	5	5	5	3	18			18

Hospital	INVOLUNTARY					VOLUNTARY		Total
	SECO34	SEC0371A	SEC0371B	SEC0371C	Total	SEC009	Total	
ST. JOSEPH'S	1	2			3			3
ST. VINCENT'S	6		3		9			9
SUTHERLAND	10	4	5	1	20			20
SYDNEY CHILDREN'S	1	1			2			2
TAMWORTH	3	1	3	1	8			8
TAREE	1	2		1	4			4
THE TWEED	4				4			4
TWEED VALLEY	4				4			4
WAGGA WAGGA	7		1	1	9			9
WESTMEAD ADULT	8	2		1	11	1	1	12
WESTMEAD CHILDREN'S		1			1			1
WESTMEAD	2				2			2
WOLLONGONG	8		2		10			10
WYONG	21	2	4		27			27
<b>Total for FY2020</b>	<b>370</b>	<b>109</b>	<b>244</b>	<b>271</b>	<b>994</b>	<b>28</b>	<b>28</b>	<b>1022</b>
<b>Total for FY2019</b>	<b>564</b>	<b>266</b>	<b>147</b>	<b>271</b>	<b>1248</b>	<b>66</b>	<b>66</b>	<b>1314</b>
Variation	-34%	-59%	66%	0%	-20%	-58%	-58%	-22%

The Tribunal is responsible for making and reviewing all involuntary patient orders and all CTOs (apart from a small number of orders made by Magistrates under s 33 of the *MHFPA*). This means that the Tribunal is now able to provide a reasonably accurate picture of the actual number of people subject either to an involuntary patient order or to a CTO at any given time.

At 30 June 2020, 3,215 individuals were subject to an order made by the Tribunal (2019: 2,981). While a small number of these orders may have been revoked by the Director of the declared community mental health facility responsible for implementing the order, this should be a fairly accurate count of the number of people subject to a CTO at that point in time.



## REPRESENTATION AND ATTENDANCE AT HEARINGS

All persons appearing before the Tribunal have a right under s152 and s154 of the Act 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, Legal Aid representation cannot automatically be provided for all categories of matters heard by the Tribunal. During 2012, 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.

In addition to all forensic cases, representation through the MHAS is usually provided at:

- Mental health inquiries
- Reviews of involuntary patients during the first 12 months of detention
- Appeals against an authorised medical officer's refusal to discharge a patient
- Applications for Financial Management Orders

Representation is also provided for some applications for CTOs and some applications for revocation of Financial Management Orders, however this may be subject to a means and merits test.

Representation was provided in 57% of hearings in the Tribunal's civil jurisdiction (2019: 83%) and 81% of forensic hearings (2019: 95%). The negative variation from previous year figures can in part be attributed to the COVID-19 provisions affecting the ratios of matters held that require representation.

CLIENT REPRESENTATION AT HEARINGS				
Section	MATTER DESCRIPTION	Represented	Total Hearings	% Represented
S101	Application for a Surgical Operation	3	10	30%
S103	Application for special medical treatment	1	1	100%
S151-S156	Procedural Orders	1	3	33%
S202(4)	COVID-19 special provisions		21	0%
S34	Mental Health Inquiry - Review of Assessable Person	6262	6467	97%
S37(1)(a)	Reviews of involuntary patients by Tribunal at the end of the patient's initial period of detention as a result of a mental health inquiry	1168	1315	89%
S37(1)(b)	Reviews of involuntary patients by Tribunal at least once every 3 months for the first 12 months the person is an involuntary patient	479	541	89%
S37(1)(c)	Reviews of involuntary patients by Tribunal at least once every 6 months while the person is an involuntary patient after the first 12 months of detention	109	469	23%
S44 m	Appeal against an authorised medical officer's refusal to discharge	560	797	70%
S44 n	Consideration of Financial Management at a Mental Health Inquiry	23	23	100%
S46 n	Application for Financial Management Order	47	56	84%
S48 n	Review of Interim Financial Management Order	2	3	67%
S51	Community Treatment Orders	532	5915	9%
S63	Review of affected persons detained under a Community Treatment Order	11	13	85%
S65 f	Variation of Forensic Community Treatment Order		63	0%
S65 r	Revocation of a Community Treatment Order	1	17	6%
S65 v	Variation of a Community Treatment Order		325	0%
S88 n	Application for revocation of a Financial Management Order	3	27	11%
S9	Review of Voluntary Patients	4	64	6%
S96(1)	Review of voluntary patient's capacity to give informed consent to ECT	1	4	25%
S96(2)	Application to administer ECT to an involuntary patient with or without consent	518	822	63%
S96(3A)	Application to administer ECT to a person under 16 years	1	1	100%
<b>CIVIL TOTAL</b>		<b>9727</b>	<b>16958</b>	<b>57%</b>

Section	MATTER DESCRIPTION	Represented	Total Hearings	% Represented
S102	Application for a Surgical Operation	1	1	100%
S16	s16 Determination of fitness to be tried	78	86	91%
S24	s24 Determination following nomination of limiting term	8	8	100%
S31D	Approval of change of name		1	0%
S44 f	s44 First review following finding of not guilty by reason of mental illness	37	38	97%
S45(1)(b)	s45(1)(b) First review following detention under s27	5	6	83%
S46(1)	s46(1) Review of forensic patients	1065	1173	91%
S58	Informal review of those awaiting transfer to a hospital	7	52	13%
S59	s59 First review following transfer from a correctional centre to a mental health facility	186	200	93%
S61(1)	s61(1) Review of Correctional Patients	13	16	81%
S61(3)	s61(3) Review of person subject to a CTO in gaol	4	133	3%
S67	s67 Application for a forensic CTO	88	155	57%
S68(2)	s68(2) Review of person apprehended under s68	72	76	95%
S76	s76 Application of Registered Victim for Non-Association or Place Restriction	4	4	100%
S88 n	Application for revocation of a Financial Management Order	1	1	100%
S96(2)	Application to administer ECT to an involuntary patient with or without consent	6	6	100%
<b>FORENSIC TOTAL</b>		<b>1575</b>	<b>1956</b>	<b>81%</b>
<b>Total Hearings</b>		<b>11302</b>	<b>18914</b>	<b>60%</b>

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.

This attendance and participation in hearings can be in person or by way of video or telephone. During the financial year 2020, the subject of the hearing attended in 87% of cases (2019: 86%). Included in this figure are mental health inquiries which under ordinary conditions require the patient to attend in order for the inquiry to proceed. During the financial year 2020, the rate of client attendance at mental health inquiries was 97% (2019: 97%). The mental health inquiry is ordinarily 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, attendance was 80% (2019: 91%). Of the hearings where the forensic patient did not attend, 31% were reviews of FCTOs which, with the agreement of the forensic patient, were often conducted 'on the papers'.

## HEARINGS PROCEEDINGS IN THE ABSENCE OF THE PATIENT

Involuntary patients detained in a mental health facility under s37 of the Act or persons detained for breaching their CTO under s63 of the Act, or patients or persons subject to an application for an ECT inquiry under s96 of the Act are required by the Act to be 'brought before' the Tribunal for the hearing. Every reasonable effort should be made to bring the patient or person before the Tribunal for all such hearings. Where appropriate, this can include participation by video or by telephone.

The Act allows for these hearings to take place in the absence of the patient in limited circumstances. In circumstances where the patient or person is too unwell to attend or refuses to attend the hearing the authorised medical officer may apply to the Tribunal for the hearing to take place in the patient's absence.

The Tribunal may conduct hearings in the absence of the patient only if it is satisfied that the patient is too unwell to attend the hearing or they refuse to attend the hearing within a reasonable period and that it is desirable for the safety and welfare of the patient that the hearing proceed. In making its determination the Tribunal is required to consider the views (if known) of the patient, any representative, the designated carer and the principal care provider.

During the 2020 financial year, a total of 254 such applications were received from authorised medical officers to proceed in the absence of the patient (2019: 62). Of these 170 (67%) were s37 reviews of involuntary patients (2019: 38

hearings - 61%) and 66 patients (39%) were detained (2019: 37 patients). The remaining 83 (33%) were s96 ECT hearings (2019: 24 hearings - 39%) of which 68 (82%) were approved (2019: 21 approved). The increase in numbers reflects both the COVID-19 provisions in force from April 2020 that all hearings may, where necessary, be conducted in the absence of the patient in addition to the increased difficulty surrounding the safe transport of patients within facilities during pandemic conditions.

HEARINGS HELD IN THE ABSENCE OF THE PATIENT					
Act	MATTER DESCRIPTION	Patient did not attend	% of hearings	Approvals	%
S37	Reviews of involuntary patients	170	67%	66	39%
S63	Review of affected persons detained under a CTO	1	0%	0	0%
S96	Applications to administer ECT	83	33%	68	82%
<b>Total</b>		<b>254</b>	<b>-</b>	<b>134</b>	<b>53%</b>

## APPEALS

Section 163 of the Act and s77A of the *Mental Health (Forensic Provisions) Act 1990 (MHFPA)* provide for appeals by leave against decisions of the Tribunal to be brought to the Supreme Court of NSW. An appeal as to the release of a forensic patient may be made to the Court of Appeal.

During the 2020 financial year, one appeal was lodged with the Supreme Court of NSW. That appeal is yet to be concluded at the time of this report.

Section 50 of the *NSW Trustee and Guardian Act 2009* provides for appeals to be made to the NSW Civil and Administrative Tribunal (NCAT) against estate management orders made by the Tribunal. There were no such appeals lodged during 2019/2020.

## MULTICULTURAL POLICIES AND SERVICES

The Tribunal is not required to report under the Multicultural Policies and Services Program. However, both the Act and the *MHFPA* 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 Strait Islanders.

Persons appearing before the Tribunal have a right under s 158 of the Act to be assisted by an interpreter if they are unable to communicate adequately in English. During 2020, interpreters in 48 different languages assisted a total of 760 hearings (2019: 47 languages - 533 hearings). The ten most common languages interpreted were Mandarin (137), Arabic (93), Vietnamese (89), Cantonese (52), Macedonian (34), Serbian (31), Spanish (31), Italian (28), Korean (27) and Greek (19). Together, these languages constitute 71% of the hearings in which an interpreter was required.

In August 2009 the Tribunal entered into a Memorandum of Understanding with Multicultural NSW on the provision of translation services concerning the Tribunal's official forensic orders. There were no forensic orders translated in the financial year 2020.

Translated copies of some of the Statements of Rights are available from the NSW Health website.

## 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. The administrative and policy functions of the Tribunal are covered by the *GIPA Act*. However, information relating to the judicial functions of the Tribunal is 'excluded information' under the *GIPA Act* and as such is generally not disclosed.

There were four requests for disclosure of information from the Tribunal's client files during the financial year 2020. All requests were met within the terms of the *GIPA Act*.

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## PUBLIC INTEREST DISCLOSURES 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.

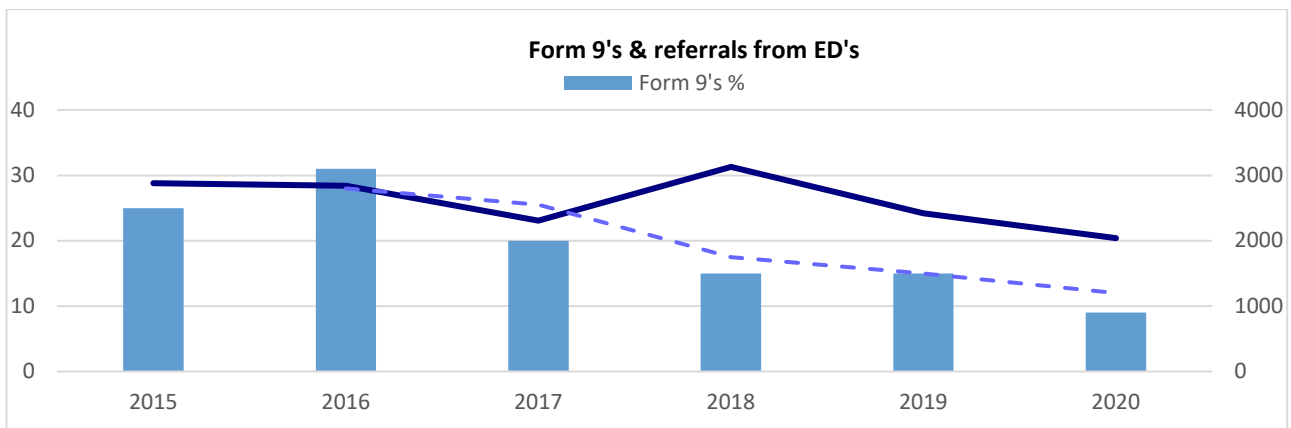
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## DATA COLLECTION – INVOLUNTARY REFERRAL TO MENTAL HEALTH FACILITIES

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 9).

More than 70% of Emergency Departments (ED's) are now gazetted under the Act as emergency assessment facilities. Historically, most ED's do not complete Form 9's. This has meant that data collected from these forms has been incomplete and has not accurately reflected the number of involuntary referrals – in particular those referred by ambulance or police as they are more commonly presented to an ED rather than directly to an inpatient unit.

Despite some improvement in reporting from ED's over time, a sufficient level of compliance is yet to be achieved. During the financial year 2020, 5 of the 55 gazetted ED's (9%) returned Form 9's (2019: 8 of 54 - 15%).



Five ED's made 2,040 involuntary referrals during the financial year 2020, indicating that there remains a significant number of persons taken to emergency assessment mental health facilities who are not being recorded through this process. It is possible that some are being recorded on Form 9s submitted by the mental health facilities within the same hospital, however this is not quantifiable.

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## OFFICIAL VISITORS PROGRAM

The Official Visitors Program (the Program) is an independent statutory program under the Act reporting to the Minister for Mental Health. The Program is headed by the Principal Official Visitor and supported by three permanent staff positions, including a Program Manager.

In March 2008 the Official Visitors Program 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 report directly to the Minister.

A Memorandum of Understanding was entered into by the Tribunal and the Official Visitors Program in 2009 setting out the agreed systems for raising issues identified by the Tribunal or the Official Visitors Program in relation to the other body. No matters were referred to the Official Visitors Program by the Tribunal during financial year 2020 for follow up by Official Visitors.

The Registrar of the Tribunal meets regularly with the Principal Official Visitor and Program Manager to discuss issues relating to the administration of the Program.



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## PREMISES

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

The Tribunal has four large hearing rooms and three small inquiries rooms - all fitted with video conferencing facilities. Video conferencing equipment has also been installed in two large meeting rooms. During the COVID-19 pandemic, all hearing and inquiries rooms were in full use as well as several offices ordinarily made available to visitors.

One of the Tribunal's hearing rooms is occasionally made available for use by the Northern Territory Mental Health Review Tribunal for the conduct of their hearings by a psychiatrist member located in New South Wales.

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## 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 been provided and correct documentation is available for mental health inquiries. In most facilities this role is carried out by staff who are already very busy with their other responsibilities. The Tribunal is very appreciative of the support provided by staff at all the facilities where we conduct hearings.

The Tribunal continues to experience some difficulties with facilities at some venues:

- Many venues do not have an appropriate waiting area for family members and patients prior to their hearing.
- Essential resources such as video conference equipment or telephones with speaker capacity are sometimes unavailable or not working in some venues.
- The sound quality with video equipment at some venues is very poor – particularly if the microphones have been installed in the ceiling.
- 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 can lead to delays in some hearings.

These issues have been particularly problematic during the COVID-19 pandemic with additional pressure placed on AVL resources and all participants obliged to manage the remote hearing environment. Issues are monitored and particular concerns or incidents discussed with venues and members as they arise.

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## COMMUNITY EDUCATION AND LIAISON

During the financial year 2020 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 Act and the *MHFPA*.

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

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## 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.

The COVID-19 pandemic placed enormous pressure on members and staff as the Tribunal made some very quick and comprehensive changes to process and policy. Temporary appointments to both the Civil and Forensic Divisions assisted during this period.

The Tribunal has very stable staffing with many staff having worked here for a number of years. Apart from some recent turnover in staff, almost all of the Tribunal's staffing positions remain occupied by permanent staff all working in their

own positions. This is a very positive position and provides stability for our staff and recognises their ongoing commitment to the work of the Tribunal.

Appendix 4 shows the organisational structure and staffing of the Tribunal as at 30 June 2020. Including the President and two full time Deputy President positions, the additional position increased the Tribunal's permanent establishment to 30.4 positions, all of which are filled.

*See also Appendix 4*

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## TRIBUNAL MEMBERS

As at 30 June 2020, the Tribunal had a President, two full time Deputy Presidents, nine part time Deputy Presidents and 124 part time members. Members of the Tribunal 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 membership reflects an equitable gender balance. As at 30 June 2020, including Presidential members, there were 76 female and 60 male members. Several members have indigenous or culturally diverse backgrounds as well as a number who have a lived experience of mental illness, bringing a valuable consumer or carer's focus to the Tribunal's hearings and general operations.

Part time Tribunal members are generally appointed for four-year terms with the last recruitment carried out in 2016. As a result of the COVID-19 pandemic, recruitment was halted for the 2020 intake due to the need to direct internal resources to the Tribunal's pandemic response as well as social distancing difficulties around interviewing and training. The Minister approved a one year rollover for existing members, enabling the Tribunal to delay the recruitment process until 2021.

## RESIGNATIONS

Seven part time psychiatrist members, one suitably qualified member and one part time lawyer member resigned their appointments during 2019/2020. The Tribunal would like to acknowledge the important contribution made by Dr Dinesh Arya, Dr Suzanne Stone, Dr Geoffrey Rickarby, Dr Stephen Woods, Dr Kathleen Smith, Professor Timothy Lambert, Professor John Spencer, Dr Stephen Allnutt and Ms Helen Gamble.

## PROFESSIONAL DEVELOPMENT

The Tribunal has a large number of dedicated and skilled members who bring vast and varied backgrounds, qualifications 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.

During the financial year 2020, 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.

Topics covered during the reporting period included:

- Recovery from an eating disorder – best practice & the role of the MHA *Prof Phillipa Hay, School of Medicine, Dr Matthew Holton Consultant Psychiatrist RPA, Danielle Maloney, Dep Director Inside Out*
- Tribunal's role in relation to treatment – both sides of the table *Panel discussion*
- Clear Kind & Accessible Communication *Rosalie Martin, Speech Pathologist & Criminologist*
- Improving access to NDIS through legal advocacy *Lindsay Ash Senior Solicitor NDIS Specialist Legal Aid NSW*
- Inside the work of the Official Visitors Program *Karen Lenihan Principal Official Visitor*
- Psychedelic-assisted therapy for mental health - an adjunct to psychotherapy *MindMedicine Australia*

The Tribunal continues to regularly distribute 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.

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## FINANCIAL REPORT

The Tribunal is funded directly from the Finance Branch of the Ministry. The budget allocation for 2019/2020 was \$7,896,066. Total net expenditure for the year was \$7,985,373 – a budget variation of \$89,307 (1%) which is primarily driven by back payments made to part-time Tribunal members.

A Treasury adjustment of \$800,000 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. The actual expenditure related to this role for the financial year was \$1,011,864. This included the cost of additional three-member Tribunal panels required for the increased number of appeals lodged by patients against an authorised medical officer's refusal to discharge.

*See also Appendix 5*

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## THANK YOU

The COVID-19 pandemic has had a significant impact on Tribunal staff and members, on consumers and their families and carers and on the staff in NSW Health facilities. It has been a challenging period during which staff across NSW Mental Health, as well as within the Tribunal, have demonstrated genuine commitment and hard work to meet the demands of operating under pandemic conditions and to ensure that consumers continued to receive quality care and oversight.

We are very fortunate at the Tribunal in the high calibre of our staff and our members and this has never been more evident than during the COVID-19 response. I would like to take this opportunity to thank the many people who have worked both for and with the Tribunal during the 2020 financial year and to acknowledge their skill, competence and dedication in conducting more than 18,900 hearings. The successful operation of the Tribunal would not have been possible without their ongoing co-operation and support.

**Alisa Kelley**  
**Registrar**

# APPENDIX 1 – CIVIL STATISTICS

TABLE 1 – INVOLUNTARY PATIENT FLOW CHART

## Flow Chart showing progress of involuntary patients admitted during the period July 2019 through June 2020

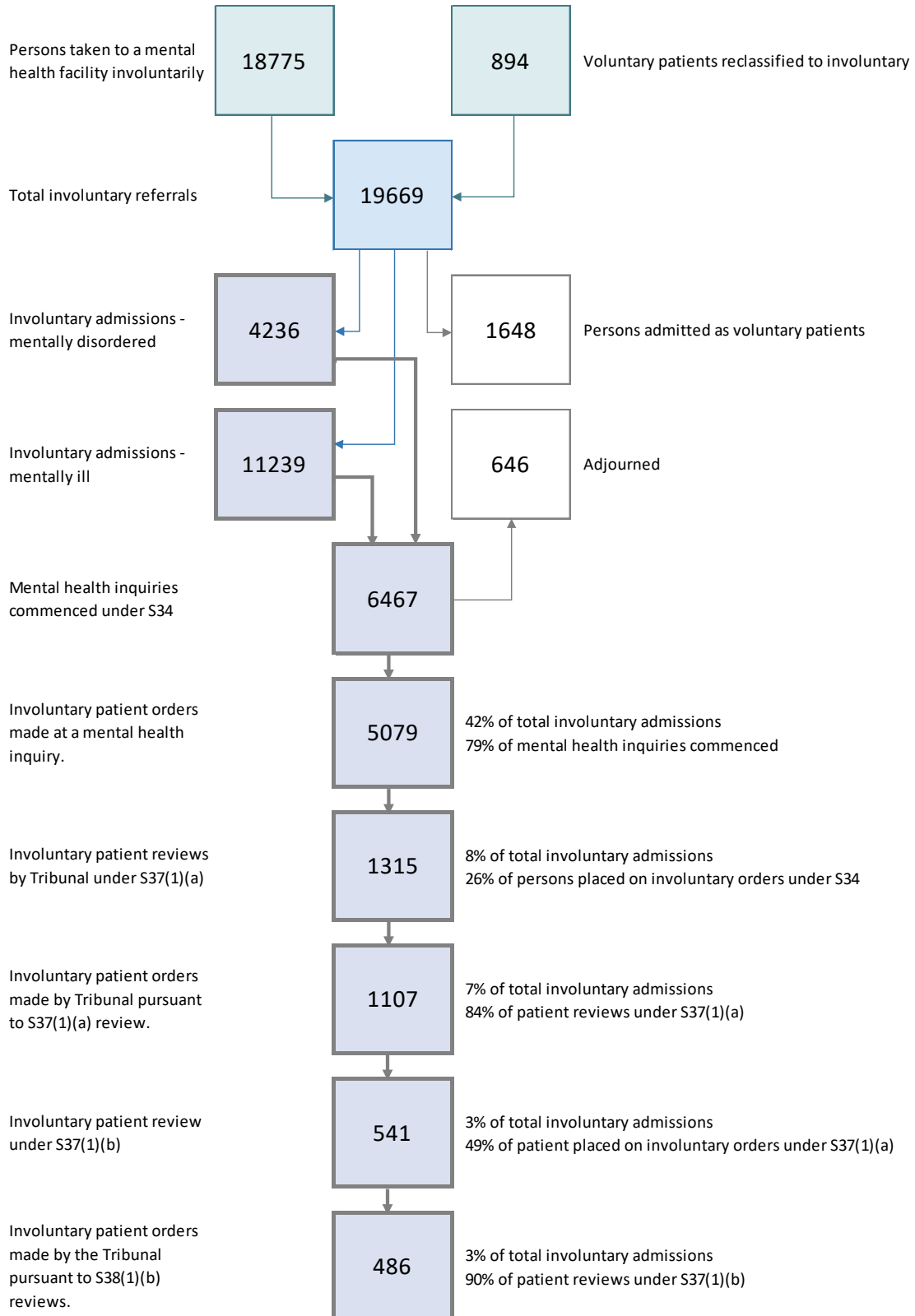


TABLE 2 – CIVIL HEARINGS – TOTAL BY GENDER & MATTER DESCRIPTION

ACT	MATTER DESCRIPTION	TOTAL HEARINGS (INCLUDING ADJOURNMENTS)		
		MALE	FEMALE	TOTAL
S9	Review of those detained in a mental health facility receiving voluntary treatment for more than 12 months	43 (67%)	21 (33%)	64
S34	Mental Health Inquiry - Review of Assessable Person	3551 (55%)	2916 (45%)	6467
S37(1)(a)	Reviews of involuntary patients by Tribunal at the end of the patient's initial period of detention as a result of a mental health inquiry	705 (54%)	610 (46%)	1315
S37(1)(b)	Reviews of involuntary patients by Tribunal at least once every 3 months for the first 12 months the person is an involuntary patient	357 (66%)	184 (34%)	541
S37(1)(c)	Reviews of involuntary patients by Tribunal at least once every 6 months while the person is an involuntary patient after the first 12 months of detention	292 (62%)	177 (38%)	469
S44	Appeal against an authorised medical officer's refusal to discharge	430 (54%)	367 (46%)	797
S51	Community Treatment Orders	3769 (64%)	2146 (36%)	5915
S63	Review of affected persons detained following a breach of a Community Treatment Order	8 (62%)	5 (38%)	13
S65	Variation of a Community Treatment Order	231 (71%)	94 (29%)	325
S65	Revocation of a Community Treatment Order	13 (76%)	4 (24%)	17
S65	Variation of Forensic Community Treatment Order	54 (86%)	9 (14%)	63
S96(1)	Review of voluntary patient's capacity to give informed consent to ECT	2 (50%)	2 (50%)	4
S96(2)	Application to administer ECT to an involuntary patient with or without consent	322 (39%)	500 (61%)	822
S96(3A)	Application to administer ECT to a person under 16 years	0 (0%)	1 (100%)	1
S101	Application for a Surgical Operation	6 (60%)	4 (40%)	10
S103	Application for special medical treatment	0 (0%)	1 (100%)	1
S151-S156	Procedural Orders	0 (0%)	4 (100%)	4
S202(4)	COVID-19 special provisions	10 (48%)	11 (52%)	21
<b>TOTAL</b>		<b>9793 (58%)</b>	<b>7056 (42%)</b>	<b>16849</b>

TABLE 3 – CIVIL MATTERS BY TYPE OVER 5 YEARS

ACT	MATTER DESCRIPTION	2019-20	2018-19	2017-18	2016-17	2015-16
S9	Review of those detained in a mental health facility receiving voluntary treatment for more than 12 months	64	79	79	98	69
S34	Mental Health Inquiry - Review of Assessable Person	6467	6787	6806	6757	6887
S37	Reviews of persons detained in a mental health facility for involuntary treatment	2325	2727	2831	2725	2695
S44	Appeal against an authorised medical officer's refusal to discharge	797	629	685	690	641
S51	Community Treatment Orders	5915	5519	5357	5331	5357
S63	Review of affected persons detained following a breach of a Community Treatment Order	13	8	15	7	6
S65	Variation and revocation of Community Treatment Orders	405	432	299	248	227
S96(1)	Review of voluntary patient's capacity to give informed consent to ECT	4	2	4	3	6
S96(2)	Application to administer ECT to an involuntary patient with or without consent	822	810	810	719	698
S96(3A)	Application to administer ECT to a person under 16 years	1	0	1	0	0
S101	Application for a Surgical Operation	10	7	10	9	5
S103	Application for special medical treatment	1	0	1	1	0
S151-S156	Procedural Orders	4	5	2	1	4
	Application to be represented by a non-legal practitioner	0	0	3	0	0
S162	Application to publish or broadcast names	0	1	1	0	1
S202(4)	COVID-19 special provisions	21	0	0	0	0
<b>TOTAL</b>		<b>16849</b>	<b>17006</b>	<b>16904</b>	<b>16589</b>	<b>16596</b>

TABLE 4 – NUMBER OF COMMUNITY TREATMENT ORDERS MADE BY HEALTH CARE AGENCY

HEALTH CARE AGENCY	2019/20	2018/19	2017/18	2016/17
Albury Community Mental Health Service	29	38	30	33
Ashfield Community Mental Health Service	0	0	0	0
Auburn Community Mental Health Team	42	65	46	49
Bankstown-Lidcombe Mental Health Service	140	133	149	117
Bega Valley Mental Health Service	27	28	28	22
Blacktown & Mt. Druitt Psychiatry Service	292	292	246	268
Blue Mountains Mental Health Service	63	50	59	89
Bondi Junction Community Mental Health Service	6	9	6	8
Botany Community Health Care	0	0	0	0
Bowral Community Mental Health Service	10	15	11	9
Byron Mental Health Services	29	21	15	2
Campbelltown Mental Health Service	150	133	169	129
Camperdown Community Mental Health Service	169	169	158	166
Canterbury Community Mental Health Service	113	119	100	118
Catherine Mahoney Aged Care Psychiatry Unit	0	0	0	0
Central Coast Area Mental Health Service	460	441	401	361
Clarence District Health Service	0	0	0	26
Coffs Harbour District Hospital Outpatient Service	77	99	93	77
Cooma Mental Health Service	19	13	24	17
Cootamundra Mental Health Service	0	0	0	1
Croydon Community Mental Health Service	264	241	236	197
Deniliquin Mental Health Service	20	31	29	26
Dundas Community Mental Health Service	3	2	25	45
Eurobodalla Community Mental Health Service	44	25	32	49
Fairfield Mental Health Service	124	147	156	162
Far West Mental Health Service	22	17	20	32
Glebe Community Mental Health Service	0	0	0	0
Goulburn Community Mental Health Service	35	56	37	37
Grafton Mental Health Service	26	37	37	22
Granville Community Rehabilitation Service	77	49	25	24
Griffith Mental Health Service	51	53	38	35
Hawkesbury Mental Health Service	11	25	20	22
Hills Community Mental Health Centre	54	55	47	63
Hornsby Ku-ring-gai Community Mental Health Service	186	152	152	125
Hunter Psychiatric Rehabilitation Service	2	0	1	0
Hunter Valley Health Care Agency	0	104	82	99
Hunter New England Mehi/McIntyre Mental Health Service	36	38	29	24
Hunter New England Tablelands Mental Health Service	14	24	20	14
Hunter New England Peel Mental Health Service	28	32	39	37
Hunter Valley Mental Health Service	86	0	0	0
Hunter Valley Child & Adolescent Mental Health Service	0	0	0	0
Illawarra Community Mental Health Services	114	120	139	203
Inner City Mental Health Service Caritas Centre	64	81	73	78
James Fletcher Hospital	0	0	0	0
Kempsey Mental Health Service	43	49	43	48
Lake Illawarra Sector Mental Health Service	2	1	0	1
Lake Macquarie Mental Health Service	90	77	70	79
Lake Macquarie Child & Adolescent Mental Health Service	2	0	0	0
Leeton/Narrandera Community Mental Health Centre	0	0	0	0
Lismore Mental Health Services	110	114	112	97
Lithgow Mental Health Service	5	7	5	0
Liverpool Mental Health Service	178	147	127	125
Macquarie Area Mental Health Services	81	88	81	76
Manly Hospital & Community Health Service	0	68	140	171
Maroubra Mental Health Service	193	183	185	164
Marrickville Community Mental Health Service	135	114	121	121

<b>HEALTH CARE AGENCY</b>	<b>2019/20</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2016/17</b>
Merrylands Community Health Service	15	28	74	97
Mid-Western Community Mental Health Service	112	118	123	133
Mudgee Mental Health Service	13	17	11	13
Newcastle Mental Health Service	228	183	209	186
Newcastle Child & Adolescent Mental Health Service	2	0	0	0
Northern Illawarra Sector Mental Health Service	2	0	0	1
Northern Beaches Community Health	163	144	0	0
Nyngan Community Health Service	0	0	0	0
Orana Mental Health Service	0	0	0	0
Orange Community Health Team Orange Health Centre	0	0	0	0
Orange Community Residential/Rehab. Service	7	6	5	8
Parramatta Community Health Service	151	134	98	87
Penrith Mental Health Service	55	73	78	140
Penrith Child & Youth Mental Health Service	1	0	0	0
Port Macquarie Community Mental Health Service	53	47	30	32
Queanbeyan Mental Health Service	31	36	34	34
Redfern Community Mental Health Service	67	55	36	57
Royal North Shore Community Health Centre	135	0	0	0
Royal North Shore Hospital Community Health Services	31	199	157	128
Ryde Hospital & Community Mental Health Service	141	139	135	103
Shoalhaven Community Mental Health Services	59	77	72	47
Springwood Mental Health Service	9	17	8	0
St George Community Mental Health Centre	197	0	0	0
St Marys Mental Health Service	43	59	59	44
St George Div. of Psychiatry & Mental Health	0	208	221	238
St George Child & Adolescent Mental Health Service	1	0	0	0
Sutherland Hospital & Community Mental Health Service	93	85	80	98
Tamworth Community Mental Health Service	3	6	10	1
Taree Community Mental Health Service	54	65	70	56
Temora Community Mental Health	15	11	10	8
Tumut Community Mental Health Service	11	12	8	4
Tweed Mental Health Service	94	108	106	129
Upper Hunter Mental Health Service	0	0	0	0
Wagga Wagga Community Mental Health Service	49	47	57	71
Young Mental Health Service	7	11	20	23
CTO's made in hospital-based hearings	18	-	-	-
CTO's made at Mental Health Inquiries & reviews	653	416	335	362
<b>TOTAL</b>	<b>6239</b>	<b>5647</b>	<b>5367</b>	<b>5406</b>



TABLE 5 – CTO’S MADE BY THE TRIBUNAL & BY MAGISTRATES SINCE 2009

Magistrates ceased making Community Treatment Orders (CTOs) at mental health inquiries in June 2010 when the Tribunal assumed responsibility for conducting those inquiries.

Year	Magistrate ~	Mental Health Inquiries	Tribunal Hearings	Total Orders Made
2019/20	12	653	5586	6251
2018/19	13	416	5647	6076
2017/18	0	335	5367	5702
2016/17	0	362	5406	5768
2015/16	0	336	5050	5386
2014/15	0	336	4806	5142
2013/14	0	360	4824	5184
2012/13	0	339	4882	5221
2011/12	0	581	4426	5007
2010/11	2	566	4128	4696
2009/10	806	10	3956	4772
2008/09	997	0	4058	5055

~ 2018 - 2020 figures represent number of Tribunal orders revoked as order made by Magistrate

## APPENDIX 2 – FORENSIC STATISTICS

TABLE 6 – S16 DETERMINATION OF FITNESS TO BE TRIED

S16 DETERMINATION OF FITNESS TO BE TRIED	INDIVIDUALS	HEARINGS
Person is likely to become fit to be tried and is suffering from a mental illness	15	15
Person is likely to become fit to be tried and is suffering neither from a mental illness nor a mental condition	0	0
Person will not become fit to be tried	46	46
Adjourned	23	25
<b>TOTAL</b>	<b>84</b>	<b>86</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S16 reviews:</b>	<b>70</b>	<b>86</b>

TABLE 7 – S24 DETERMINATION FOLLOWING NOMINATION OF LIMITING TERM

S24 DETERMINATION FOLLOWING NOMINATION OF LIMITING TERM	INDIVIDUALS	HEARINGS
Person is mentally ill - court to be notified	6	6
Person is suffering from a mental condition and <b>does</b> object to detention in hospital	0	0
Person is suffering from a mental condition and <b>does not</b> object to detention in hospital	1	1
Person is neither mentally ill nor suffering from a mental condition	1	1
Adjourned	0	0
<b>TOTAL</b>	<b>8</b>	<b>8</b>

TABLE 8 – S44 FIRST REVIEW FOLLOWING FINDING OF NOT GUILTY BY REASON OF MENTAL ILLNESS

S44 FIRST REVIEW FOLLOWING FINDING OF NOT GUILTY BY REASON OF MENTAL ILLNESS	INDIVIDUALS	HEARINGS
Court order for conditional release replaced by Tribunal order	1	1
Current order for conditional release to continue	1	1
Current order for detention to continue	5	5
Transfer to another facility	19	19
Release conditional	4	4
Release conditions varied	2	2
Revocation of conditional release	1	1
Leave of absence granted	1	1
Period of review extended	1	1
Adjourned	2	3
<b>TOTAL</b>	<b>37</b>	<b>38</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S44 reviews:</b>	<b>34</b>	<b>37</b>

TABLE 9 – S45(1)(A) & (B) FIRST REVIEW FOLLOWING DETENTION UNDER S17 OR S27

S45(1)(a) & (b) FIRST REVIEW FOLLOWING DETENTION UNDER S17 OR S27	INDIVIDUALS	HEARINGS
Person has become fit to be tried	1	1
Person has not become fit to be tried and will not become fit within 12 months	5	5
Adjourned	0	0
<b>TOTAL</b>	<b>6</b>	<b>6</b>

TABLE 10 – S46 REVIEW OF FORENSIC PATIENTS

<b>S46 REVIEW OF FORENSIC PATIENTS</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Classified as an involuntary patient	0	0
Current order for apprehension to continue	1	1
Current order for conditional release to continue	75	90
Current order for conditional release to continue pending apprehension	2	2
Current order for detention to continue	188	257
Current order for transfer and detention to continue	25	28
Variation to current order for detention	2	2
Variation to current order for transfer and detention	1	1
Directions issued	0	0
Decision reserved	1	1
Extension of period of review denied	1	1
Extension of period of review granted	60	60
Person <b>is</b> fit to be tried	24	26
Person <b>is not</b> fit to be tried	46	61
Release conditional	28	28
Release conditions varied	122	150
Release unconditional	2	2
Release unconditional under a CTO	15	15
Revocation of conditional release	1	1
Transfer to another facility	40	44
Transfer to another facility - time limited order	12	12
Leave of absence granted	91	143
Financial management order made	0	0
Hearing be conducted wholly or partly in private under S151(4)	0	0
Adjourned	215	242
<b>TOTAL</b>	<b>952</b>	<b>1167</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i> <b>Total number of individuals and hearings for S46 reviews:</b>	<b>488</b>	<b>961</b>

TABLE 11 – S58 LIMITED REVIEW OF CORRECTIONAL PATIENTS AWAITING TRANSFER TO AN MHF

<b>S58 LIMITED REVIEW OF CORRECTIONAL PATIENTS AWAITING TRANSFER TO A MENTAL HEALTH FACILITY</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Transfer to another facility	42	48
Revoke S55(1) order for transfer to a mental health facility	1	1
Decision reserved	0	0
Adjourned	2	2
<b>TOTAL</b>	<b>45</b>	<b>51</b>

TABLE 12 – S59 FIRST REVIEW FOLLOWING TRANSFER FROM A CORRECTIONAL CENTRE TO AN MHF

<b>s59 FIRST REVIEW FOLLOWING TRANSFER FROM A CORRECTIONAL CENTRE TO A MENTAL HEALTH FACILITY</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Ordered to be detained in a mental health facility	60	62
Classified as involuntary patient - correctional patient status expires	0	0
Classified as involuntary patient - forensic patient status expires	0	0
Person is a mentally ill person - continue in a mental health facility	60	61
Person is a mentally ill person - appropriate care is available in a correctional centre under an FCTO	4	4
Person is a mentally ill person - appropriate care is available in a correctional centre	2	2
Person is not a mentally ill person - continue in a mental health facility	2	2
Person is not a mentally ill person and should not continue in a mental health facility	1	1
Transfer to another facility	2	2
Transfer to another facility under a CTO	0	0
Financial Management Order made	0	0
No Financial Management Order made	60	62
Patient released prior to hearing	1	1
Hearing not required	1	1
Adjourned	2	2
<b>TOTAL</b>	<b>195</b>	<b>200</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S59 reviews:</b>	<b>71</b>	<b>74</b>

TABLE 13 – S67 APPLICATION FOR A FORENSIC CTO

<b>S67 APPLICATION FOR A FORENSIC CTO</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Forensic CTO made	129	135
Forensic CTO not made	1	1
CTO made to have effect on date of unconditional release	13	13
Not Forwarded or Acted Upon due to Changed Circumstances	1	1
Application withdrawn at hearing	2	2
Patient release prior to hearing	1	1
Adjourned	2	2
<b>TOTAL</b>	<b>148</b>	<b>154</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S67 reviews:</b>	<b>145</b>	<b>154</b>

TABLE 14 – S65 APPLICATION TO VARY A FORENSIC CTO

<b>S65 APPLICATION TO VARY A FORENSIC CTO</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>

TABLE 15 – S61(1) REVIEW OF CORRECTIONAL PATIENTS

<b>S61(1) REVIEW OF CORRECTIONAL PATIENTS</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Ordered to be detained in a mental health facility	10	11
Classified as involuntary patient - correctional patient status expires	1	1
Classified as involuntary patient - forensic patient status expires	0	0
Transfer to another facility	0	0
Transfer to another facility under a CTO	1	1
Financial Management Order made	0	0
No Financial Management Order made	0	0
Hearing not required	1	1
Adjourned	2	2
<b>TOTAL</b>	<b>15</b>	<b>16</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S61(1) reviews:</b>	<b>14</b>	<b>16</b>

TABLE 16 – S61(3) REVIEW OF PERSON SUBJECT TO A CTO IN A CORRECTIONAL CENTRE

<b>S61(3) REVIEW OF PERSON SUBJECT TO A CTO IN A CORRECTIONAL CENTRE</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Forensic CTO to continue	74	87
Forensic CTO varied	2	2
Forensic CTO revoked	6	6
Hearing not required	1	1
Patient released prior to hearing	1	1
Adjourned	33	36
<b>TOTAL</b>	<b>117</b>	<b>133</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S61(3) reviews:</b>	<b>94</b>	<b>133</b>

TABLE 17 – S68(2) REVIEW OF PERSON APPREHENDED UNDER BREACH OF ORDERS FOR RELEASE

<b>S68(2) REVIEW OF PERSON APPREHENDED UNDER BREACH OF ORDERS FOR RELEASE</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Order for apprehension and detention	0	0
Confirm order for conditional release	17	20
Revocation of Conditional Release	3	3
Grant of leave of absence	2	2
Confirm order granting leave of absence	1	1
Transfer to another facility	1	1
Tribunal has no jurisdiction	0	0
Adjourned	26	49
<b>TOTAL</b>	<b>50</b>	<b>76</b>
<i>NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories.</i>		
<b>Total number of individuals and hearings for S68(2) reviews:</b>	<b>33</b>	<b>73</b>

TABLE 18 – S76 APPLICATION OF REGISTERED VICTIM FOR NON-ASSOCIATION OR PLACE RESTRICTION

<b>S76 APPLICATION OF REGISTERED VICTIM FOR NON-ASSOCIATION OR PLACE RESTRICTION</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
Application refused	4	4
Impose place restriction and non-association condition on conditional release	1	1
Impose place restriction and non-association condition on leave of absence	1	1
Impose place restriction on conditional release	0	0
Impose place restriction on leave of absence	2	2
Vary non-association order for conditional release	0	0
Vary place restriction order on leave of absence	2	2
Vary place restriction and non-association order on leave of absence	1	1
Vary place restriction and non-association order for conditional release	0	0
Decision reserved	0	0
Application withdrawn at hearing	0	0
Adjourned	0	0
<b>TOTAL</b>	<b>11</b>	<b>11</b>

TABLE 19 PROCEDURAL HEARINGS

<b>PROCEDURAL HEARINGS</b>	<b>INDIVIDUALS</b>	<b>HEARINGS</b>
<b>S162 APPLICATION TO PUBLISH OR BROADCAST NAME</b>		
Application granted	0	0
Application refused	0	0
Adjourned	0	0
<b>S31D APPROVAL OF CHANGE OF NAME</b>		
Application granted	1	1
Application refused	0	0
Application withdrawn at hearing	0	0
Adjourned	0	0
<b>TOTAL</b>	<b>1</b>	<b>1</b>

TABLE 20 FORENSIC PATIENTS BY LOCATION AT 30 JUNE 2020

LOCATION	NUMBER OF PATIENTS AT 30 JUNE			
	2020	2019	2018	2017
Albury Hospital	0	0	0	0
Bankstown Hospital	1	0	0	0
Bathurst Correctional Centre	4	0	0	1
Blacktown Hospital	1	2	3	2
Bloomfield Hospital	24	23	18	21
Cessnock Correctional Centre	6	7	2	1
Community	215	193	182	186
Concord Hospital	6	8	8	7
Correctional Centre	7	16	32	3
Cumberland Hospital	30	31	31	32
Forensic Hospital	116	110	109	119
Goulburn Base Hospital	0	0	0	0
Goulburn Correctional Centre	2	1	0	2
High Risk Management Correctional Centre	2	0	0	0
Grafton Correctional Centre	0	1	2	0
Junee Correctional Centre	0	2	2	4
Juvenile Justice Centre	0	0	4	0
Lismore Hospital	0	0	1	1
Lithgow Correctional Centre	3	6	4	5
Liverpool Hospital	2	1	2	2
Long Bay Hospital	51	51	57	46
Macquarie Hospital	5	5	9	9
Mater Hospital	2	0	1	0
Metropolitan Remand and Reception Centre	89	79	83	70
Metropolitan Special Programs Centre	15	14	18	16
Mid North Coast Correctional Centre	1	0	0	0
Morisset Hospital	29	28	31	27
Nepean Hospital	0	0	0	0
Northern Beaches Hospital	2	2	0	0
Parklea Correctional Centre	2	4	1	2
Prince of Wales Hospital	1	0	1	0
Shellharbour Hospital	1	2	1	2
Silverwater Women's Correctional Centre	8	15	7	5
South Coast Correctional Centre	6	8	3	1
South East Regional Hospital	0	0	1	0
St George Hospital	0	0	0	0
Wagga Wagga Hospital	1	1	1	0
Wellington Correctional Centre	1	5	0	0
Wollongong Hospital	0	1	1	1
Windsor Correctional Centre	0	1	0	0
Wyong Hospital	1	1	1	1
<b>TOTAL</b>	<b>634</b>	<b>618</b>	<b>616</b>	<b>566</b>

TABLE 21 – LOCATION OF HEARINGS HELD FOR FORENSIC & CORRECTIONAL PATIENTS

LOCATION OF HEARINGS HELD FOR FORENSIC AND CORRECTIONAL PATIENTS OVER 4 YEARS				
LOCATION	2019/20 <sup>1</sup>	2018/19	2017/18	2016/17
BLOOMFIELD HOSPITAL	22	44	46	46
CONCORD HOSPITAL	0	14	15	10
CUMBERLAND HOSPITAL	86	117	95	92
FORENSIC HOSPITAL	182	269	281	261
LONG BAY HOSPITAL	180	253	251	209
MACQUARIE HOSPITAL	0	14	19	19
METROPOLITAN REMAND AND RECEPTION CENTRE	98	119	133	104
MORISSET HOSPITAL	46	62	54	68
TRIBUNAL PREMISES GLADESVILLE	998	651	599	533
<b>TOTAL</b>	<b>1612</b>	<b>1543</b>	<b>1493</b>	<b>1342</b>

<sup>1</sup> Hearings were held entirely on site at Gladesville during the period April-June 2020 due to COVID-19 restrictions.

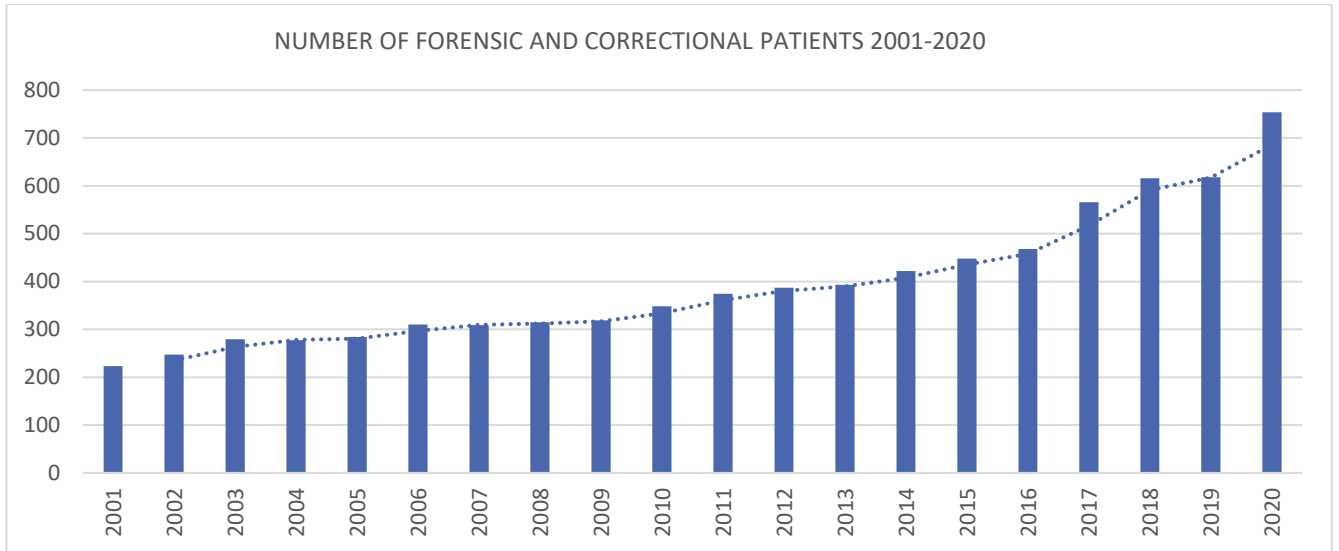
TABLE 22 – CATEGORY OF FORENSIC & CORRECTIONAL PATIENTS

CATEGORY OF FORENSIC AND CORRECTIONAL PATIENTS OVER 3 YEARS BY GENDER				
CATEGORY	GENDER	2019/20	2018/19	2017/18
NOT GUILTY BY REASON OF MENTAL ILLNESS	FEMALE	50	48	47
	MALE	349	350	339
	<b>TOTAL</b>	<b>399</b>	<b>398</b>	<b>386</b>
FITNESS / FITNESS BAIL	FEMALE	8	3	1
	MALE	55	34	39
	<b>TOTAL</b>	<b>63</b>	<b>37</b>	<b>40</b>
LIMITING TERM	FEMALE	2	3	3
	MALE	21	28	22
	<b>TOTAL</b>	<b>23</b>	<b>31</b>	<b>25</b>
EXTENSION / INTERIM EXTENSION ORDERS	FEMALE	1	1	0
	MALE	10	10	10
	<b>TOTAL</b>	<b>11</b>	<b>11</b>	<b>10</b>
CORRECTIONAL PATIENTS	FEMALE	5	3	1
	MALE	42	45	29
	<b>TOTAL</b>	<b>47</b>	<b>48</b>	<b>30</b>
FORENSIC COMMUNITY TREATMENT ORDERS	FEMALE	6	12	10
	MALE	85	81	115
	<b>TOTAL</b>	<b>91</b>	<b>93</b>	<b>125</b>
<b>TOTAL</b>	FEMALE	72	70	62
	MALE	562	548	554
	<b>TOTAL</b>	<b>634</b>	<b>618</b>	<b>616</b>



TABLE 23 – NUMBER OF FORENSIC & CORRECTIONAL PATIENTS 2001-2020

NUMBER OF FORENSIC AND CORRECTIONAL PATIENTS 2001-2020																			
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
223	247	279	277	284	310	309	315	319	348	374	387	393	422	448	468	566	616	618	754



**NOTES**

1. Figures for 2001 taken as at 31 December 2000.
2. Figures from 2009 forward include correctional patients
3. Figures from 2011 forward include Forensic CTOs
4. Years 2011-2016 include 1 Norfolk Island forensic patient

## APPENDIX 3 – THE JURISDICTION OF THE TRIBUNAL AS AT 30 JUNE 2020

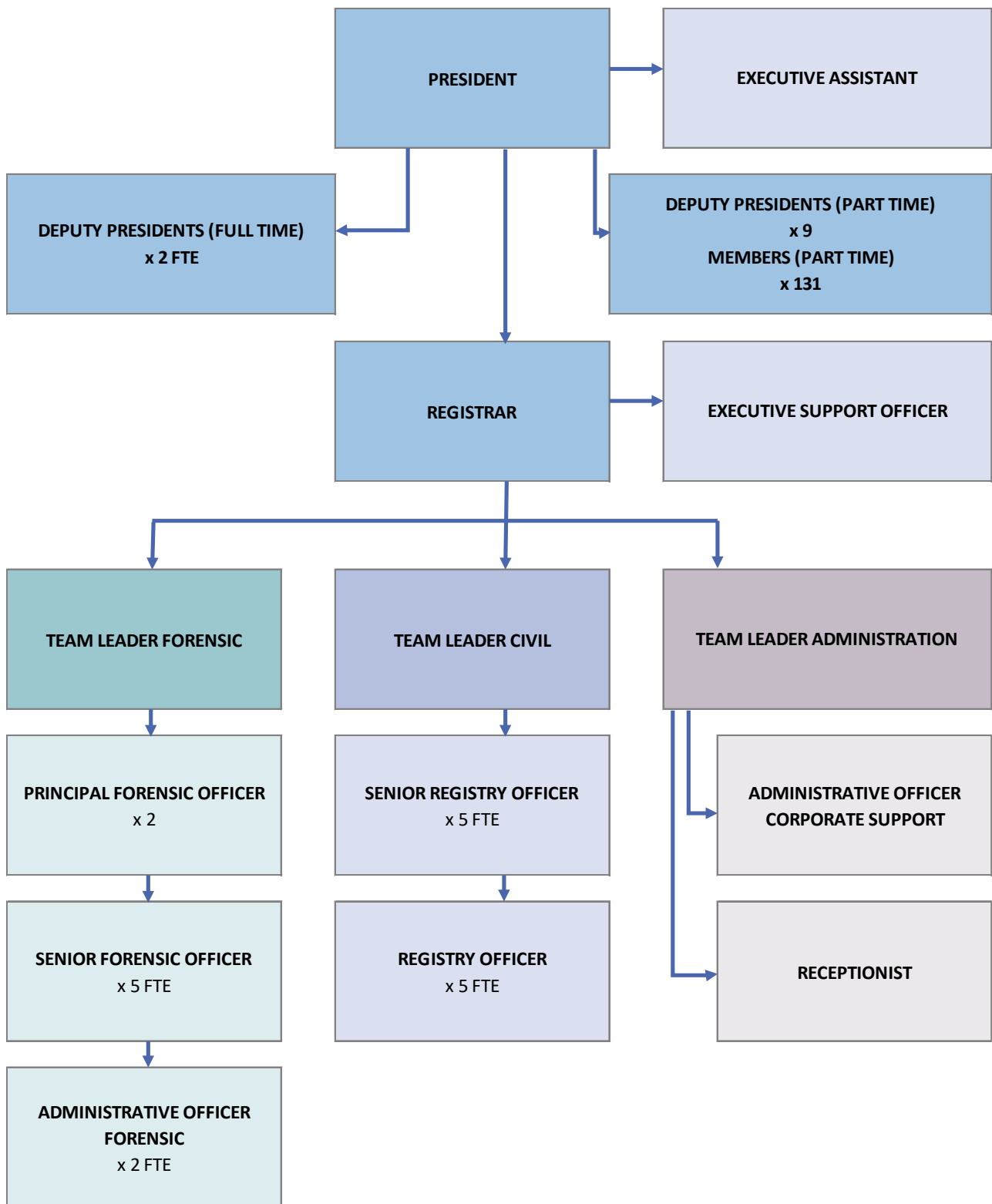
<b>MENTAL HEALTH ACT 2007</b>	
Review of voluntary patients	S9
Reviews of assessable persons - mental health inquiries	S34
Initial review of involuntary patients	S37(1)(a)
Review of involuntary patients during first year	S37(1)(b)
Continued review of involuntary patients	S37(1)(c)
Appeal against medical superintendent's refusal to discharge	S44
Making of community treatment orders	S51
Review of affected persons detained under a community treatment order	S63
Variation or 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 for an involuntary patient	S99(1)
Review report of emergency surgery for a 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)

<b>MENTAL HEALTH (FORESNIC PROVISIONS) ACT 1990</b>	
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 a 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 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 of leave or release	S76
Appeal against Director-General's refusal to grant leave	S76F

<b>NSW TRUSTEE &amp; GUARDIAN ACT 2009</b>	
Consideration of capability to manage affairs at mental health inquiries	S44
Consideration of capability of forensic or correctional patients to manage affairs	S45
Orders for management	S46
Interim order for management	S47
Review of interim orders for management	S48
Revocation of order for management	S86

<b>BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1995</b>	
Approval of change of name	S31D
Appeal against refusal to change name	S31K

APPENDIX 4 – ORGANISATIONAL STRUCTURE AND STAFFING OF THE TRIBUNAL AT 30 JUNE 2020



## APPENDIX 5 – FINANCIAL SUMMARY

<b>FINANCIAL SUMMARY</b>	<b>FULL YEAR 2020</b>	<b>BUDGET 2020</b>
Services	\$8,000	\$13,000
Subpoena Reimbursements	\$273	\$0
Other	\$0	\$0
<b>Income Total</b>	<b>\$8,273</b>	<b>\$13,000</b>
Salaries & Wages	\$4,334,334	\$4,417,836
Salaries & Wages - Members	\$5,092,720	\$4,465,264
Employee Expenses	\$20,615	\$22,635
Education & Conferences	\$38,593	\$66,859
Travel	\$319,561	\$349,151
Subscriptions & Memberships	\$6,006	\$0
Information Technology	\$121,843	\$185,287
Office Expenses	\$72,441	\$335,956
Utilities & Services	\$128,030	\$59,281
Finance	\$56	\$0
Building/Office Maintenance	\$42,157	\$45,190
<b>Expenses Total</b>	<b>\$10,176,356</b>	<b>\$9,947,459</b>
<b>Grand Total</b>	<b>-\$10,168,083</b>	<b>-\$9,934,459</b>

**Variation from budget** **\$233,624**

The full year overspend of \$230k is attributed to the increase of Hearings in the Official Visitors Program. An additional overspend of \$86k is attributed to the back payment of sitting fees for part time board members.

## APPENDIX 6 – TRIBUNAL MEMBERS AT 30 JUNE 2020

<b>PRESIDENT</b>
Judge Paul Lakatos SC

<b>FULL TIME DEPUTY PRESIDENTS</b>
Ms Anina Johnson      Ms Maria Bisogni

<b>PART TIME DEPUTY PRESIDENTS</b>		
The Hon Peter Hidden AM QC Mr John Feneley Ms Angela Karpin	The Hon Patricia Staunton AM The Hon Stephen Walmsley SC Ms Mary Jerram AM	The Hon Judith Walker Mr Richard Gulley AM RFD Professor Hugh Dillon

<b>PART TIME MEMBERS</b>		
<b>LAWYERS</b>	<b>PSYCHIATRISTS</b>	<b>OTHER</b>
Ms Carol Abela	Dr Clive Allcock	Ms Lyn Anthony
Ms Barbara Adamovich	Dr Josephine Anderson	Ms Elisabeth Barry
Ms Diane Barnetson	Dr Uldis Bardulis	Mr Peter Bazzana
Ms Rhonda Booby	Assoc Prof John Basson	Mr Ivan L Beale
Mr Peter Braine	Dr Jennifer Bergen	Ms Diana Bell
Ms Catherine Carney	Dr Andrew Campbell	Ms Christine Bishop
Ms Jennifer Conley	Dr Raphael Chan	Mr Mark Coleman
Ms Janice Connelly	Assoc Prof Kimberlie Dean	Ms Felicity Cox
Ms Elaine Connor	Dr Charles Doutney	Ms Sarah Crosby
Mr Martin Culleton	Dr Tolulope Fajumi	Mr Michael Gerondis
Mr Shane Cunningham	Dr Herron Frances Joy	Ms Corinne Henderson
Ms Jenny D'Arcy	Dr Michael Giuffrida	Ms Sunny Hong
Ms Pauline David	Dr Robert Gordon	Ms Lynn Houlahan
Mr William de Mars	Dr Adrienne Gould	Ms Susan Johnston
Mr Phillip French	Prof James Greenwood	Ms Janet Koussa
Ms Michelle Gardner	Dr Jean Hollis	Ms Rosemary Kusuma
Mr Bruno Gelonesi	Dr Rosemary Howard	Mr John Laycock
Mr Anthony Giurissevich	Dr Mary Jurek	Mr John Le Breton
Ms Yvonne Grant	Dr Kristin Kerr	Ms Jenny Learmont AM
Mr Robert Green	Dr Karryn Koster	Ms Robyn Lewis
Ms Athena Harris Ingall	Dr Dorothy Kral	Ms Ann MacLochlainn
Mr David Hartstein	Dr Lisa Lampe	Dr Meredith Martin
Mr Hans Heilpern	Dr Frank Lumley	Ms Maz McCalman
Mr John Hislop	Dr Rob McMurdo	Ms Elizabeth McEntyre
Ms Julie Hughes	Dr Janelle Miller	Dr Sally McSwiggan
Mr Thomas Kelly	Dr Enrico Parmegiani	Mr Francis Merritt
Mr Brian Kelly	Dr Martyn Patfield	Assoc Prof Katherine Mills
Mr Dean Letcher Q.C.	Dr Daniel Pellen	Dr Susan Pulman
Mr Michael Marshall	Dr Sadanand Rajkumar	Mr Rob Ramjan
Ms Carol McCaskie	Dr Vanessa Rogers	Ms Felicity Reynolds
Ms Karen McMahan	Dr Satya Vir Singh	Ms Vanessa Robb

<b>PART TIME MEMBERS</b>		
<b>LAWYERS</b>	<b>PSYCHIATRISTS</b>	<b>OTHER</b>
Mr Mark Oakman Ms Lynne Organ Ms Anne Scahill Ms Rohan Squirchuk Mr Bill Tearle Mr Gregory West	Dr Sarah-Jane Spencer Dr Gregory Steele Dr Victor Storm Dr Stephen Susil Prof Christopher Tennant Dr Paul Thiering Dr Susan Thompson Dr Jennifer Torr Dr Yvonne White Dr Rosalie Wilcox Dr Sidney Williams Dr Rasiah Yuvarajan	Ms Pamela Rutledge Ms Jacqueline Salmons Dr Peter Santangelo Ms Alice Shires Assoc Prof Meg Smith Ms Bernadette Townsend Ms Pamela Verrall Ms Kathryn Worne

<b>The Tribunal offers its appreciation to the following members whose appointments ended during 2019/2020</b>		
Dr Dinesh Arya Ms Helen Gamble Prof Timothy Lambert	Dr Suzanne Stone Dr Stephen Woods Prof John Spencer	Dr Geoffrey Rickarby Dr Kathleen Smith Dr Stephen Allnut