



Mental Health
Review Tribunal

The Hon M Iemma, MP
Minister for Health
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister,

I enclose the Annual Report of the Mental Health Review Tribunal, for the calendar year 2004, as required by section 261 of the Mental Health Act 1990.

Yours sincerely,

Duncan Chappell
President.

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MENTAL HEALTH REVIEW TRIBUNAL ANNUAL REPORT 2004

The MENTAL HEALTH REVIEW TRIBUNAL is a quasi-judicial body constituted under the Mental Health Act 1990.

The Tribunal has some 33 heads of jurisdiction, considering the disposition and release of persons acquitted of crimes by reason of mental illness; determining matters concerning persons found unfit to be tried, and prisoners transferred to hospital for treatment; reviewing the cases of detained patients (both civil and forensic), and long-term voluntary psychiatric patients; hearing appeals against a medical superintendent's refusal to discharge a patient; making, varying and revoking community treatment and community counselling orders; determining applications for certain treatments and surgery; and making orders for financial management where people are unable to make competent decisions for themselves because of psychiatric disability.

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

1. PRESIDENT'S REPORT - 2004 in Review

A Year of Consolidation

2004 was a year of consolidation for the Tribunal. After the major changes introduced in 2003 in the way in which the Tribunal conducted its core business the members, staff and clients of the Tribunal were able to enjoy the first full year of residency in new premises. The general consensus was that the refurbished accommodation at Old Gladesville Hospital provided an excellent base for the Tribunal. The new hearing rooms functioned well, as did the associated facilities for clients, their families and legal representatives.

An additional benefit of moving to the new premises proved to be the close proximity of the Cochlear Implant Centre and its very well equipped lecture and seminar facility. This facility, adjoining the Tribunal's premises, was utilised on a number of occasions during the year for training and other larger Tribunal activities. This arrangement was facilitated through a mutual agreement with the Cochlear Implant Centre by which no charge was made for the use of their premises in exchange for the use by the Cochlear Implant Centre of the Tribunal's spacious courtyard for the construction of a large marquee in which to host the Centre's annual fundraising dinner.

The benefits of being in closer proximity to other Department of Health facilities were also made apparent during the year. As noted in more detail in the Registrar's report the Tribunal was able to negotiate a contractual arrangement under which its information technology services were provided through the Department rather than by independent contractors. Through this new arrangement the Tribunal had access for the first time to the Department's intranet as well as to a most professional and responsive IT helpdesk. The Tribunal was still able to ensure the maintenance of the confidentiality of its extensive patient database under the terms and conditions of this service agreement.

Workload and Budget

The Tribunal continued to experience a relentless increase in its workload during 2004. The total number of hearings conducted by the Tribunal rose for the first time above 9,000. The overall percentage increase in hearings between 2003 and 2004 was 6.6%. While this increase was not as great as that experienced in the previous year - more than 13% - the fact that no additional staffing resources were provided to the Tribunal to cope with this additional workload placed great strain upon the 15 full time staff members of the Tribunal.

In past Annual Reports attention has been drawn to the fact that the number of full time staff of the Tribunal, all of whom are Department of Health employees, has remained virtually static since the inception of the Tribunal in 1990. As the statistics contained in this Report show, since that time the number of hearings conducted by the Tribunal has more than quadrupled - from about 2,000 matters in 1991 to over 9,000 in 2004. From the year 2000 alone, the number of hearings has risen from about 6,000 to the current figure.

The Tribunal has been quite innovative in the way in which it has been able to cope over the years with this ever increasing workload without additional staffing resources. There comes a time, however, when innovation can proceed no further and the administrative process required to keep the operations of the Tribunal functioning in an efficient and effective way can no longer be maintained. That time has now been reached.

The Tribunal has continued to draw the attention of the Department of Health to the situation it confronts. It is, of course, a situation which is also being faced by the mental health system across New South Wales with an ever growing demand for services and a resultant pressure on already over stretched resources.

In its budget submission for the 2004/2005 year the Tribunal sought the establishment of two new staff positions - one in the Civil Team and one in the Forensic Team - to allow it to cope with the existing workload. By years end no official response had been given to this staffing request and it is a matter of continuing negotiation.

The Tribunal was provided with a significant increase to its recurrent budget in early 2004. The support of the Minister in the Tribunal's negotiations with the Department of Health was greatly appreciated in this regard. However, budget projections indicate that the Tribunal will still incur a quite significant deficit in the current financial year unless further additional funding is provided, on a recurrent basis, to meet the costs associated with the listing of additional panels to deal with the increased demand for hearings.

Mental Health Act Review

As noted in the 2003 Annual Report the Government announced a major review of the Mental Health Act 1990 (MHA). Following this announcement two discussion papers were published. The Tribunal provided responses to both of these documents. The second Discussion Paper raised a very wide range of questions about possible reforms of the MHA. These reforms included a number which could have a quite profound impact on the future of the Tribunal. The most significant of these is the question of the role which the Tribunal should play in forensic decision making. Without at this stage indicating the Government's view on this controversial issue the Discussion Paper asked whether it was thought to be appropriate for the existing system of decision making by the Executive to continue. It is also asked what role the Tribunal should play in any revised forensic decision making process.

In its response to these questions the Tribunal indicated that its preferred position was that the Tribunal should assume the role of decision maker, as had been proposed by the New South Wales Law Reform Commission in a report published in 1996. The Tribunal also suggested that as part of assuming such a role it would also be important for the Crown to be represented at forensic hearings. A right of appeal should also lie from any Tribunal decision to the Supreme Court.

In regard to the Tribunal's civil jurisdiction the Discussion Paper raised questions about the possibility of the Tribunal assuming the role now performed by Magistrates of undertaking the initial appraisal of persons scheduled for involuntary treatment in hospital as a result of their mental illness. After consulting with the Chief Magistrate the Tribunal indicated in its response to this particular proposal that while in principle it would probably be preferable for the Tribunal to review all cases of this type the practical problems were too daunting to justify any changes to the existing situation. In particular, unlike the Magistracy, the Tribunal did not have a physical presence across the State and would not be able to provide such a presence without very significant additional resources.

Another query raised in the second Discussion Paper related to the period for which Community Treatment Orders (CTOs) should remain in force. At present the maximum time for which a Community Treatment Order can be made is six months. The Discussion Paper suggested that this period might be extended to twelve months. The Tribunal indicated in its response that it felt that the six month limitation should be retained - any longer period would unduly impact upon the rights of patients and limit their opportunities to challenge their liability to be treated involuntarily in the community.

Just where these various reform proposals will lead remains a matter of ongoing conjecture and dialogue. It is anticipated that the Government will give an indication of its views during 2005 and that any revisions to the MHA will not come into effect before the end of that year, or even later.

Members of the Tribunal

Mention was made in the 2003 Annual Report of the recruitment of a significant new cohort of part time members of the Tribunal. In 2004 the Tribunal was able to obtain the appointment of seven new psychiatrists as part time members. After training and induction, these new psychiatrist members began sitting on hearings in the latter part of the year.

The terms of appointment of a number of part time members expired during 2004. While many of these members were reappointed for further periods, nine members chose not to seek to be reappointed for a variety of reasons. The contribution of these members over many years is greatly appreciated. Details of the Tribunal's current membership is contained in Appendix 3.

Civil Jurisdiction

The statistics contained in this report continue to indicate that the overwhelming bulk of the activity of the Tribunal falls within its civil jurisdiction. It remains a matter of concern that almost one third of all hearings of the Tribunal were conducted by means of a telephone. The Tribunal's preferred mode of hearing is that of a face to face live proceeding. Regrettably, financial constraints have increasingly precluded such live hearings taking place except in the major metropolitan areas of Sydney, Newcastle and Wollongong. As an alternative to live hearings the Tribunal has sought wherever possible to replace them by video hearings using the facilities provided by the TeleHealth system. It will be seen that during 2004 about 18% of all hearings were conducted by video.

The Tribunal presented to the Department of Health, as part of its budget negotiations, a proposal which would seek progressively to reduce the number of telephone hearings in favour of video hearings. The Tribunal indicated to the Department the wide spread dissatisfaction expressed by staff and clients at health care facilities regarding telephone hearings. Quite apart from the impersonal quality of hearings of this type they do not permit any realistic assessment to be made by Tribunal panels of a person's actual mental condition. The deficiencies of telephone hearings are especially evident in applications for electroconvulsive therapy (ECT). In many such applications the patient involved may be mute or at best incapable of participating in any effective way in the hearing. The Tribunal has no means of verifying the condition of the patient other than being reliant upon the descriptions given by the treating team or the person's legal representative, if present.

At present the Department does not seem minded to provide any additional funding to the Tribunal in order to allow it to reduce the number of telephone hearings. In negotiations the Department has indicated that the costs involved would be significant since many of the sites at which the Tribunal conducts hearings do not have access to the TeleHealth system. It would be necessary to install new and costly video conference equipment to change this situation. The Tribunal has indicated that while acknowledging these cost implications there is a very real possibility that a challenge could be made to the Supreme Court regarding the legality of conducting hearings by telephone. It could be contended that hearings of this type do not meet the requirements of natural justice and due process. The solution to this particular problem may well come through the eventual implementation of new technology which allows anyone with a computer and access to the internet to engage in video conferencing.

In November the Tribunal received the welcome news that the Australian Research Council (ARC) had approved funding for a comprehensive comparative study of the performance of the Australian Capital Territory, New South Wales and Victorian Mental Health Review Tribunals. This study, under the rubric of the ARC's Linkage Grant Programme, is to involve a three year qualitative and quantitative study of the decision making by each of these Tribunals. The focus of the study is to be upon the clients of the Tribunal

and their levels of satisfaction with the hearing process. The study, led by Professor Terry Carney of the University of Sydney's Law School, also involves the University of Canberra and the Law and Justice Foundation of New South Wales.

Forensic Jurisdiction

For the first time in almost a decade the number of forensic hearings conducted in 2004 did not exceed those of the previous year. During 2004, 514 forensic hearings were conducted in comparison with 523 in 2003. The apparent plateauing of this type of hearing was believed to have been accounted for in part by the new and more flexible arrangements for the transfer of mentally ill sentenced prisoners into and out of hospital. Under an agreement with Justice Health the Tribunal determined that it would only review such transferees if they had been detained in hospital for 28 days or more. Only the more acutely ill inmates required such lengthy hospitalisation while those who responded to treatment were returned quickly to prison without intervention by the Tribunal.

While these new arrangements had beneficial results the need for additional beds for mentally ill persons within the correctional system continued to be a matter of concern. The Tribunal was made aware that because of bed shortages a waiting list existed of potential forensic patients who had been assessed as mentally ill but were waiting transfer to hospital. Justice Health officials were obliged to prioritise the order in which persons were transferred, resulting in significant periods of waiting before some mentally ill prisoners could be admitted to hospital.

The provisions of section 87 of the Mental Health Act 1990 require that the Tribunal "informally review" the case of each person for whom an Order is made under Section 97 or 98 of the Act who is not transferred to a hospital within the prescribed period after the making of the Order. Resource constraints made it difficult for the Tribunal to comply with this mandate. Additionally, it was often difficult to ascertain the precise status of potential transferees because of administrative and related problems within the correctional system.

The Tribunal also became aware that because of the bed shortage it was necessary for some existing forensic patients to be detained in prison rather than being transferred to hospital. The Government has identified the need for additional hospital beds to service the correctional system and is moving towards the provision of these beds.

During the year the Tribunal conducted a seminar for all of its part time members involved in forensic hearings to learn more about the plans being developed to enhance the State's forensic system. Dr John Basson, the newly appointed Director of the Statewide Forensic Mental Health Directorate, spoke at the seminar. Dr Basson described the progress being made with the plans for building a new forensic hospital at Long Bay. He also outlined the plans for a new community based forensic service.

Dr Basson's address provided encouraging information about future developments in this area. However, the new forensic hospital is still not anticipated to be opened until 2007. In the interim, there remains a very serious deficiency in the resources available within the forensic system, including the availability of appropriate step down facilities for forensic patients being transferred from high security hospitals to lower level security institutions and then onwards into the community. In a number of cases the Tribunal recommended to the Minister that transfer of patients should occur from places like Long Bay Prison Hospital to medium secure units like those at Cumberland or Morisset. Even when these recommendations were accepted by the Minister it often took many months before effect could be given to a transfer because of the lack of available beds.

The Tribunal also expressed concern during the year about the quality of the supervision provided to forensic patients released in the community. The statistics contained in this Report indicate that at any one time about one third of the total forensic population is on conditional release in the community. The Tribunal has nothing but praise for the dedication shown by local area mental health teams who are responsible for supervising these forensic patients. However, many of the team members lack direct experience of the management of forensic patients and are unfamiliar with the terms and conditions of their release. As a result, on occasions forensic patients are not monitored with sufficient thoroughness nor subject to reprimand or breach when failing to comply with their conditions of release. It is to be hoped that with the formation of the community based Statewide Forensic Service deficiencies of this nature will be removed.

In August the Tribunal lost the services of its Forensic Team leader, Ms Tessa Boyd-Caine, who resigned in order to take up a doctoral scholarship at the London School of Economics. During her term of office in this important position Ms Boyd-Caine made a major contribution to the reorganisation of the Tribunal's forensic work. Ms Boyd-Caine's position was subsequently occupied by Ms Anne Edwards, a social worker on secondment from the Department of Ageing, Disability and Home Care.

Towards 2005

At year's end Ms Diane Robinson, a Deputy President of the Tribunal, announced her resignation in order to take up the post of President of the New South Wales Guardianship Tribunal. During the period of almost three years that Ms Robinson was a full time member she made a rich and varied contribution to the work of the Tribunal. In the civil jurisdiction Ms Robinson led the development of hearing guidelines and took responsibility for the organisation of an effective Professional Development Programme for members. She will be sorely missed by all members and staff. We wish her well in her new and important position.

It is intended to commence recruitment of a full time replacement for Ms Robinson at the earliest possible time in 2005. In 2005 it is also intended to conduct a general recruitment process for all categories of part time members. It is anticipated this process will result in the appointment of many new members of the Tribunal. In 2005 the Tribunal should also have a clearer idea of the direction in which the Government intends to move in reforming the MHA. There will undoubtedly be many new challenges for the Tribunal to deal with.

Duncan Chappell

PRESIDENT

2. REGISTRAR'S REPORT - Review of Operations

2004 was another busy and challenging year for the staff and members of the Tribunal. This report provides a brief overview of the operations and range of functions performed by the Tribunal.

Premises

The Tribunal continued to conduct its business from our premises in the grounds of Gladesville Hospital. These premises include three modern hearing rooms all fitted with audio recording equipment and video-conferencing facilities. There are also 2 separate waiting areas for use by people attending hearings and rooms available for advocates and representatives to meet with their clients prior to hearings.

One of the Tribunal's hearing rooms continues to be made available for use by the Northern Territory Mental Health Review Tribunal 2-3 times per week for the conduct of their hearings by video conference using psychiatrist members located in New South Wales.

Staffing

Although the Tribunal has a small number of staff it is a hardworking and dedicated team without whom it would not be possible for the operations of the Tribunal to continue. Appendix 4 shows the organisational structure and staffing of the Tribunal as at 31 December 2004.

The number of hearings conducted by the Tribunal has increased more than fourfold since the Tribunal's first full year of operation in 1991. By contrast, staffing levels have remained relatively the same over this period. In recent years the increased workload has been absorbed through internal efficiencies and the increased use of information technology. However, the continued growth in workload can no longer be absorbed without additional staffing positions. The need for these positions has been raised with the Department of Health and is the subject of ongoing negotiation.

The Forensic team

The role of the forensic team is to manage the review of forensic patients in accordance with the Mental Health Act (1990) NSW and the Mental Health (Criminal Procedure) Act (1990) NSW. The forensic team is required to have a detailed understanding of these legislative provisions. As the status of forensic patients is subject to review and change, this work also requires regular contact with criminal justice and health agencies to ensure information about forensic patients is current and accurate. Additionally, the forensic jurisdiction is highly specialised, leading to a constant demand for the forensic team to provide information about legislation, process and procedures to government and non government agencies, doctors, lawyers, members of the public and forensic patients themselves.

There were a number of challenges faced by the forensic team during the year. The forensic patient population has increased steadily since 1991. To the credit of staff, the forensic team has maintained its role supporting the review of forensic patients without an equivalent increase in staffing. At the same time, legislative changes affecting the legal status of forensic patients have significantly affected workload for forensic staff. The amendment to section 100A of the Mental Health Act (1990) NSW in early 2003 has resulted in the rapid movement of forensic transferees between prisons and hospitals in the State. Tracking the movements of these 'transferee' patients in order to review them within statutory requirements is an extremely time-consuming task.

In addition the limited resources available to community mental health teams, coupled with the lack of a coordinated forensic service has placed additional pressures on the forensic team by way of providing information to case managers and other mental health staff about the legislative requirements of the forensic system, and the responsibilities of mental health staff before the Tribunal.

The Tribunal's work with victims of forensic patients also presents ongoing challenges for the forensic team. The management of the Forensic Patient Victims Register was transferred to the Centre for Mental Health in 2002 and then to the Forensic Executive Support Unit (FESU) in 2004. The forensic team are responsible for notifying registered victims of forensic reviews and work closely with the FESU to coordinate hearings where registered victims may be involved

The Tribunal continued its trial of victim participation in hearings by way of video conference. The use of video conferencing facilitates victims' involvement in hearings whilst at the same time manages security and other practical issues raised by conducting hearings in difficult venues such as prisons and secure psychiatric wards. An evaluation of feedback received from key stakeholders involved in hearings where video conference facilities were used to involve victims has led the Tribunal to decide to continue this practice as our preferred method for involvement of victims in forensic hearings.

For the second year a census of forensic patient data was conducted by the Forensic Unit as at 30 June. This data has been used in public presentations supporting the Tribunal's work in community education. This data has also assisted the Tribunal with its own analysis of legal, clinical and workload issues with regards to the forensic patient population. A summary of some of this data is presented in Appendix 10.

The Civil team

The civil team is responsible for the day to day scheduling and management of all applications in the civil jurisdiction. This is done by liaising with patients and clients, applicants, venue co-ordinators, Tribunal members and other people involved in a matter. With over 9,000 civil hearings in 2004 it is clear that the civil team staff require excellent communication, organisational and problem solving skills to cope with the demands of this high volume workload.

The challenges for the civil team are largely attributed to the increasing number of hearings sought and the unpredictable timing of such applications. These demands increase pressure on staff and resources as well as requiring increasing flexibility from panel members.

Staff in the civil team have been under ongoing and increasing pressure to schedule hearings in a timely and efficient manner. The standard schedule of hearings includes sending "in person panels" to hospitals and community venues on set days of the week to conduct hearings. In conjunction with this we have telephone/video panels sitting at our premises in Gladesville each week day.

The increased demand for hearings has meant constant juggling of our in person and telephone/video panels to maximise the number of hearing time slots available. This often means requiring panels to return from venues to conduct additional hearings at Gladesville; combining in person panels so that panels visit several sites in the one day and constant communication with hospital staff, members and the Mental Health Advocacy Service.

The hospitals and community mental health agencies which generate applications to the Tribunal are also facing pressure on their services. The civil team has made efforts to set up additional tribunal panels for venues on a needs basis to allow hearings to be conducted when the demand for hearings exceeds the available time slots. Often the request for extra hearings is not known until close to the expiry date of patient

orders, posing scheduling dilemmas for the MHAS solicitors, and impacting on the Tribunal's ability to set up a panel at short notice.

With the frequent combining of in person panels and constant last minute changes our panel members are being asked to be more flexible than ever before. The civil team has policies in place for the scheduling of our hearings to ensure panels are given adequate time to deal with matters appropriately.

As a result of the increasing hearing load our roster of hearings now includes 2 telephone/video hearing rooms running simultaneously on both Wednesday and Friday. This helped to ease the pressure initially, however further additional panels are still needed, but are being scheduled as needed. It is likely that future rosters will require further additional panels to be built in to the roster.

The Administration team

The role of the administration team is to support the operations of the Tribunal by providing efficient building management, payment of invoices and accounts, processing leave returns and members pays and other general administrative functions. Staff of the Administrative Support team also provide switchboard and reception services as well as day to day support to Tribunal members in hearings.

Tribunal members

Appendix 3 provides a list of the members of the Tribunal as at 31 December 2004. The Tribunal had three full time members during 2004: the President, Professor Duncan Chappell and two Deputy Presidents, Ms Diane Robinson and Ms Maria Bisogni. Diane Robinson resigned from her position as Deputy President in late 2004 to take up the position of President of the NSW Guardianship Tribunal. Ms Robinson made an enormous contribution to the role of this Tribunal during her term as Deputy President and before that as a part time legal member of the Tribunal.

As at 31 December 2004 there were 95 part time members, comprising 31 legal members, 30 psychiatrists and 34 other suitably qualified members. Our membership reflects a sound gender balance. There are 4 members who have indigenous backgrounds and 13 with culturally diverse backgrounds. A number of our part time members have a mental illness and bring a valuable consumer focus to the Tribunal's hearings and general operations. These members sit on a rotating roster of hearings according to their availability, preferences and the need for hearings. Most members sit between 2 and 4 times per month at regular venues.

The experience, expertise and dedication of these members is enormous. They are often required to attend and conduct hearings in very stressful circumstances at hospitals, community centres, correctional facilities and other venues.

Members are appointed for terms by the Governor on the recommendation of the Minister for Health. In 2004, 7 new psychiatrists members were appointed to the Tribunal. These appointments were made to address a critical shortage of psychiatrist members.

The terms of 49 part time members were extended by re-appointment. A further 9 part time members chose not to seek reappointment at the end of their terms. Many of these members live in non-metropolitan areas or their professional or personal circumstances had changed and they were no longer available for Tribunal hearings. Their contribution over many years is acknowledged and greatly appreciated.

In 2004 the Tribunal continued its programme of regular professional development sessions for its members. These sessions are conducted out of hours and no payment is made for members' attendance. The Tribunal is encouraged and appreciative of the high rate of attendance by members at these sessions. Topics covered in 2004 included the role of legal representation at Tribunal hearings, general discussion about the role and function of the Tribunal and of tribunal members, understanding suicide and current issues in child psychiatry. There was also a session devoted to discussion of the Tribunal's submission for the review of the Mental Health Act.

Caseload Overview

In 2004 the Tribunal conducted 9189 hearings. This was 570 more hearings than it conducted in 2003 - a 6.6% increase. Table A shows the number of hearings conducted each year since the Tribunal's first full year of operation in 1991 when it conducted a total of 2232 hearings.

Table A

Total number of hearings 1991– 2004

	<i>Civil Patient Case Reviews</i>	<i>Protected Estates Act Reviews</i>	<i>Forensic Patient Case Reviews</i>	<i>Totals per year</i>	<i>% Increase over previous Year</i>
1991	1986	61	185	2232	%
1992	2252	104	239	2595	+16.26%
1993	2447	119	278	2844	+ 9.60%
1994	2872	131	307	3310	+16.39%
1995	3495	129	282	3906	+18.01%
1996	4461	161	294	4916	+25.86%
1997	5484	183	346	6013	+22.31%
1998	4657	250	364	5271	-12.34%
1999	5187	254	390	5831	+10.62%
2000	5396	219	422	6037	+ 3.48%
2001	6151	304	481	6936	+ 14.8%
2002	6857	272	484	7613	+ 9.8%
2003	7787	309	523	8619	+ 13.2%
2004	8344	331	514	9189	+ 6.6%
14 YEAR TOTAL	67376	2827	5109	75312	

In 2004 the Tribunal conducted:

- 8344 civil patient reviews (for details see Table 1)
- 331 Protected Estates reviews (for details see Table 27)
- 514 forensic patient reviews (for details see Table 28)

Details for each area of jurisdiction of the Tribunal are provided in the various statistical reports contained in this report. The Tribunal has a regular roster for both its civil and forensic hearing panels and conducted hearings at 44 venues across New South Wales in 2004. The civil hearing roster is shown in Appendix 6. Extra panels are convened on a needs basis to hear additional matters. The continued increase in the number of hearings conducted by the Tribunal places constant pressure on the Tribunal's schedule and roster in both the civil and forensic jurisdiction.

Although the Tribunal has a strong preference for conducting its hearings in person at a hospital or other venue convenient to the patient and other parties, this is not always practical or possible. The Tribunal has continued its use of telephone and video-conference hearings where necessary. In 2004, 4507 hearings were conducted in person (49%), 1671 by video (18.2%) and 3011 by telephone (32.87%).

Regular liaison with hearing venues is essential for the smooth running of the Tribunal's hearings. Venue coordinators 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. Nevertheless the Tribunal is frequently constrained by the limited resources and facilities available at hospitals and prisons. Most venues do not have an appropriate waiting area for family members and patients prior to their hearing. There are safety and security concerns at a number of venues, with hearing rooms without adequate points of access or ventilation. Essential resources such as telephones with speaker capacity are frequently unavailable in prisons, and even some hospital venues.

Table B shows the location and number of hearings conducted by video conference during 2004.

Table B**Tribunal hearings using video conferencing 2004**

VENUES	2004	VENUES	2004
Albury	55	Lismore	83
Armidale	19	Lithgow	14
Balina	2	Liverpool	2
Bankstown	55	Long Bay Prison Hospital	8
Batemans Bay	31	Macksville Hospital	22
Bathurst	3	Macquarie Area MHS	23
Bega	4	Maitland Hospital	56
Bellingen	3	Manly	2
Bloomfield	182	Manning Hospital	1
Blue Mountains MHS	1	Maroubra CHC	1
Bowral	5	Merrylands	1
Broken Hill	16	Mid Western CMHS	3
Campbelltown	11	Mona Vale	1
Canterbury	1	Moree	1
Casino	12	Morisset	6
Central Coast	2	Mulinga	9
Clarence District HS	4	Murrumbidgee	1
Coffs Harbour	78	Muswellbrook	1
Condobolin	1	Nepean Hospital	59
Cooma CHC	8	Nowra	2
Cootamundra	4	Orange	30
Cowra	2	Pambula	1
Cumberland	1	Parkes	3
Darlinghurst	1	Penrith	1
Deniliquin	5	Port Kembla Hospital	2
Dubbo	2	Port Macquarie	13
Fairfield	2	Queanbeyan	26
Finlay	1	Richmond	1
Forbes	2	Royal North Shore	1
Foster CHC	18	RPA Missenden	37
Gilgandra	1	Rozelle	1
Glen Innes CHC	4	Shellharbour	17
Goodooga	3	Shoalhaven	4
Gosford	65	Sutherland	2
Goulburn	111	Tamworth	59
Grafton Base Hospital	26	Taree	88
Griffith	5	Temora	1
Gunnedah	1	Tumut	2
Gympie	1	Tweed Heads	38
Hawkesbury	28	Wagga Wagga	41
Hills	1	Warilda	4
Inverell	6	West Wyalong	1
James Fletcher	18	Wilcannia	4
John Hunter	31	Wingham	1
Katoomba	33	Wollongong	44
Kempsey	12	Wyong	18
Kenmore	23	Yass	3
Lake Cargelligo	1	Young	18
Lightning Ridge	13		
Total 2004			1671
TOTAL 2003			1335
TOTAL 2002			885
TOTAL 2001			575

Data Collection - Form 19A and 19B

The Tribunal is required under the Act to collect information concerning the number of involuntary admissions, the provisions of the Act under which they were taken to hospital and admitted and the number of magistrate's inquiries.

These details are collected by means of two forms which all hospitals are required to forward to the Tribunal (form 19A and 19B under the Mental Health Regulation 2000) with respect to each involuntary referral and magistrates inquiry.

The collection and data entry of these returns from all hospitals remains a huge workload for the Tribunal. Unfortunately there are also compliance issues with some hospitals being unreliable with submitting their returns. This could in turn have some affect on the reliability of the statistical data taken from these returns.

Information from this data is contained in reports 3,4,14,15,19 and 23, as well as in Appendices 1 and 7.

Financial Report

The increased number of hearings conducted by the Tribunal has had a direct effect on the Tribunal's budget and expenditure. In 2003 the Tribunal had lengthy negotiations with the Department of Health on this issue. Agreement was eventually reached that additional funds were required for the Tribunal to carry out its statutory obligations.

In April 2004 the Tribunal was advised that an additional \$400,000 buget allocation had been approved under the Mental Health Enhancement program. As this additional funding was not confirmed until late in the financial year the Tribunal was not able to factor it into it's planned operations. Consequently it was not fully expended in the financial year and the Tribunal returned a surplus of \$60,952.

The Tribunal is most appreciative of the support provided by the Minister and the Centre for Mental to ensure the Tribunal is able to meet the obligations of its core business in the statutory review of patients detained under the Mental Health Act.

See Appendix 5 for the Tribunal's Financial Report and details of budget and expenditure.

Information Technology

In late 2002 the Tribunal implemented a new Client Management System (CMS) to record all its client, hearing and member information. The CMS is a system that was adapted for the Tribunal by its developers Strategic Business Consulting (SBC). The CMS has continued to be further developed to meet the evolving needs of the Tribunal.

In April 2003 the Tribunal entered into a Service Level Agreement (SLA) with the Department of Health for the provision of IT support. This agreement has continued and has allowed the Tribunal to join the Department's IT network and have full access to its Intranet and Help Desk facilities.

Community Education and Liaison

During 2004 the Tribunal conducted a number of community education sessions to hospital and community staff. These sessions were used to explain the role and jurisdictions of the Tribunal and the application of the Mental Health Act. The Tribunal was also involved in training for psychiatric registrars through the Institute of Psychiatry.

Staff and members of the Tribunal also attended and participated in a number of external seminars and events. These included: the inaugural conference of NSW Chapter of the Council of Australasian Tribunals, the Australasian Institute of Judicial Administration (AIJA) Tribunals conference, the Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL) conference and seminars run by the Institute of Criminology, University of Sydney.

In June 2004 the President and Registrar of the Tribunal attended the annual meeting of the heads of Mental Health Review Board's and Tribunal's. This meeting was held in Brisbane and was attended by representatives of the relevant Boards or Tribunal's in Victoria, Queensland, Tasmania, South Australia, Western Australia, the Australian Capital Territory and Northern Territory. The meeting discussed key issues common to all mental health jurisdictions around the country.

Staff and members of the Tribunal were also actively involved with the following committees and working groups during 2004: NSW Chapter of the AIJA; Council of Australasian Tribunals (COAT), Homicide Victims Support Group; Senior Officer's Group on Intellectual Disability and the Criminal Justice System (convened by the Department of Ageing, Disability and Home Care) and the Interdepartmental Committee on Mental Health (Criminal Procedure) Act.

Rodney Brabin

Registrar

3. STATISTICAL REVIEW

3.1. CIVIL JURISDICTION

Table 1

Summary of statistics relating to the Tribunal's civil jurisdiction under the Mental Health Act 1990 for the period January to December 2004 and combined totals for 2003.

Section of Act	Description of Review	Reviews (Including Adjournments)			% Reviewed by Sex		Number Legally Represented	% Legally Represented
		M	F	Total	M	F		
s56	Review prior to expiry of magistrate's order for 1296 temporary patient status	667	629	1296	51.5	48.5	928	71.6
s58	Review prior to expiry of Tribunal order for temporary patient status	198	164	362	54.7	45.3	273	75.4
s62	Continued treatment patient	493	284	777	63.4	36.6	32	4.1
s63	Informal patient	68	57	125	54.4	45.6	-	0.0
s69	Appeal against refusal to discharge by medical superintendent	115	87	202	56.9	43.1	168	83.2
s118	Community counselling order	41	36	77	53.2	46.8	-	0.0
s131	Community treatment order	2935	1763	4698	62.5	37.5	71	1.5
s143A	Detained person under CTO	1	-	1	100	-	-	0
s148	Variation or revocation of a CCO or CTO	167	116	283	59	41	3	1.1
s151(2)	Appeal against magistrate's CCO or CTO	3	5	8	37.5	62.5	2	25.0
s185	ECT applications - Informal patient	-	4	4	-	100	-	0.0
s188	ECT application – involuntary patient	179	311	490	36.5	63.5	27	5.5
s203 *	Notice to Tribunal of performance of surgical operation	7	6	13	53.8	46.2	-	0.0
s205(i)	Application and Determination for surgical operation	9	8	17	52.9	47.1	3	17.6
s205(ii)	Application and Determination for special medical treatment	1	3	4	25	75	1	25.0
TOTALS 2004		4884	3473	8357	58.4	41.6	2249	26.9
TOTALS 2003		4561	3236	7797	58.5	41.5	1424	18.3

* THESE ARE SURGICAL OPERATIONS PERFORMED AS CASES OF EMERGENCY ON THE CONSENT OF A PRESCRIBED PERSON. NO TRIBUNAL HEARING WAS CONDUCTED FOR THESE MATTERS.

Table 2

**Reviews of Informal patient cases during the period January to December 2004
under s63 by hospital and age group.**

		0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	Total Reviews
Bloomfield	Male	-	-	1	2	2	4	3	5	17
	Female	-	1	-	3	-	7	6	4	21
	Total	-	1	1	5	2	11	9	9	38
Cumberland	Male	-	1	-	6	3	-	-	-	10
	Female	-	-	1	3	4	2	-	-	10
	Total	-	1	1	9	7	2	-	-	20
James Fletcher	Male	-	-	-	-	1	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	1	-	-	-	1
Kenmore	Male	-	-	2	2	1	2	7	-	14
	Female	-	-	-	-	-	2	1	1	4
	Total	-	-	2	2	1	4	8	1	18
Macquarie	Male	-	-	-	2	3	2	4	1	12
	Female	-	-	1	1	2	2	-	1	7
	Total	-	-	1	3	5	4	4	2	19
Manly	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	1	-	-	-	1
	Total	-	-	-	-	1	-	-	-	1
Morisset	Male	-	-	-	-	-	1	-	-	1
	Female	-	-	-	-	1	1	-	-	2
	Total	-	-	-	-	1	2	-	-	3
Prince of Wales	Male	-	-	-	1	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	1	-	-	-	-	1
Royal Prince Alfred	Male	-	-	-	-	-	-	-	1	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	1	1
Rozelle	Male	-	-	-	3	1	-	3	3	10
	Female	-	-	2	1	-	-	5	2	10
	Total	-	-	2	4	1	-	8	5	20
Shellharbour	Male	-	-	-	-	-	1	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	1	-	-	1
St Vincents	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	1	-	-	-	1
	Total	-	-	-	-	1	-	-	-	1
Westmead	Male	-	-	-	-	-	-	-	-	-
	Female	-	1	-	-	-	-	-	-	1
	Total	-	1	-	-	-	-	-	-	1
COMBINED	Male	-	1	3	16	11	10	17	10	68
TOTALS ALL	Female	-	2	4	8	9	14	12	8	57
HOSPITALS 2004	Total	-	3	7	24	20	24	29	18	125
COMBINED	Male	-	1	5	18	14	20	15	11	84
TOTALS ALL	Female	-	1	8	8	10	10	13	7	57
HOSPITALS 2003	Total	-	2	13	26	24	30	28	18	141

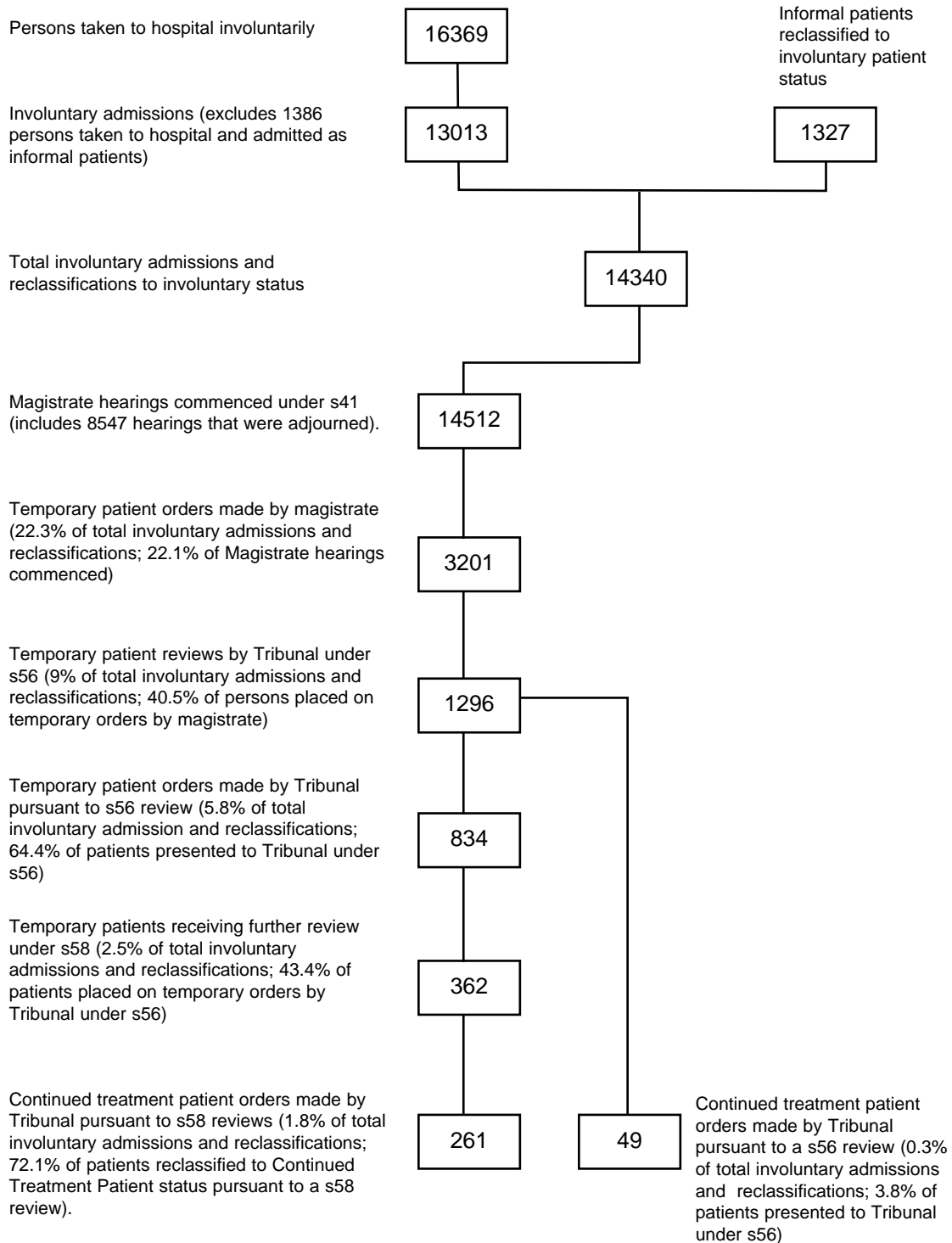
Table 3**Involuntary admissions and magistrate's inquiries held under s41 of the Mental Health Act 1990 from January to December 2004 and combined totals for 2003 (Hospitals and Units)**

Major Psychiatric Hospitals	<i>Persons taken Invol.</i>	<i>No. of Invol. Admiss.</i>	<i>Number Reclass Invol</i>	<i>Magist Inquiry Started</i>	<i>Adjourned</i>	<i>Magist. Inquiry Completed</i>	<i>Discharged or Reclass.</i>	<i>CCO* or CTO</i>	<i>Temp. Patient Order</i>
Bloomfield	876	851	22	1137	783	354	14	213	127
Cumberland	1321	1170	255	630	240	390	16	26	348
James Fletcher	1439	1256	447	935	640	295	17	91	187
Kenmore	424	423	23	361	113	248	9	101	138
Macquarie	312	303	9	239	165	74	2	34	38
Morriset	5	5	2	17	-	17	3	-	14
Rozelle	1285	1285	60	1200	491	709	356	161	192
SUB-TOTALS 2004	5662	5293	818	4519	2432	2087	417	626	1044
SUB-TOTALS 2003	5623	4990	839	2763	1494	1269	402	180	686
Public Hospital Units									
Albury	157	157	15	438	228	210	15	72	123
Armidale	1	1	1	-	-	-	-	-	-
Bankstown	838	838	-	406	262	144	4	59	81
Blacktown	356	329	16	420	299	121	3	68	50
Broken Hill	55	50	1	28	16	12	2	9	1
Campbelltown	346	345	6	253	109	144	4	14	126
Cessnock	-	-	-	2	1	1	-	-	1
Coffs Harbour	357	357	8	411	268	143	-	82	61
Cooma	2	2	-	-	-	-	-	-	-
Dubbo	29	29	3	1	1	-	-	-	-
Gosford	665	575	3	421	277	144	-	69	75
Goulburn	-	-	-	6	4	2	2	-	-
Greenwich	42	42	-	56	17	39	-	3	36
Hornsby	350	315	10	939	615	324	24	153	147
John Hunter	36	36	19	36	7	29	5	2	22
Lismore	472	472	99	434	287	147	2	90	55
Liverpool	435	435	1	446	298	148	6	82	60
Maitland	723	706	4	254	182	72	15	25	32
Manly	292	292	-	329	224	105	4	14	87
Mulawa	-	-	-	12	6	6	-	4	2
Nepean	542	542	4	501	323	178	4	109	65
Norma Parker - PMS	-	-	-	18	15	3	-	3	-
Prince Henry	-	-	-	9	8	1	-	-	1
Prince of Wales	721	643	-	528	371	157	1	35	121
Queenbeyan	18	18	6	-	-	-	-	-	-
Royal North Shore	210	210	179	488	277	211	14	70	127
RPA Missenden Unit	310	310	8	304	229	75	12	15	48
Shellharbour	948	942	26	610	355	255	16	144	95
St. George	330	330	1	703	356	347	66	91	190
St. Josephs	63	62	17	76	26	50	20	4	26
St. Vincents	454	447	9	313	152	161	16	15	130
Sutherland	342	342	1	223	106	117	-	25	92
Tamworth	315	314	-	233	152	81	3	37	41
Taree	238	238	21	137	29	108	4	10	94
Tweed Heads	260	260	29	365	237	128	4	80	44
Wagga Wagga	187	187	1	148	99	49	3	20	26
Westmead Acute Adol.	48	48	7	-	-	-	-	-	-
Westmead Adult Psych	8	8	3	11	5	6	-	-	6
Westmead Psychogertric	2	2	1	32	8	24	-	3	21
Wollongong	209	209	8	184	122	62	1	25	36
Wyong	346	340	2	214	143	71	5	31	35
Yasmar	-	-	-	4	1	3	-	3	-
SUB-TOTALS 2004	10707	10433	509	9993	6115	3878	255	1466	2157
SUB-TOTALS 2003	10155	9772	315	6957	3932	3019	422	979	1518
TOTALS 2004	16369	15726	1327	14512	8547	5965	672	2092	3201
TOTALS 2003	15778	14762	1154	9720	5426	4288	824	1159	2204

* Community counselling or community treatment orders

Table 4

Flow chart showing progress of involuntary patients admitted during the period January to December 2004.



Note: Continued treatment patients are subject to six monthly periodic reviews by the Tribunal under s.62

Table 5

Patient cases reviewed by the Mental Health Review Tribunal prior to expiry of a temporary patient order made by a magistrate under section 56 of the Mental Health Act 1990 for the period January to December 2004

Major Psychiatric Hospitals	Tribunal Reviews under section 56			Tribunal Determinations			
	M	F	T	Adjourn	Disch. or Reclassify to Informal	Extend Magist. Temp. Order	Reclassify to Continued Treatment Patient
Bloomfield	37	40	77	18	-	56	3
Cumberland	86	61	147	22	5	108	12
Macquarie	31	16	47	9	-	36	2
James Fletcher	72	58	130	37	1	88	4
Kenmore	5	4	9	-	1	1	7
Morisset	22	6	28	6	-	19	3
Rozelle	46	45	91	31	2	58	-
SUB-TOTALS 2004	299	230	529	123	9	366	31
SUB-TOTALS 2003	294	179	473	136	2	305	30
Public Hospital Units							
Albury	3	4	7	2	-	5	-
Bankstown	14	14	28	12	-	14	2
Blacktown	14	14	28	7	1	19	1
Campbelltown	38	25	63	26	-	36	1
Coffs Harbour	5	9	14	7	-	7	-
Gosford	13	11	24	7	-	16	1
Goulburn Base	22	21	43	9	-	33	1
Greenwich	2	17	19	2	-	16	1
Hornsby	19	15	34	16	1	17	-
John Hunter	1	16	17	3	-	12	2
Lismore	6	8	14	6	-	8	-
Liverpool	12	9	21	8	-	12	1
Maitland	8	10	18	4	-	13	1
Manly	20	25	45	16	-	29	-
Nepean	9	17	26	8	2	15	1
Prince of Wales	23	18	41	14	-	25	2
Royal North Shore	9	18	27	3	-	24	-
RPA Missenden Unit	17	20	37	20	-	17	-
Shellharbour	14	9	23	9	-	13	1
St George	30	18	48	23	1	22	2
St Joseph's	1	3	4	4	-	-	-
St Vincent's	21	25	46	16	-	30	-
Sutherland	18	26	44	26	-	18	-
Tamworth	5	7	12	3	-	9	-
Taree	16	15	31	8	2	21	-
Tweed Heads	1	3	4	-	-	4	-
Wagga Wagga	7	1	8	1	-	7	-
Westmead AA Unit	1	2	3	1	-	2	-
Westmead AP Unit	1	9	10	2	-	8	-
Wollongong	15	6	21	9	-	12	-
Wyang	3	4	7	1	1	4	1
SUBTOTALS 2004	368	399	767	273	8	468	18
SUBTOTALS 2003	381	386	767	287	-	454	26
COMBINED TOTALS 2004	667	629	1296	396	17	834	49
COMBINED TOTALS 2003	675	565	1240	423	2	759	56

Note : Excludes hospitals at which no reviews under section 56 were held.
 * Includes 2 matters where the Tribunal determined it had no jurisdiction.

Table 6**Demographic profile of temporary patients reviewed under section 56 during 2004**

	0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	PATIENT TOTAL
Male	15	241	203	93	60	31	21	3	667
Female	31	120	135	119	76	62	62	24	629
TOTALS 2004	46	361	338	212	136	93	83	27	1296
TOTALS 2003	69	377	294	203	135	83	67	21	1249

Table 7

Temporary patients whose cases were further reviewed under s58 during the period January to December 2004

Major Psychiatric Hospitals	Tribunal Reviews under section 58			Tribunal Determinations		
	M	F	T	Adjourned	Discharge or Reclassify to Informal	Reclassified as CTP*
Bloomfield	23	9	32	11	-	21
Cumberland	40	21	61	11	1	49
James Fletcher	7	12	19	4	-	15
Kenmore	4	-	4	1	-	3
Macquarie	31	13	44	8	-	36
Morisset	18	6	24	4	1	19
Rozelle	10	13	23	7	-	16
SUB-TOTALS 2004	133	74	207	46	2	159
SUB-TOTALS 2003	122	68	190	61	-	129
Public Hospital Units						
Bankstown	1	3	4	1	-	3
Blacktown	2	1	3	1	-	2
Campbelltown	3	6	9	1	-	8
Coffs Harbour	-	3	3	1	-	2
Gosford	1	8	9	5	-	4
Goulburn Base	4	9	13	4	-	9
Greenwich	1	3	4	1	-	3
Hornsby	4	5	9	5	1	3
John Hunter	2	6	8	-	-	8
Lismore	2	1	3	2	-	1
Liverpool	2	1	3	-	-	3
Maitland	-	6	6	3	-	3
Manly	3	3	6	3	-	3
Mulawa	1	-	1	-	-	1
Prince of Wales	10	4	14	6	-	8
Royal North Shore Hosp.	3	4	7	3	-	4
RPA Missenden Unit	1	2	3	1	-	2
Shellharbour	1	3	4	1	-	3
St George	2	1	3	1	-	2
St Vincents	7	8	15	7	-	8
Sutherland	-	5	5	1	-	4
Tamworth	4	-	4	1	-	3
Taree	3	2	5	1	-	4
Tweed Heads	2	1	3	1	-	2
Wagga Wagga	3	2	5	1	-	4
Westmead AA Unit	2	1	3	1	-	2
Westmead AP Unit	-	1	1	-	-	1
Wollongong	1	1	2	-	-	2
SUB-TOTALS 2004	65	90	155	52	1	102
SUB-TOTALS 2003	76	91	167	65	4	98
COMBINED TOTALS						
ALL HOSPITALS 2004	198	164	362	98	3	261
<i>COMBINED TOTALS</i>						
ALL HOSPITALS 2003	198	159	357	126	4	227

Note: Excludes hospitals at which no reviews under section 58 were held.

Table 8

Demographic profile of temporary patients reviewed under section 58 for the period January to December 2004

	0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	PATIENT TOTAL
Male	2	83	54	29	16	9	5	-	198
Female	9	41	29	36	14	16	14	5	164
TOTALS 2004	11	124	83	65	30	25	19	5	362
TOTALS 2003	22	111	87	54	38	24	16	4	356

Table 9

Reviews of the cases of continued treatment patients at major psychiatric hospitals during the period January to December 2004 under s62 by hospital, age group and numbers of reviews

<i>Major Psychiatric Hospitals</i>		<i>0-19 yrs.</i>	<i>20-29 yrs.</i>	<i>30-39 yrs.</i>	<i>40-49 yrs.</i>	<i>50-59 yrs.</i>	<i>60-69 yrs.</i>	<i>70-79 yrs.</i>	<i>80+ yrs.</i>	<i>Total Patient Reviews</i>
Bloomfield	Male	-	4	1	-	7	10	-	4	26
	Female	-	1	3	1	5	9	2	-	21
	Total	-	5	4	1	12	19	2	4	47
Cumberland	Male	-	22	27	32	7	8	-	-	96
	Female	-	9	17	17	15	8	-	-	66
	Total	-	31	44	49	22	16	-	-	162
James Fletcher	Male	2	12	2	5	6	4	-	-	31
	Female	-	-	-	4	5	4	-	1	14
	Total	2	12	2	9	11	8	-	1	45
Kenmore	Male	-	-	3	-	-	-	-	5	8
	Female	-	-	-	-	2	3	-	2	7
	Total	-	-	3	-	2	3	-	7	15
Macquarie	Male	-	16	19	21	38	25	8	-	127
	Female	-	6	4	13	26	12	8	-	69
	Total	-	22	23	34	64	37	16	-	196
Morisset	Male	-	20	41	13	8	4	-	-	86
	Female	-	4	3	2	7	5	1	-	22
	Total	-	24	44	15	15	9	1	-	108
Rozelle	Male	-	4	11	6	10	-	3	-	34
	Female	-	-	8	5	2	3	5	2	25
	Total	-	4	19	11	12	3	8	2	59
COMBINED TOTALS	Male	2	78	104	77	76	51	11	9	408
MAJOR PSYCHIATRIC HOSPITALS 2004	Female	-	20	35	42	62	44	16	5	224
	Total	2	98	139	119	138	95	27	14	632

Table 10

Reviews of continued treatment patients at public hospital units during the period January to December 2004 under s62 by hospital, age group and numbers of reviews

<i>Public Hospital Units</i>		0-19 yrs.	20-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.	60-69 yrs.	70-79 yrs.	80+ yrs.	Total Reviews
Bankstown	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	2	-	-	-	2
	Total	-	-	-	-	2	-	-	-	2
Blacktown	Male	-	6	3	1	-	-	-	-	10
	Female	-	-	3	-	3	-	-	2	8
	Total	-	6	6	1	3	-	-	2	18
Campbelltown	Male	-	1	-	-	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	1	-	-	-	-	-	-	1
Coffs Harbour	Male	-	2	-	-	-	-	-	-	2
	Female	-	-	-	-	-	-	-	-	-
	Total	-	2	-	-	-	-	-	-	2
Gosford	Male	-	-	2	-	-	2	-	-	4
	Female	-	1	1	-	-	1	-	-	3
	Total	-	1	3	-	-	3	-	-	7
Goulburn	Male	-	-	2	-	-	2	-	-	4
	Female	-	1	-	-	1	2	-	-	4
	Total	-	1	2	-	1	4	-	-	8
Greenwich	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	1	2	2	5
	Total	-	-	-	-	-	1	2	2	5
Hornsby	Male	-	-	-	-	-	-	-	-	-
	Female	-	3	-	2	2	2	2	-	11
	Total	-	3	-	2	2	2	2	-	11
John Hunter Hospital	Male	-	-	-	-	-	-	-	-	-
	Female	1	-	-	-	-	-	-	-	1
	Total	1	-	-	-	-	-	-	-	1
Lismore	Male	-	-	6	2	3	-	-	-	11
	Female	-	1	-	-	-	-	-	-	1
	Total	-	1	6	2	3	-	-	-	12
Liverpool	Male	-	2	1	-	-	-	-	-	3
	Female	-	-	-	-	1	-	-	-	1
	Total	-	2	1	-	1	-	-	-	4
Maitland	Male	-	1	-	-	-	3	-	-	4
	Female	-	2	-	-	-	-	-	-	2
	Total	-	3	-	-	-	3	-	-	6
Manly	Male	-	3	-	-	-	-	1	-	4
	Female	-	-	1	-	-	-	-	-	1
	Total	-	3	1	-	-	-	1	-	5
Nepean	Male	-	-	-	-	2	-	-	-	2
	Female	-	-	1	-	1	-	-	-	2
	Total	-	-	1	-	3	-	-	-	4
Port Kembla	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	1	-	-	-	1
	Total	-	-	-	-	1	-	-	-	1
Prince of Wales	Male	-	-	-	1	1	-	-	-	2
	Female	-	-	-	-	-	3	-	-	3
	Total	-	-	-	1	1	3	-	-	5
Royal North Shore	Male	-	5	-	2	2	-	-	-	9
	Female	-	2	-	-	-	3	-	-	5
	Total	-	7	-	2	2	3	-	-	14
RPA Missenden Unit	Male	-	-	2	2	-	-	-	-	4
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	2	2	-	-	-	-	4
Shellharbour	Male	-	-	2	1	-	-	-	-	3
	Female	-	-	-	-	-	1	-	-	1
	Total	-	-	2	1	-	1	-	-	4
St George	Male	-	-	4	-	-	-	-	-	4
	Female	-	-	1	-	-	-	-	-	1
	Total	-	-	5	-	-	-	-	-	5
St Vincents	Male	-	1	5	1	-	-	-	-	7
	Female	-	3	1	-	-	2	1	-	7
	Total	-	4	6	1	-	2	1	-	14
Tamworth	Male	-	3	3	1	-	2	-	-	9
	Female	-	-	-	-	-	-	-	-	-
	Total	-	3	3	1	-	2	-	-	9
Westmead	Male	-	-	-	2	-	-	-	-	2
	Female	1	-	-	-	-	-	-	-	1
	Total	1	-	-	2	-	-	-	-	3
COMBINED TOTALS	Male	-	24	30	13	8	9	1	-	85
PUBLIC HOSPITAL	Female	2	13	8	2	11	14	6	4	60
Units 2004	Total	2	37	38	15	19	23	7	4	145
COMBINED TOTALS	Male	2	102	134	90	84	60	12	9	493
ALL HOSPITALS	Female	2	33	43	44	73	58	22	9	284
2004	Total	4	135	177	134	157	118	34	18	777

Table 11

Outcome of Tribunal reviews of Continued Treatment patients under s62 for the calendar years 2003 and 2004

<i>Tribunal Determinations</i>	<i>2003 Reviews</i>	<i>2004 Reviews</i>
Continue to be detained as a continued treatment patient	675	725
Adjournment	47	43
Discharge and deferred discharge	3	2
Patient allowed to be absent from Hospital	2	4
Reclassify to Informal Patient status	8	1
Discharge under CTO or CCO	-	2
TOTAL ORDERS MADE	735	777

Table 12

Demographic profile of temporary patients and continued treatment patients who appealed under section 69 during the period January to December 2004

	<i>0-19 yrs</i>	<i>20-29 yrs</i>	<i>30-39 yrs</i>	<i>40-49 yrs</i>	<i>50-59 yrs</i>	<i>60-69 yrs</i>	<i>70-79 yrs</i>	<i>80+ yrs</i>	<i>PATIENT TOTAL</i>
Male	-	23	50	27	8	3	4	-	115
Female	2	16	26	19	13	8	2	1	87
TOTALS 2004	2	39	76	46	21	11	6	1	202
TOTALS 2003	4	57	68	37	18	13	17	2	216

Table 13

Outcome of s69 appeals by patients against a medical superintendent's refusal of a request for discharge during the period January to December 2004

	<i>No. of persons reviewed under s69</i>			<i>Tribunal reviews under s69</i>			<i>Determination by Tribunal</i>			
	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>Discharged</i>	<i>Adjourned</i>	<i>Appeal Dismissed</i>	<i>Dismissed and no further Appeal to be heard prior to next scheduled review</i>
	Major Psychiatric Hospitals									
Bloomfield	-	2	2	-	2	2	-	-	1	1
Cumberland	26	17	43	43	19	62	6	3	47	6
James Fletcher	5	5	10	5	5	10	-	-	9	1
Kenmore	-	-	-	-	-	-	-	-	-	-
Macquarie	8	2	10	9	2	11	1	1	9	-
Morisset	5	-	5	7	-	7	-	1	6	-
Rozelle	11	6	17	13	6	19	-	2	13	4
SUB-TOTALS 2004	55	32	87	77	34	111	7	7	85	12
SUB-TOTALS 2003	42	31	73	57	35	92	5	3	75	9
Public Hospital Units										
Bankstown	1	-	1	1	-	1	-	-	1	-
Campbelltown	2	3	5	4	3	7	-	-	7	-
Gosford	-	3	3	-	3	3	-	-	3	-
Goulburn	5	1	6	8	1	9	-	3	6	-
Greenwich	-	2	2	1	-	1	-	-	-	1
Hornsby	1	2	3	1	2	3	-	-	3	-
Lismore	2	3	5	2	3	5	-	-	4	1
Maitland	1	1	2	1	1	2	-	-	2	-
Prince of Wales	3	3	6	3	4	7	1	-	5	1
Royal North Shore	1	12	13	1	12	13	-	-	12	1
RPA Missenden Unit	2	1	3	2	1	3	-	-	2	1
St George	4	2	6	6	2	8	-	4	4	-
St Josephs	-	1	1	-	1	1	-	-	1	-
St Vincents	2	2	4	2	3	5	-	-	5	-
Sutherland	1	3	4	1	3	4	-	1	3	-
Tamworth	2	4	6	2	4	6	1	1	3	1
Taree	2	3	5	2	3	5	-	-	5	-
Wagga Wagga	2	1	3	2	1	3	-	-	3	-
Westmead AP Unit	-	1	1	-	1	1	-	-	1	-
Wyong	1	2	3	1	3	4	-	-	4	-
SUB-TOTALS 2004	32	50	82	40	51	91	2	9	74	6
SUB-TOTALS 2003	53	59	112	63	61	124	6	14	99	5
COMBINED TOTALS 2004	87	82	169	117	85	202	9	16	159	18
COMBINED TOTALS 2003	95	90	185	120	96	216	11	17	174	14

Table 14**Comparison of involuntary admissions (Jan 2004 - Dec 2004) and total admissions (July 2003 - Jun 2004) in public psychiatric facilities**

Major Psychiatric Hospitals	<i>Taken to hospital Involuntarily and Admitted (Jan 2004 to Dec 2004)</i>	<i>Total Admissions* (Jul 2003 to Jun 2004)</i>	<i>Percentage Involuntary Admissions</i>
Bloomfield	851	1315	64.7
Cumberland	1170	1438	81.4
James Fletcher/Morisset	1261	1603	87.7
Kenmore/Goulburn	423	715	59.2
Macquarie	303	367	82.6
Rozelle	1285	1925	66.8
SUB-TOTAL 2004	5293	7363	71.9
<i>SUB-TOTAL 2003</i>	<i>4990</i>	<i>6287</i>	<i>79.4</i>
Public Hospital Units			
Albury	157	488	32.2
Armidale	1	342	0.3
Bankstown	838	1085	77.2
Blacktown	329	589	55.9
Bowral	-	115	-
Broken Hill	50	155	32.3
Campbelltown	345	840	41.1
Coffs Harbour	357	676	52.8
Cooma	2	-	-
Dubbo	29	149	19.5
Gosford	575	1117	51.5
Greenwich	42	187	22.5
Hornsby	315	493	63.9
John Hunter	36	-	-
Kempsey	-	233	-
Lismore	472	1165	40.5
Liverpool	435	770	56.6
Long Bay	-	202	-
Maitland	706	852	82.9
Manly	292	1033	28.3
Mudgee	-	36	-
Nepean	542	739	73.3
Prince Henry	-	-	-
Prince of Wales	643	856	75.1
Queanbeyan	18	-	-
Royal North Shore	210	421	49.9
RPA Missenden	310	791	39.2
Shellharbour	942	2045	46.1
St George	330	617	53.5
St Joseph's	62	151	41.1
St Vincent's	447	747	59.8
Sutherland	342	589	58.1
Taree	238	382	62.3
Tweed Heads	260	603	43.1
Tamworth	314	712	44.1
Wagga Wagga	187	382	49.0
Westmead Acute Adolescent Unit	48	279	17.2
Westmead Adult Psychiatric Unit	8	608	1.3
Westmead Psychogeriatric Unit	2	94	2.1
Wollongong	209	467	44.8
Wyong	340	49	-
SUB-TOTAL 2004	10433	21059	49.5
<i>SUB-TOTAL 2003</i>	<i>9772</i>	<i>19836</i>	<i>49.3</i>
COMBINED TOTALS ALL HOSPITALS 2004	15726	28422	55.3
<i>COMBINED TOTALS ALL HOSPITALS 2003</i>	<i>14762</i>	<i>26123</i>	<i>56.5</i>

* Source: Appendix 15 Department of Health Annual Report 2003/2004.

Table 15**Community counselling orders for gazetted health care agencies made by the Tribunal for the two calendar years 2003 and 2004**

<i>Health Care Agency</i>	<i>2003 Total CCOs</i>	<i>2004 Total CCOs</i>	<i>Health Care Agency</i>	<i>2003 Total CCOs</i>	<i>2004 Total CCOs</i>
Albury CMHS	1	2	Leeton/Narrandera CHC	-	-
Armidale CMHS	-	-	Lismore MHOPS	-	-
Ashfield CMHS	-	-	Lithgow MHS	-	-
Auburn CHC	3	4	Liverpool MHS	2	-
Bankstown Lidcombe MHS	-	-	Macquarie Area MHS	-	-
Barwon MHS	-	-	Manly Hospital and CMHS	4	2
Batemans Bay DHC & MHS	3	3	Maroubra CMHS	1	2
Bega Valley Counselling & MHS	-	-	Marrickville CMHS	-	1
Blacktown & Mt Druitt PS	-	1	Merrylands CHS	-	-
Blue Moutains MHS	-	-	Mid Western CMHS	2	2
Bondi Junction CHC	5	3	Mudgee MHS	-	-
Botany CHC	-	-	New England Dist (Glen Innes) MHS	-	-
Bowral CHS	-	-	New England District (Inverell) MHS	-	-
Campbelltown MHS	2	1	Newcastle MHS	-	-
Canterbury CMHS	2	2	Orana MHS - Dubbo Base Hospital	-	-
Catherine Mahoney Aged Care P. U.	-	1	Orange CHC	-	-
Central Coast Area MHS	2	1	Orange C. Res/Rehab. Service	-	-
Clarence District HS	1	1	Pambula District Hospital MHS	-	-
Coffs Harbour MH Out/pt Serv	-	-	Parramatta CHS	-	-
Cooma MHS	-	-	Penrith MHS	-	-
Cootamundra MHS	-	-	Penrith/Hawkesbury MHS	-	-
Deniliquin District MHS	-	-	Port Macquarie CMHS	1	-
Dundas CHC	-	1	Queanbeyan MHS	-	-
Fairfield MHS	1	-	Redfern/Newtown CMHS	-	1
Far West MHS	-	1	Royal North Shore H & CMHS	6	4
Glebe CMHS	-	-	Ryde Hospital and CMHS	9	8
Goulburn CMHS	-	-	Shoalhaven MHS	-	-
Griffith (Murrumbidgee) MHS	-	-	St George Div of Psych & MH	4	6
Hawkesbury MHS	-	-	St Joseph's Hospital CMACPU	-	-
Hills CMHC	-	-	Sutherland C Adult & Fam MHS	1	1
Hornsby Ku-ring-gai H & CMHS	5	4	Tamworth CMHS	-	-
Hunter	3	-	Taree CMHS	-	2
Illawarra PS	8	2	Tumut CMHS	-	-
Inner City MHS	-	2	Tweed Heads MHS	-	-
James Fletcher Hospital	-	-	Upper Hunter MHS	-	-
Kempsey CMHS	1	-	Wagga Wagga CMHS	1	-
Lake Illawarra MHS	1	4	Young MHS	-	-

TOTAL NUMBER OF COMMUNITY COUNSELLING ORDERS 2004 62 2003 69

Table 16**Demographic profile of hearings held for persons whose cases were reviewed under section 118 (community counselling order applications) during the period January to December 2004**

	<i>0-19 yrs</i>	<i>20-29 yrs</i>	<i>30-39 yrs</i>	<i>40-49 yrs</i>	<i>50-59 yrs</i>	<i>60-69 yrs</i>	<i>70-79 yrs</i>	<i>80+ yrs</i>	<i>PATIENT TOTAL</i>
Male	-	4	10	17	10	-	-	-	41
Female	3	1	3	4	7	10	2	6	36
TOTALS 2004	3	5	13	21	17	10	2	6	77
TOTALS 2003	-	13	22	27	14	10	1	4	91

Table 17**Community treatment orders for gazetted health care agencies made by the Tribunal for the two calendar years 2003 and 2004**

<i>Health Care Agency</i>	<i>2003 Total CTOs</i>	<i>2004 Total CTOs</i>	<i>Health Care Agency</i>	<i>2003 Total CTOs</i>	<i>2004 Total CTOs</i>
Albury CMHS	30	38	Leeton/Narrandera CHC	7	3
Armidale MHS	17	20	Lismore MHOPS	40	52
Ashfield CMHS	91	101	Lithgow MHS	3	4
Auburn CHC	62	54	Liverpool MHS	49	70
Bankstown-Lidcombe MHS	90	115	Macquarie Area MHS	30	31
Barwon MHS	10	4	Manly Hospital & CMHS	88	77
Batemans Bay DHC & MHS	23	33	Maroubra CMH	35	65
Bega Valley Counselling & MHS	13	9	Marrickville CMHS	105	114
Blacktown & Mt Druitt PS	133	118	Merrylands CHC	129	118
Blue Mountains MHS	66	78	Mid Western CMHS	39	49
Bondi Junction CHC	105	95	Mudgee MHS	4	-
Bowral CMHS	24	36	New England Dist (Glen Innes) MHS	21	-
Campbelltown MHS	112	113	New England Dist (Inverell) MHS	5	-
Canterbury CMHS	125	140	Newcastle MHS	73	104
Catherine Mahoney Aged Care P.U	1	-	Northern Illawarra MHS	6	58
Central Coast AMHS	115	142	Nyngan	-	1
Clarence District HS	14	25	Orange CHC	24	18
Coffs Harbour MHOPS	73	80	Orange C Res/Rehab Service	5	5
Cooma MHS	14	12	Parramatta CHS	35	55
Cootamundra MHS	10	14	Penrith MHS	68	130
Deniliquin District MHS	10	7	Penrith/Hawkesbury MHS	52	3
Dundun CHC	40	51	Port Macquarie CMHS	51	49
Fairfield MHS	95	110	Queanbeyan MHS	27	32
Far West MHS	24	27	Redfern/Newtown CMHS	27	27
Glebe CMHS	80	95	Royal North Shore H & CMHS	111	118
Glen Innes	-	9	Ryde Hospital & CMHS	90	82
Goulburn CMHS	37	31	Shoalhaven MHS	23	28
Griffith (Murrumbidgee) MHS	9	11	St George Div of Psychiatry & MH	165	174
Hawkesbury MHS	32	36	St Josephs Hospital CMACPU	-	-
Hills CMHC	30	32	Sutherland C Adult & Fam MHS	141	157
Hornsby Ku-ring-gai Hospital & CMHS	74	91	Tamworth CMHS	45	25
Hunter	-	63	Taree CMHS	76	59
Hunter Valley HCA & Psy Rehab Serv.	104	49	Tumut	10	5
Illawarra Psychiatric Services	128	31	Tweed Heads MHS	27	50
Inverell	-	4	Upper Hunter	-	1
Inner City MHS	73	75	Wagga Wagga CMHS	60	35
James Fletcher Hospital	1	1	Young MHS	9	21
Kempsey CMHS	20	18			
Lake Illawarra Sector MHS	8	76			
Lake Macquarie MHS	34	66			

TOTAL NUMBER OF COMMUNITY TREATMENT ORDERS 2004 3930
Total number of Community Treatment Orders 2003 3607

Table 18

Demographic profile of hearings held for persons reviewed under section 131 (community treatment order applications) during the period January to December 2004

	0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	PATIENT TOTAL
Male	22	732	1054	599	337	132	42	17	2935
Female	20	236	432	390	367	176	106	36	1763
TOTALS 2004	42	968	1486	989	704	308	148	53	4698
TOTALS 2003	88	1104	1237	843	583	278	140	27	4300

Table 19

Number of community counselling orders and community treatment orders made by the Tribunal and by Magistrates for the period 1993 to 2004

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Magistrate CCOs	4	4	8	7	8	4	4	3	60	15	63	36
Tribunal CCOs	52	125	148	167	178	82	66	69	88	54	70	62
Total CCOs	56	129	156	174	186	86	70	72	148	69	133	98
Magistrate CTOs	166	247	349	365	747	747	844	673	1289	563	1096	2056
Tribunal CTOs	554	848	1396	2095	2840	2059	2325	2509	2738	3166	3606	3930
Total CTOs	720	1095	1745	2460	3587	2806	3169	3182	4027	3729	4702	5986
Total Magistrate CCO/CTOs	170	251	357	372	755	751	848	676	1349	578	1159	2092
Total Tribunal CCO/CTOs	606	973	1544	2262	3018	2141	2391	2578	2826	3220	3676	3992
Total CCO/CTOs made	776	1224	1901	2634	3773	2892	3239	3254	4175	3798	4835	6084

Table 20**Community treatment orders/community counselling orders made by Magistrates for the calendar years 2002, 2003 and 2004**

<i>Area Health Service/Region</i>	<i>2002 CCOs</i>	<i>2003 CCOs</i>	<i>2004 CCOs</i>	<i>2002 CTOs</i>	<i>2003 CTOs</i>	<i>2004 CTOs</i>
Albury (Nolan House)	-	-	-	1	42	72
Bankstown (Banks House)	-	-	-	12	53	59
Blacktown (Bungarabee House)	-	-	-	4	44	68
Bloomfield	-	-	1	50	-	212
Broken Hill (Special Care Suite)	-	-	-	-	-	9
Campbelltown (Waratah House)	-	1	-	9	17	14
Coffs Harbour (Psychiatric Unit)	-	9	1	17	37	81
Cumberland	-	-	-	41	21	26
Dubbo	-	-	-	-	1	-
Gosford (Mandala Clinic)	-	23	8	15	58	61
Goulburn	-	-	-	5	-	-
Greenwich	-	-	-	2	3	3
Hornsby (Palmerston Unit)	-	3	-	52	150	153
James Fletcher	-	-	1	10	41	90
John Hunter	-	-	-	-	-	2
Kenmore	9	-	19	37	11	82
Lismore (Richmond Clinic)	-	-	-	101	63	90
Liverpool Hospital	-	-	-	31	38	82
Long Bay	-	-	-	-	11	-
Macquarie Hospital	-	-	-	25	36	34
Maitland	-	-	-	7	10	25
Manly (East Wing)	4	-	1	17	21	13
Mulawa	-	-	-	-	-	4
Nepean (Pialla Unit)	-	-	-	13	66	109
Norma Parker PMS	-	-	-	-	-	3
Prince of Wales (Psychiatric Unit)	-	-	-	1	29	35
Royal North Shore (Cummins Unit)	-	-	2	4	2	68
Royal Prince Alfred (Missenden Unit)	-	-	-	-	-	15
Rozelle	-	-	-	28	71	161
Shellharbour (Psych Unit/Rehab Unit)	1	8	1	31	93	143
St George (Pacific House)	-	-	-	28	-	91
St Josephs (Psychogeriatric Unit)	-	-	-	3	5	4
St Vincents (Caritas Centre)	-	5	-	1	34	15
Sutherland (Psychiatric Unit)	-	-	-	3	24	25
Tamworth (Banksia Unit)	-	13	-	3	48	37
Taree	-	-	-	2	9	10
Tweed Heads	-	1	-	8	48	80
Wagga Wagga (Gissing House)	-	-	-	2	10	20
Westmead (Psych Geriatric)	-	-	1	-	-	2
Wollongong	-	-	-	-	-	25
Wyong	-	-	1	-	-	30
Yasmar	-	-	-	-	-	3
TOTALS	63	63	36	563	1096	2056

Table 21**Tribunal determinations on ECT applications for involuntary patients for the period January to December 2004**

<i>Outcome</i>	<i>Total</i>
Capable and has consented	45
Incapable of giving informed consent	2
ECT determined to be necessary & desirable	411
ECT determined to be NOT necessary & desirable	7
No jurisdiction	2
Adjourned	31
TOTALS 2004	498
TOTALS 2003	475

Table 22**Demographic profile of hearings held for detained persons receiving ECT following Tribunal approvals (total 411) to perform the procedure for the period January to December 2004**

	<i>0-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60-69</i>	<i>70-79</i>	<i>80+</i>	<i>Total</i>
Male	2	36	35	14	25	19	14	7	152
Female	9	26	39	29	38	40	49	29	259
TOTALS 2004	11	62	74	43	63	59	63	36	411
TOTALS 2003	12	58	71	51	66	65	54	38	415

Table 23**Breakdown of age groups of detained persons receiving ECT during the period January to December 2004 by number and percentage and percentages for 2003**

	<i>0-19 yrs</i>	<i>20-29 yrs</i>	<i>30-39 yrs</i>	<i>40-49 yrs</i>	<i>50-59 yrs</i>	<i>60-69 yrs</i>	<i>70-79 yrs</i>	<i>80+ yrs</i>	<i>Total Persons</i>
Persons receiving ECT	11	62	74	43	63	59	63	36	411
Persons admitted involuntarily and inpatients reclassified to involuntary *	1073	4094	4103	2632	1324	580	353	181	14340
PERCENTAGE BY AGE GROUP 2004	1.0 %	1.5 %	1.8 %	1.6 %	4.8 %	10.2 %	17.8 %	19.9 %	2.9 %
PERCENTAGE BY AGE GROUP 2003	1.1 %	1.3 %	1.7 %	1.9 %	4.8 %	11.1 %	14.5 %	17.7 %	2.8 %

Table 24**Results of Tribunal ECT hearings by hospital for the period January to December 2004 and combined totals for 2003**

Major Psychiatric Hospitals	<i>Tribunal reviews under ss185 and 188</i>	<i>Adjournments</i>	<i>ECT approved by Tribunal</i>	<i>ECT not approved</i>	<i>Patient capable and has consented</i>	<i>Person incapable of consenting</i>
Bloomfield	27	-	20	1	6	-
Cumberland	44	3	34	1	6	-
James Fletcher	54	3	48	1	2	-
Kenmore	8	-	8	-	-	-
Macquarie	8	-	7	-	1	-
Morisset	-	-	-	-	-	-
Rozelle	33	1	31	-	1	-
SUB-TOTALS 2004	174	7	148	3	16	-
SUB-TOTALS 2003	149	3	134	3	9	-
Public Hospital Units						
Albury	8	2	4	-	2	-
Bankstown	18	-	16	1	-	1
Blacktown	7	-	5	-	2	-
Campbelltown	10	4	5	-	1	-
Coffs Harbour	3	-	2	-	1	-
Concord	2	-	2	-	-	-
Gosford	23	3	19	-	1	-
Goulburn	2	-	2	-	-	-
Greenwich	6	-	6	-	-	-
Hornsby	17	-	15	-	2	-
John Hunter	2	-	2	-	-	-
Lismore	11	3	7	-	1	-
Liverpool	8	1	7	-	-	-
Maitland	17	-	13	1	3	-
Manly	18	-	15	1	2	-
Nepean	31	3	25	-	3	-
Prince Henry	-	-	-	-	-	-
Prince of Wales	23	-	22	-	1	-
Royal North Shore	5	-	5	-	-	-
RPA Missenden Unit	7	1	4	1	1	-
Shellharbour	10	-	8	-	2	-
St George	14	-	13	-	1	-
St Josephs	-	-	-	-	-	-
St Vincents (Caritas)	7	-	3	-	4	-
Sutherland	10	1	9	-	-	-
Tamworth	8	-	8	-	-	-
Taree	1	-	1	-	-	-
Tweed Heads	8	3	3	1	1	-
Wagga Wagga	5	-	4	1	-	-
Westmead Acute Adolesc	1	-	1	-	-	-
Westmead Adult Psych	25	1	22	1	1	-
Wollongong	8	-	8	-	-	-
Wyong	5	1	4	-	-	-
SUB-TOTALS 2004	320	23	260	7	29	1
SUB-TOTALS 2003	326	16	281	9	20	-
COMBINED TOTAL						
ALL HOSPITALS 2004	494	30	408	10	45	1
COMBINED TOTAL						
ALL HOSPITALS 2003	475	19	415	12	29	-

Table 25

Breakdown of Tribunal approvals of surgical operations and special medical treatments (MHA ss205 – 207) during the period January to December 2004

<i>Patient</i>	<i>Surgical Procedure</i>
1	Hysteroscopy including biopsy if required, GA
2	Colonoscopy including biopsy if required, GA
3	Excision of BCC & skin graft, GA
4	Dental exam including treatment/extraction if required, GA
5	Revision of open reduction & internal fixation, L ankle fracture, GA
6	Termination of pregnancy, GA
7	CT head scan with contrast, GA
8	Mastectomy, GA
9	Repair of abdominal hernia
10	Dental extraction, GA
11	Subdermal implant, contraceptive, GA
12	Lymph node biopsy & excision skin lesion, GA
13	Venepuncture to enable blood testing, GA
14	MRI scan under sedation

Table 26

Surgery under the emergency provisions (ss 201 – 203) during the period January to December 2004

<i>Patient</i>	<i>Surgical Procedure</i>
1	Fractured L femur
2	Open reduction & internal fixation of fractured L ankle
3	Laparoscopy & laparotomy - stab wounds to stomach.
4	Intramedullary nailing - right tibia
5	Gastroscopy
6	Blood transfusion
7	Incision & drainage of abscess L shoulder, GA
8	Insertion of pace maker
9	Ventricular - peritoneal shunt placement
10	Irrigation & drainage of R ear, GA
11	Excision of BCC from nose
12	Fractured cervix
13	Insertion of feeding device

3.2. PROTECTED ESTATES

Table 27

Summary of statistics relating to the Tribunal's jurisdiction under the Protected Estates Act 1983 for the period January to December 2004 and combined totals for 2003

Section of Act	Description of Reviews	Reviews			Adjournments	Order made	Order Declined	Interim Order under s20	Revocation Approved	Revocation Declined	Legal Repres.
		M	F	T							
s.17	Referred to Tribunal by Magistrate	67	53	120	40	37	60	13	-	-	94
s.18	Order made on Forensic Patient	-	-	-	-	-	-	-	-	-	-
s.19	On application to Tribunal for Order	110	86	196	35	60	32	69	-	-	167
s.36	Revocation of Order	8	7	15	1	-	-	-	9	5	4
TOTALS 2004		185	146	331	76	97	92	82	9	5	265
TOTALS 2003		186	123	309	65	69	84	73	14	4	232

In early 2002 the Tribunal introduced a new procedure which required clients to make a formal application and provide supporting evidence to apply for revocation of a Protective Estates Order. This has reduced the number of such applications from 81 in 2001 to 31 in 2002, 23 in 2003 and 15 in 2004. However, the percentage of such applications that are successful in having the order revoked has increased from 12% in 2001 to 32% in 2002, 61% in 2003 and 60% in 2004.

3.3. FORENSIC JURISDICTION

Table 28

Summary of statistics relating to the Tribunal's forensic jurisdiction for the periods January to December 2003 and 2004 for forensic patient case reviews under the Mental Health Act 1990

<i>Act and Section</i>	<i>Description of Review</i>	2003 Reviews			2004 Reviews		
		<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
	<i>Forensic Patient Reviews requiring submission of Tribunal recommendations to Minister under the Mental Health Act 1990</i>						
80(1) MHA	Where a detained person is found unfit to be tried at an inquiry or given a limiting term at a special hearing	-	-	-	-	-	-
80(1)(a) MHA	After Court inquiry where detention imposed - consider (a) fitness & (b) danger to self or public	-	-	-	1	-	1
80(1)(b) MHA	After special hearing where limiting term and detention imposed - Consider (a) fitness & (b) danger to self or public	2	-	2	3	-	3
81(1)(a) MHA	After special hearing - not guilty by reason of mental illness	6	-	6	3	3	6
81(1)(b)	After Trial - not guilty by reason of mental illness	15	-	15	7	1	8
82 MHA	Regular periodic review of forensic patient	370	35	405	363	36	399
82(s.94) MHA	Following reinvestigation of person apprehended under s93	-	-	-	-	-	-
82(s.96) MHA	Request for transfer to prison	-	-	-	-	-	-
86(1) MHA	Review of person transferred from prison	27	13	40	37	13	50
188	Application for ECT	1	2	3	3	1	4
205C(II)	Application for special medical treatment	-	1	1	-	-	-
TOTAL		421	51	472	417	54	471
	<i>Tribunal Determinations made under the provisions of the Mental Health (Criminal Procedure) Act 1990</i>						
16 MHCPA	Determination of fitness to be tried in next twelve months	29	9	38	31	4	35
24 MHCPA	Determination of mental state following making of a limiting term after a special hearing	12	1	13	6	2	8
TOTAL		41	10	51	37	6	43
COMBINED TOTALS		462	61	523	454	61	514

Table 29**Outcomes of reviews held under the forensic provisions of the Mental Health Act 1990 from January to December 2004, Tribunal recommendations, and responses of the Executive Government**

	<i>Reviews</i>			<i>Approvals</i>			<i>Partial</i>			<i>Rejections</i>			<i>Pending</i>			<i>Not Applicable</i>		
	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>
No change in conditions of detention	142	18	160	128	15	43	-	-	-	-	-	-	13	2	15	1	1	2
Less restrictive conditions of detention	62	10	72	23	3	26	7	2	9	9	-	9	20	4	24	3	1	4
More restrictive conditions of detention	7	2	9	4	1	5	-	-	-	1	1	2	2	-	2	-	-	-
Conditional release	35	3	38	17	-	17	-	-	-	7	2	9	11	1	12	-	-	-
No change in conditions of release	78	8	86	73	8	81	1	-	1	-	-	-	3	-	3	1	-	1
Less restrictive conditional release	7	-	7	6	-	6	-	-	-	1	-	1	-	-	-	-	-	-
Revocation of conditional release	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Unconditional release	9	-	9	6	-	6	-	-	-	2	-	2	1	-	1	-	-	-
Adjournment	72	8	80	-	-	-	-	-	-	-	-	-	-	-	-	72	8	80
Not forwarded or acted upon due to changed circumstances	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
DETERMINED under s.16(1) Person probably WILL NOT become fit to be tried in 12 months	18	4	22	-	-	-	-	-	-	-	-	-	-	-	-	18	4	22
DETERMINED under s.16(1) Person WILL become fit to be tried within 12 months	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4
DETERMINED under s.24(2) Person IS mentally ill Referring court notified	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4
DETERMINED under s.24(2) Person is NEITHER mentally ill NOR suffering from a mental condition	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
DETERMINED under s.24(2) Person is suffering from a mental condition treatable in a hospital and IS NOT in a hospital	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
DETERMINED under s.80(2) If person is fit to be tried and release would endanger public	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DETERMINED under s.89*2) that patient be reclassified to continued treatment patient status.	10	4	14	-	-	-	-	-	-	-	-	-	-	-	-	10	4	14
TOTAL Recommendations and Outcomes 2004	454	60	514	257	27	284	8	2	10	20	3	23	50	7	57	116	20	136
TOTAL Recommendations and Outcomes 2003	459	60	517	252	12	266	9	2	11	6	-	6	87	13	100	117	21	138

Note The Tribunal also conducted 3 hearings for ECT in relation to forensic patients.

Table 30**Location of forensic patient case reviews held between January and December 2004**

CAMPBELLTOWN	2
CUMBERLAND HOSPITAL	81
GOSFORD	1
KARIONG JUVENILE JUSTICE CENTRE	1
KENMORE HOSPITAL	12
LONG BAY PRISON HOSPITAL	210
MACQUARIE HOSPITAL	6
MORISSET HOSPITAL	38
METROPOLITAN RECEPTION AND REMAND CENTRE	13
MULAWA TRAINING CENTRE	9
TRIBUNAL PREMISES	122
ROZELLE HOSPITAL	17
SILVERWATER - PMS	2
TOTAL	514

Table 31**Location of Forensic Patients as at 31 December 2004**

ALBURY	1
COMMUNITY	68
CUMBERLAND HOSPITAL	35
GOULBURN	1
GRAFTON	1
KARIONG JUVENILE JUSTICE CENTRE	1
KENMORE HOSPITAL	7
LITHGOW	1
LONG BAY MMTc	8
LONG BAY SPECIAL PURPOSE CENTRE	5
LONG BAY PRISON HOSPITAL	104
MACQUARIE HOSPITAL	4
METROPOLITAN RECEPTION AND REMAND CENTRE	10
MORISSET HOSPITAL	18
MULAWA - PMS	6
PARKLEA	1
ROZELLE HOSPITAL	6
SILVERWATER - PMS	3
YASMAR	1
TOTAL	281

APPENDICES

APPENDIX 1

Patient statistics required under MHA s261(2) concerning people taken to hospital during period January to December 2004

(1) **s261(2)(a)**

The number of persons taken to hospital and the provisions of the Act under which they were so taken.

	<i>Method of Referral</i>	<i>Admitted</i>	<i>Not Admitted</i>	<i>Total</i>
s21	Certificate of Doctor	9417	115	9532
s23	Request by Relative/Friend	947	2	949
s24	Apprehension by Police	3237	486	3723
s25	Order of Court	240	23	263
s26	Welfare Officer	229	3	232
s21 via s27	Authorised Doctor's Certificate	180	-	180
s142	Breach Community Treatment Order	159	4	163
TOTAL ADMISSIONS		14409	633	15042
RECLASSIFIED FROM INFORMAL TO INVOLUNTARY		1317	10	1327
TOTAL		15726	643	16369

(2) **s261(2)(b)**

Persons were detained as mentally ill persons on 10522 occasions and as mentally disordered persons on 3619 occasions.

(3) **s261(2)(c)**

A total of 14512 magistrate's inquiries under section 41 were commenced and 5965 of these inquiries were concluded.

(4) **s261(2)(d)**

Persons were detained as Temporary Patients at the conclusion of a Magistrate's hearing on 3201 occasions.

5) **s261(2)(e)**

A total of 1658 Temporary Patient reviews were held by the Tribunal under sections 56 and 58. Persons were further detained as temporary patients on 834 occasions and were classified as Continued Treatment Patients on 310 occasions.

Note: Some individuals were taken to hospital on more than one occasion during the year.

TRIBUNAL'S JURISDICTION

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

MENTAL HEALTH ACT 1990 MATTERS

• Consideration of temporary orders made by the Magistrate	s56
• Consideration of temporary orders made by the Tribunal	s58
• Review of continued treatment patients	s62
• Review of informal patients	s63
• Appeal against medical superintendent's refusal to discharge	s69
• Review of persons found unfit to be tried	s80
• Review of persons found not guilty on grounds of mental illness	s81
• Continued review of forensic patients	s82
• Review of persons transferred from prison	s86
• Informal review of persons with proceedings still pending	s86(2)
• Informal review of persons to be transferred from prisons	s87
• Classification as continued treatment patient	s89
• Requested investigation of person apprehended for a breach of a condition of an order for release	s94
• Review of forensic patients requesting transfer to prison	s96
• Making of community counselling orders	s118
• Making of community treatment orders	s131
• Review by Tribunal of detained persons	s143A
• Variation of a community counselling order or a community treatment order	s148
• Revocation of a community counselling order or community treatment order	s148
• Review of informal patient's capacity to give informed consent to ECT	s185
• Review report on emergency ECT	s186
• Application to Tribunal to administer ECT with consent to a detained person	s188
• Application to administer ECT without consent to a detained person	s189
• Inspect ECT register	s196
• Review report on emergency surgery	s203
• Application to carry out special medical treatment	s204
• Application to carry out certain operations and treatments other than in emergency	s205

PROTECTED ESTATES ACT 1983 MATTERS

• Order for management	s17, s18, s19
• Interim order for management	s20
• Revocation of order for management of non-patient	s36

MENTAL HEALTH (CRIMINAL PROCEDURE) ACT 1990 MATTERS

• Determination of certain matters where person found unfit to be tried	s16
• Determination of certain matters where person given a limiting term following a special hearing	s24

MENTAL HEALTH REVIEW TRIBUNAL

Members as at December 2004

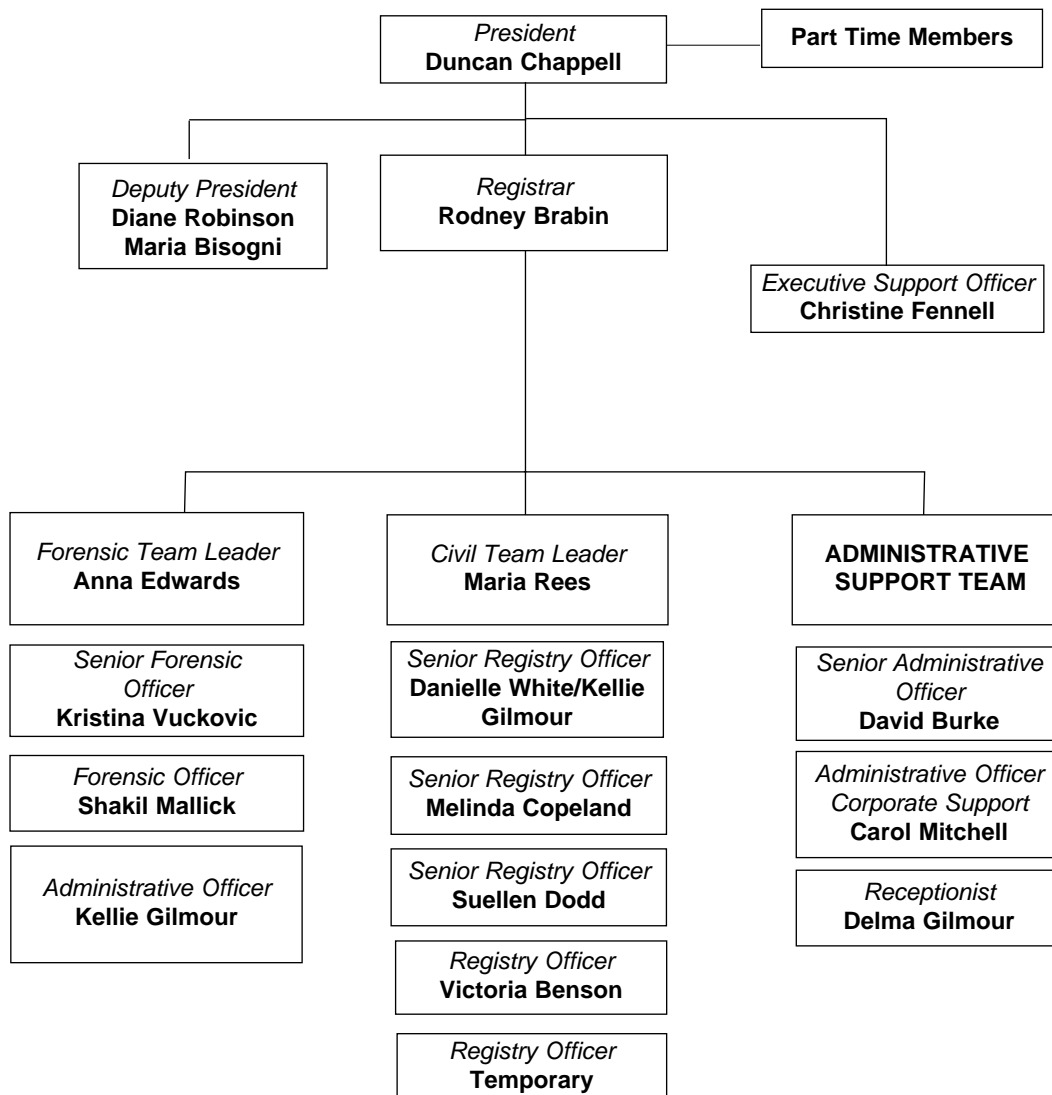
<i>FULL-TIME MEMBERS</i>	Lawyers	Psychiatrists	Other
	Professor D Chappell <i>(President)</i>		
	Ms M Bisogni <i>(Deputy President)</i> Ms D Robinson <i>(Deputy President)</i>		
<i>PART-TIME MEMBERS</i>	Mrs C Abela Mr H Ayling Mrs D Barneston Ms A Beckett Ms H M Boyton Mrs H Brennan Mr E A L de Sousa Ms J D'Arcy Mrs M Dewdney Ms L J Emery Ms A Finlay Mr R Green Mr K W Hale Mr J F Hookey Ms C Huntsman Mr T J Kelly Mr J A Kernick Ms H L Kramer Ms M MacRae Ms C McCaskie Mr J H McMillan Ms L Re Professor N R Rees Ms K Ross Mr J Simpson Ms R R Squirchuk Mr W J Tearle Ms M White Mr H Woltring	Dr A G G Bennett Dr R Buskell Dr J A Campbell Dr J Carne Dr S Chaturvedi Dr M J R Cullen Dr G M DeMoore Dr J Donsworth Dr C P Doutney Dr J Ellard, AM Dr J L M Greenwood Dr R Howard Dr D Kral Dr W E Lucas Dr K Mackay Professor N McConaghy Dr R McMurdo Dr S Messner Dr J Miller Dr M Pasfield Dr G A Rickarby Dr M J Sainsbury AM,RFD Dr J Spencer Dr P Sternhell Dr B Teoh Dr P W Thiering Dr L C K Tsang Dr A Walker Dr J Wallace Dr A T Williams Dr J Woodforde Dr Yuvarajan	Mr S C Alchin, OAM Mrs S Ashton Ms E Barry Dr D P Bell Mr G Y L Cheung Dr L Craze Ms A Deveson AO Ms G P Duffy Ms B Gilling Mr J Haigh Ms L M Houlahan Ms S Johnston Mr T S Keogh Mrs C I Leung Ms L Manns Dr M A Martin Mr S J Merritt Ms F T Ovadia Mr A Owen Ms E R Pettigrew Mr V Ponzio Mr R Ramjan Mr A Robertson, PSM Ms J M Said, AM Ms R H Shields Ms M Smith OAM Dr S Srinivasan Ms S Taylor Ms P Verrall Ms E A Whaite Dr R A Witton

The terms of following members expired during 2004. Their contribution as members is acknowledged and appreciated.

Mr G Cumes	Dr B Boettcher	Ms P Delaney
Mr P Gibney	Dr F Lumley	Mr F Kong
	Dr Y Skinner	Dr C MacLeod
	Dr R Wilcox	

MENTAL HEALTH REVIEW TRIBUNAL

Structure as at 31 December 2004



FINANCIAL SUMMARY

Budget Allocation and Expenditure 2003/2004

The Tribunal ended the 2003/2004 financial year with a budget surplus of \$60,952. Expenditure during the year was directed to the following areas:

	\$	\$
Tribunal Budget		\$3,225,168
Revenue		<u>17,123</u>
		<u>3,242,291</u>
Salaries and Wages*	2,674,503	
Goods and Services	448,610	
Equipment, repairs and maintenance	40,656	
Depreciation	17,570	
Expenditure	3,181,339	3,181,339
Budget Surplus		-60,952

* including salaries paid to part-time members of the Tribunal.

APPENDIX 6

MONTHLY CIVIL HEARING SCHEDULE FOR 2004

<i>FIRST WEEK</i>	<i>SECOND WEEK</i>	<i>THIRD WEEK</i>	<i>FOURTH WEEK</i>	<i>FIFTH WEEK</i>
MON				
Rockdale	Sutherland + St George	Rockdale CHC	Sutherland + St George	
Blacktown Hospital + Westmead	Blacktown CHC	Blacktown Hospital + Blacktown CHC Westmead		
Phone/Video	Phone/Video	Phone/Video	Phone/Video	Phone/Video
TUES				
Rozelle	Rozelle/RPAH (pm)	Rozelle	Rozelle/RPAH	Rozelle
James Fletcher	James Fletcher	James Fletcher	James Fletcher	
	St Vincents + Prince of Wales	Gosford Hospital Kenmore Hospital	St Vincents + Prince of Wales	
Phone/Video	Phone/Video	Phone/Video/ Comm Forensic	Phone/Video	Phone/Video
WED				
Morisset	Bloomfield (2 day - once every 3 mths)	Morisset		Morisset
Cumberland Liverpool + Campbelltown	Cumberland	Cumberland Liverpool + Campbelltown	Cumberland	Cumberland
Phone/Video x 2	Phone/Video x 2	Phone/Video x 2	Phone/Video x 2	Phone/Video x 2
THURS				
RNSH + Ryde CHC Hornsby	Macquarie Bankstown - (Hospital + CHC)	RNSH + Manly Hornsby	Macquarie Long Bay Prison Hosp - (forensics)	
Manly & Queenscliff (once a month)	Bloomfield - (once every 3 months)	Long Bay Prison Hospital	Bankstown + Fairfield CHC (once a month)	
Phone/Video	Phone/Video	Phone/Video	Phone/Video	Phone/Video
FRI				
Phone/Video x 2	Phone/Video x 2	Phone/Video x 2	Phone/Video x 2	Phone/Video
Port Kembla + Shellharbour	Port Kembla + Shellharbour	Port Kembla + Shellharbour	Port Kembla + Shellharbour	

Comparison of methods of referral for persons taken to a hospital, or classified to involuntary patient status, who are from an English speaking background (ESB) and from a non English speaking background (NESB) for the period January to December 2004

<i>ESB</i>	<i>Male</i>	<i>Female</i>	<i>Total Admissions/ Reclassifications</i>	<i>Needing Interpreter</i>
Certificate of doctor	4535	3861	8396	4
Apprehension by police	2026	1187	3213	5
Welfare officer	98	77	175	2
Breach of community treatment order	85	47	132	-
Request by relative/friend	390	380	770	6
Order under Crimes Act	191	50	241	-
Authorised person's order	85	49	134	-
TOTAL ESB ADMITTED	7410	5651	13061	17
ESB RECLASSIFIED TO INVOLUNTARY	656	513	1169	-
GRAND TOTAL ESB 2004	8066	6164	14230	17
<i>GRAND TOTAL ESB 2003</i>	<i>7107</i>	<i>5363</i>	<i>12470</i>	<i>7</i>

<i>NESB</i>	<i>Male</i>	<i>Female</i>	<i>Total Admissions/ Reclassifications</i>	<i>Needing Interpreter</i>
Certificate of doctor	586	551	1137	173
Apprehension by Police	332	177	509	50
Welfare Officer	25	32	57	25
Breach community treatment order	16	15	31	5
Request by relative/friend	68	111	179	62
Order under Crimes Act	20	2	22	3
Authorised person's order	27	19	46	19
TOTAL NESB ADMITTED	1074	907	1981	337
NESB RECLASSIFIED TO INVOLUNTARY	76	81	157	18
GRAND TOTAL NESB 2004	1150	988	2138	355
GRAND TOTAL NESB 2003	973	881	1854	329

FREEDOM OF INFORMATION

The provisions of the *Freedom of Information Act 1989* (hereafter FOI Act) do not apply to the judicial functions of the Tribunal (see sections 19(2)(a) and 19(2)(b)).

Parties to proceedings before the Tribunal, however, may obtain a copy of the record of the hearing proceedings to which they are a party, under MHA s279. This section of the MHA gives the Tribunal, before which the parties appear, the discretion to provide the recording provided the Tribunal is of the opinion that sufficient cause is shown to warrant the transcription or copy of the tape recording relating to the matter. Alternatively, the President of the Tribunal may direct that a copy of the tape recording or transcription be made and copies also provided in certain other circumstances required by law.

The administrative and policy functions of the Tribunal are, however, covered by the FOI Act. The Tribunal received no applications under the FOI Act during 2004 that related to its administration or policy functions.

***FREEDOM OF INFORMATION ACT 1989, SECTION 14(1)B AND (3)
SUMMARY OF AFFAIRS of the MENTAL HEALTH REVIEW TRIBUNAL
AS AT 31 DECEMBER 2004***

INTRODUCTION

The Mental Health Review Tribunal is a quasi-judicial body whose jurisdiction is cast in broad terms by the Mental Health Act 1990 and related legislation covering some 33 areas. A summary of the Tribunal's full jurisdiction, its goals and objectives may be found in its Annual Report. The Mental Health Review Tribunal's office is located at

Buiding 40, Digby Road
Gladesville Hospital
GLADESVILLE NSW 2111
(PO Box 2019, BORONIA PARK NSW 2111).

Telephone: (02) 9816 5955 Facsimile: (02) 9817 4543

E-mail: mhrt@doh.health.nsw.gov.au Website: www.mhrt.nsw.gov.au

DESCRIPTION OF DOCUMENTS HELD BY TRIBUNAL

SOUND RECORDINGS

- Pursuant to Section 279 of the Mental Health Act 1990, proceedings of the Tribunal are to be recorded unless the parties otherwise agree. Accordingly, the Tribunal sound records hearings and these recordings are stored for a minimum of twelve months.
- The Tribunal can provide a copy of the sound recording, and may provide a transcript of a hearing under certain circumstances, (as outlined in Section 291 of the Mental Health Act 1990) upon payment of the prescribed fee.

COMPUTER DATA BASE

- The Tribunal maintains a computer database for both administrative purposes and in order to meet its statutory reporting obligations.

Access to the database is restricted due to the confidential nature of some of the information contained therein.

A brief description of the contents of the Tribunal database is provided below:-

1. CIVIL PATIENT REGISTER
Contains details of all civil patients who have appeared before the Tribunal.
2. CIVIL PATIENT REVIEWS
Contains details of the section(s) under which each civil patient review was held and the determination(s) made in each case.
3. FORENSIC PATIENT REGISTER
Contains details of all forensic patients who have appeared before the Tribunal.
4. FORENSIC PATIENT REVIEWS

APPENDIX 8 (continued)

Contains details of the section(s) under which each forensic patient review was held and the determination(s) made.

5. FORM 19 DATA COLLECTION

In accordance with clause 44 of the Mental Health Regulation 1990, Psychiatric hospitals are required to provide advice to the Tribunal of all people admitted to Hospital involuntarily.

PATIENT FILES

- The Tribunal currently maintains approximately 16230 patient files for both Civil and Forensic matters. Files are identified by a patient's name and a file number. The file contains some information about each patient's clinical history, eg. copies of medical reports and details of each review.

ADMINISTRATIVE FILES

- The Tribunal currently has 480 administrative files in existence. These relate to a wide range of procedural, policy and general matters.

PUBLICATIONS

- The Tribunal publishes an Annual Report covering each calendar year; as well as procedural notes and a number of information brochures.

REGISTERS

- Registers are maintained for forensic and administrative files, Form 19's and incoming mail.

BOOKS

- The Tribunal maintains its own small reference library.

DOCUMENTS AVAILABLE FOR INSPECTION

- The Tribunal maintains policy files. Documents from these files are available for inspection. These include:-

POLICY – Mental Hospitals Assaults

POLICY – Community Counselling Orders and Community Treatment Orders

POLICY – Decisions - MHRT

POLICY – ECT

POLICY – EEO

POLICY – FOI

POLICY – Forensic Patients

POLICY – Medication – Psychiatric Institutions

POLICY – National Mental Health

POLICY – Purchasing Procedures

CASE STUDY 1 - EFFECT OF MEDICATION : ADJOURNMENT

The Tribunal receives applications from treating teams to extend the detention of temporary patients in hospital. At hearings to consider these applications the Tribunal must inquire as to

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the administration of any medication to that patient. By law, the Tribunal must also take account of the effect of the administration of the medication on the patient's ability to communicate. [Mental Health Act 1990 (the Act), section 57(2)]

Where appropriate the Tribunal will adjourn a hearing if it considers that the administration of medication has affected the patient's ability to communicate. A recent hearing illustrates the issues that can be involved.

Mr P was detained in hospital under an order made by a Magistrate. His treating team requested that the Tribunal make an order detaining him for another month as a temporary patient. The patient, his lawyer, and members of his treating team attended the hearing of the application.

It soon emerged at the hearing that, not only had Mr P been sedated, but he had been woken from sleep only five minutes before the hearing started. Mr P expressed a clear wish for at least one friend to be with him as a support person at the hearing. That had not happened. Mr P's lawyer reported to the Tribunal that he had experienced difficulty in obtaining instructions from Mr P concerning the application for the temporary patient order.

It was clear to the Tribunal that, in his medicated condition, Mr P was not able to communicate clearly with his lawyer or with the Tribunal. In these circumstances, the Tribunal took the view that procedural fairness required that the hearing be adjourned. The adjournment would give Mr P the opportunity to obtain appropriate advice, and to give instructions to his legal representative.

The Tribunal arranged for another hearing to take place two days later. At that hearing, Mr P was able to communicate with the Tribunal, and the Tribunal did make an order that he be detained in hospital for further treatment.

CASE STUDY 2 - APPEAL AGAINST A CTO MADE BY A MAGISTRATE

Mrs T appealed pursuant to s151(2) of the Mental Health Act, 1990 (the Act) against a community treatment order (CTO) made by a Magistrate sitting in the Local Court. The Magistrate had decided to place Mrs T on a CTO, finding that she should be dealt with as a mentally ill person rather than dealt with according to law for a criminal offence. Mrs T argued that she was not a mentally ill person or, alternatively, that the Magistrate made a legal error as the grounds for the making of a CTO were not made out in her case. Section 151(2) provides that an affected person may appeal to the Tribunal on any question of law or fact arising from the order or its making. The Regulations state that on hearing the appeal the Tribunal may confirm, vary or revoke the CTO.

Mrs T presented detailed legal arguments to the Tribunal. Essentially, Mrs T argued that there was no evidence to satisfy the Magistrate at the time of making the CTO in the Local Court that the legal requirements for making a CTO (as set out in s133 of the Act) were fulfilled. The Magistrate had found that Mrs T had been recently admitted to hospital as a mentally ill person in deciding that the requirements of s133 were met. The evidence before the Tribunal was that this admission to hospital had not in fact occurred. The evidence of this admission was crucial to satisfying the requirements of s133 in Mrs T's case. As this admission did not in fact occur then the Tribunal was satisfied that there was an error of fact or law in the making of the CTO.

The Tribunal also considered the evidence provided by the health care agency of their view that Mrs T was not benefiting from the CTO and they did not intend to enforce the order or apply for a further order. The agency had not contemplated revoking the CTO - s149 of the Act provides that the Director of a Health Care Agency may revoke a CTO if of the opinion that the affected person (Mrs T) is unlikely to benefit from a continuation of the order.

The Tribunal considered that this evidence indicated that there were issues arising from the order itself in Mrs T's case. On the evidence in the case overall the Tribunal was satisfied that it should revoke Mrs T's CTO.

CASE STUDY 3 - REVOCATION OF A PROTECTED ESTATES ORDER

Mr B applied to the Tribunal to revoke the Protected Estates Order made by the Tribunal in 2001 whilst Mr B was an inpatient in a psychiatric hospital. The evidence presented at that time was that Mr B had difficulty managing his own affairs due to a combination of alcohol abuse, gambling and the symptoms of his mental illness. The Protective Commissioner was appointed as manager of Mr B's financial affairs.

Mr B lodged an application to have his order revoked and also submitted supporting documentation being reports by his case manager and psychologist with the health care agency, his treating psychiatrist and a written report by himself. Mr B's written report indicated that over the previous three years he had been in secure housing, had paid off all debts which had previously occurred, and had managed his funds.

The Tribunal can only revoke a financial management order if satisfied that the protected person is capable of managing his or her affairs. A hearing was held to assess and determine the application. The letter from Mr B's psychiatrist indicated that he had known Mr B for several years and that Mr B was currently extremely well and showed good compliance with medication and insight. He was no longer abusing alcohol and had insight into the negative effect of alcohol on his life. The psychiatrist, case manager and psychologist all supported Mr B regaining management of his own financial affairs. The psychologist noted that Mr B had made significant changes to his life style through stable accommodation and disability support by a community programme provider.

Mr B attended the Tribunal hearing along with his case manager and a support worker from the community programme provider. The support worker gave evidence of Mr B's ability to manage his finances. Whilst his finances had been under the management of the Protective Commissioner, Mr B had been given access to the remainder of his pension funds, after payment of his rent and pharmacy accounts through direct debit. Mr B had managed these funds well and in addition to paying off previous debts, he had over the previous eighteen months purchased necessary items for his house. Mr B had purchased these items by obtaining them on hire purchase, making regular payments and eventually owning the items (such as a TV).

All witnesses to the Tribunal were strongly supportive of Mr B's current capacity to manage his finances and that he should be given the opportunity to do so. The Tribunal considered that the evidence supported a finding that circumstances had changed since the time that the Order was made. The Tribunal found that Mr B was capable of managing his finances and accordingly determined that, pursuant to section 36 of the Protected Estates Act 1983 the order for management of Mr B's estate should be revoked.

CASE STUDY 4 - REHABILITATION IN THE PRISON SYSTEM

Forensic patients are often held for treatment within a psychiatric hospital that is situated in the grounds of a correctional centre. The implications of this are that the prison hospital is run jointly by Justice Health and the Department of Corrective Services (DCS). DCS are also responsible for the movement of forensic patients in and between all correctional centres. The Tribunal works with both government departments when reviewing the care, treatment and detention of forensic patients.

The Tribunal saw Mr H in the prison hospital of a large metropolitan correctional centre in mid 2004. Mr H, a forensic patient for approximately 12 years, had been diagnosed with Schizophrenic Affective Disorder. The Tribunal is required to hold reviews of Mr H's care, treatment and detention every six months. The Tribunal must take into consideration issues of public safety and be satisfied that a person does not present a risk to themselves or others.

At this review Mr H was reported to be stable and compliant with medication. The treating team stated that Mr H had developed good insight into his illness, which had been demonstrated by the fact that he had not acted impulsively for over eighteen months. The treating doctors believed that Mr H had gained an understanding of his behaviour and the factors that caused him stress.

The treating team also stated that Mr H's insight and motivation had significantly reduced the

risk he had previously posed to the community. To consolidate this improvement the treating team proposed that Mr H should have escorted ground leave within the grounds of the correctional centre. This would enable Mr H to attend the prison cafeteria and prison rehabilitation programs accompanied by nursing staff. These activities would provide Mr H with further opportunity to increase his understanding of his illness and teach him strategies to overcome it.

The Tribunal questioned Mr H in detail about how he saw his rehabilitation and how he was learning to manage the symptoms of his mental illness. Based on the evidence of the treating team and Mr H himself, the Tribunal found that his mental state was stable, and that he had willingly sought to understand his illness and the triggers for his symptoms. The Tribunal then recommended to the Minister for Health that Mr H be granted escorted ground leave.

The Minister for Health approved the Tribunal's recommendation that Mr H be granted the escorted ground leave to enable the commencement of the focussed rehabilitation program proposed by the treating team.

However at the end of 2004 this rehabilitation had not commenced. Mr H did not have approval from the DCS for this leave to take place on the grounds of the correctional centre as he lacked the appropriate classification required by DCS.

The Tribunal supported Justice Health in its negotiations to secure this escorted ground leave for Mr H and has been working with both the Department of Corrective Services and Justice Health to enable rehabilitation for forensic patients while they are detained in a psychiatric hospital on the grounds of a correctional centre.

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DATA FROM FORENSIC CENSUS 30 June 2004

Category of Forensic Patients as at 30 June 2004

CATEGORY	MALE	FEMALE	TOTAL
Not Guilty by Reason of Mental Illness	169	10	179
Fitness	25	7	32
Limiting Term	15	1	16
Transferee	37	13	50

Location of Forensic Patients as at 30 June 2004

COMMUNITY	75
CUMBERLAND	34
JUNEE	2
KARIONG JUVENILE JUSTICE CENTRE	1
KENMORE HOSPITAL	6
LITHGOW	1
LONG BAY MMTC	7
LONG BAY SPECIAL PURPOSE CENTRE	4
LONG BAY PRISON HOSPITAL	102
MACQUARIE HOSPITAL	3
MORISSET HOSPITAL	18
MULAWA	5
ROZELLE HOSPITAL	5
SILVERWATER - /MRRC	13
YASMAR	1
TOTAL	277

Number of Forensic Patients 1990 - 30 June 2004

YEAR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Forensic Patients	72	77	86	90	102	123	122	126	144	176	193	223	247	279	277

NOTE: Figures for 1990 - 2001 taken from MHRT Annual Reports as at 31 December of each year. Figures for 2002, 2003 and 2004 were taken as at 30 June of these years.