



## **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 2003, as required by section 261 of the Mental Health Act 1990.

Yours sincerely,

A handwritten signature in black ink that reads 'Duncan Chappell'. The signature is written in a cursive, flowing style.

Duncan Chappell  
President.

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## MENTAL HEALTH REVIEW TRIBUNAL ANNUAL REPORT 2003

*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".*

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# **1. PRESIDENT'S REPORT - 2003 in Review**

## **A Year of Challenge**

2003 was a challenging year for the Tribunal. It was a year which witnessed substantial change in the way in which the Tribunal conducted its core business. Much of this change was the result of the proposals advanced in the report by Mandala Consulting into the operations and activities of the Tribunal. This report, which was finalised early in 2002, contained detailed recommendations for the enhancement of the Tribunal's resources including the establishment of a new Deputy President's position and new Team Leader posts to administer the civil and forensic aspects of the Tribunal's work. The report also pointed to the significant under funding which had occurred over recent years in regard to the Tribunal's budget, despite ever increasing demands on the Tribunal for the conduct of reviews.

With the active support and encouragement of the then Minister for Health, the Honourable Craig Knowles, the Department of Health provided the financial support required to give effect to the Mandala Consulting recommendations. Nowhere was this support more evident than in the provision of a new home for the Tribunal in refurbished facilities at the Old Gladesville Hospital. On 3 March 2003 Minister Knowles opened the new premises in a ceremony witnessed by a large gathering of members, staff and supporters of the Tribunal. In a speech which reviewed the contributions made by the Tribunal the Minister drew attention to the importance of maintaining an independent quasi judicial body to protect the rights of the mentally ill, under the provisions of the Mental Health Act 1990. The Minister made especial mention of the sensitive and difficult work performed by the Tribunal in its forensic jurisdiction. The Minister said that he had full confidence in the quality of the advice that he and the Executive received from the Tribunal concerning the care, treatment and detention of forensic patients.

The provision of three well designed and equipped hearing rooms within the new premises made possible a much expanded capacity for the Tribunal to conduct its hearings on site rather than by utilising a range of ad hoc accommodation. Each of the new hearing rooms has been fitted with the latest video technology permitting linkages with health care facilities around the State through the Tele Health and video conference network. As one of the pioneers in the use of video facilities for hearings the Tribunal has continued to apply this technology in a significant proportion of its hearings for applications brought outside the major metropolitan areas of Sydney, Wollongong and Newcastle.

## **Workload and Budget**

An ongoing challenge for the Tribunal throughout the year was the ever increasing workload. As the statistical information contained in this report indicates in substantial detail the number of hearings conducted by the Tribunal in 2003 increased by more than 13% over the figures for 2002. This increase was experienced in virtually all aspects of the Tribunal's jurisdiction. It was an increase which put severe pressure upon the resources of the Tribunal and in particular on the Tribunal's staff. While it has already been noted that there were changes to the management structure of the Tribunal these changes did not extend to any increase in the official staff establishment which has remained relatively static since the Tribunal was established in 1990. When making submissions to the Department of Health for the budget for 2003/04 the Tribunal drew attention to this situation and requested additional staff positions to deal with its burgeoning workload. Regrettably, the Department was unable to meet these requests, pointing to the severe financial constraints which had been felt by all components of the health system in New South Wales.

The Tribunal also engaged in ongoing discussions with the Department of Health about the need for recurrent funding of the Tribunal's hearings which were affected by the demand for reviews by hospitals

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and community health care agencies. The Tribunal indicated that it was unable to control this demand which was generated by the obligations for review set by the Mental Health Act 1990. By year's end the question of the need for recurrent funding remained unresolved and the Tribunal was confronting a significant deficit in its budget, based on the allocations made to it by the Department.

### **Improving the Hearing Process**

Resource constraints made it difficult for the Tribunal to advance its stated objective of making many important improvements to the quality of the hearing process provided in both the civil and forensic jurisdictions. The need to make better decisions about the listing of cases for review, and providing sufficient time for such reviews, was considered in some depth in the Mandala Consulting report. The Report detailed the Tribunal's plan to reduce the number of cases assigned for hearing in the civil list to around 12 per day, and in the forensic list to 8 per day. The report also noted the intent to make very significant reductions in the use of phone hearings, replacing them with either video or face to face hearings. Throughout the year reductions were achieved in the numbers of matters listed, and in the proportion of hearings conducted by phone, but these were not nearly as large as had been hoped. The lack of sufficient funding to allow the appointment of more panels to hear cases was the major barrier encountered when seeking to implement these desired reforms. In regard to the diminution of the number of phone hearings a further problem was the lack of Tele Health video link facilities at quite a number of the sites serviced by the Tribunal. It is to be hoped that in the future, as the Tele Health video conference network expands, this particular problem will be overcome.

### **Members of the Tribunal**

The extensive recruiting programme conducted in 2002, which resulted in 27 new part time members being appointed to the Tribunal, began to bear fruit during the year. These new part time members received quite intensive induction training before being assigned to actual hearings. Their presence was most timely, given the workload pressures which have already been described requiring the scheduling of more panels to deal with the expanded applications for hearings.

As a part of their responsibilities all part time members of the Tribunal are expected to attend the professional development sessions organised by the Tribunal. Four of these sessions were conducted during the year and attendance was high. It is still a matter of note and concern that the Tribunal is unable to pay part time members for attending these sessions, normally conducted for about three hours on a week night. It is also often difficult for part time members to travel significant distances to participate in these sessions when they live outside the metropolitan area of Sydney.

Another membership concern experienced throughout the year was the shortage of psychiatrists to sit as panel members. For most part time psychiatrist members who remain in practice it represents a significant financial disadvantage to sit as a Tribunal panel member, in contrast with the rewards available from direct psychiatric practice. An acute shortage also exists in the number of psychiatrists available to practice at large in New South Wales - a situation which further exacerbates the problem encountered by the Tribunal in accessing the services of psychiatrists for its hearing panels. In an attempt to remedy the situation the Tribunal commenced, towards the end of the year, a proactive programme designed to identify more psychiatrists willing to be considered for appointment as part time members.

The reappointment process for existing part time members of the Tribunal who wished to seek a further term of office continued throughout the year. Following the new appointment procedures put in place at the time of recruiting the 27 new members in 2002, the Tribunal required all those seeking reappointment to apply in a formal way and go through an interview process. The names of 17 persons were subsequently



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advanced in July to the Minister for Health for reappointment. In October these members were reappointed but only for a term which expires on 30 June 2004. This short term of appointment came as a surprise and discussions continued with the Minister's office about extending the period of appointment to a full two years as had been the practice in recent past.

The Tribunal continued to review its own practices and procedures for ensuring that its members were maintaining professional standards in all aspects of their work. In close consultation with all part time members a Code of Practice was agreed for hearings. The development of this Code of Practice was facilitated by a project commissioned by the Tribunal with Ms Julie McCrossin. Ms McCrossin observed a number of Tribunal hearings and interviewed quite a large number of part time members in order to prepare a draft of the Code of Practice.

It is the intention of the Tribunal, with this Code of Practice in place, to utilise it in future as a method of assessing the individual performance of Tribunal members and in so doing providing an objective measurement of their ongoing contributions and suitability for reappointment.

### **Civil Jurisdiction**

The statistics contained in this report indicate that the overwhelming bulk of the activity of the Tribunal falls within its civil jurisdiction. During 2003 nearly 8000 civil hearings were conducted either on a face to face basis or by means of video or phone linkage. In general, the Tribunal's hearings are, in accord with the dictate of the Act, conducted with the least formality and non adversarial quality possible. In the vast majority of cases the outcome of these hearings is the approval of an application made by a hospital or community health care facility for some form of involuntary treatment. Such an outcome is not one which may necessarily be accepted by the patient involved as desirable or necessary and it could be contended, and is on occasions, that the Tribunal does little more than confirm what has already been determined by the treating team in a hospital or community setting. However, such a view of the Tribunal's role and function fails to take account of the way in which an independent review process can both constrain and influence what in the past was largely unfettered medical discretion to treat the mentally ill. It is very difficult to give an account of the review process engaged in by the Tribunal but a number of short case studies which are contained in Appendix 9 may assist in illustrating some of the situations encountered by the Tribunal at hearings, and the way in which patients respond to a review.

In the belief that it is preferable to have more comprehensive and objective appraisals made of the Tribunal's performance a decision was made during the year to participate in a large scale research study being proposed by Professor Terry Carney of the University of Sydney and Dr David Tate of the University of Canberra. The proposal, involving not just the Tribunal but also the Victorian Mental Health Review Board and the ACT's Mental Health Review Tribunal, outlined a comprehensive research design encompassing both observations of hearings and interviews with consumers. The proposal was submitted to the Australian Research Council for funding. If successful the project would last for about three years and each of the Tribunals involved would make quite significant contributions to the study in a variety of ways.

### **Forensic Jurisdiction**

The work pressures placed upon the full time members of the Tribunal in presiding over forensic hearings were alleviated to a degree with the appointment of Ms Maria Bisogni to the new Deputy President position established in the wake of the Mandala Consulting report. In tandem with the arrival of Ms Tessa Boyd-Caine to occupy the new position of Forensic Team Leader a major reorganisation took place of the forensic activities of the Tribunal. This reorganisation included undertaking the development of policy

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guidelines for the listing of forensic hearings, providing service to victims, dealing with breaches of conditions of release, and handling fitness and allied hearings. The Tribunal was also involved in a number of ways in making proposals for law reform. These proposals included, in discussion with the new Minister for Health, the Honourable Morris Iemma, the possibility of ending the reliance upon Executive decision making in regard to forensic patients. New South Wales remains the only jurisdiction within Australia which continues to utilise this form of decision making, all other jurisdictions having removed Executive discretion in favour of some independent decision making process in this area.

In October the New South Wales Government announced that it would conduct a major review of the Mental Health Act 1990. It was anticipated that as a part of this review the issue of the decision making process in forensic matters would be considered. The Government also announced that it was committed to the construction of a new forensic hospital on a site at Long Bay as well as the formation of a Statewide Forensic Directorate which would coordinate services for the management of forensic patients.

On June 30 the Tribunal conducted its first census of all of the forensic patients within its jurisdiction. A total of 279 patients were identified on this date. Various categories of forensic patients as well as their location is shown in Appendix 10. In that Appendix will also be found a table displaying the increase which has occurred in the overall numbers of forensic patients between 1991 and the present time. It will be seen that forensic patient numbers have in fact trebled over this time - a trend which has had obvious implications for the work demands placed upon the Tribunal.

### **New Challenges**

In sum, it may be said that 2003 was something of a benchmark year in the history of the Tribunal. There is no doubt that the greatest change occurred during the year, across the entire range of the Tribunal's activities, since its foundation in 1990. Much of this change was long overdue and reflected the need to restore and refurbish resources which had been in a state of decline. Other change, such as the new case management system and the new video equipment, represented the utilisation of more sophisticated information and allied technology to the work of the Tribunal. It seems highly likely that change of this type will continue for the foreseeable future. In 2004 the promised review of the Mental Health Act 1990 may well result in quite profound change to the overall role and function of the Tribunal including the possibility of being given expanded powers and responsibilities in the forensic jurisdiction. The Tribunal stands ready to meet these new challenges.

Duncan Chappell

PRESIDENT

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## **2. REGISTRAR'S REPORT - Review of Operations**

2003 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.

### **Relocation**

In the first week of January 2003 the Tribunal moved to new premises, relocating from The Priory to Building 40, Gladesville Hospital. This building had been completely refurbished for the Tribunal by the Department of Health with the assistance of the Department of Commerce.

Although we didn't have far to move (from one side of Victoria Road to the other), the differences between the two premises are vast. The new premises provide the Tribunal with much needed increased office space and three fully equipped hearing rooms. For the first time in many years the Tribunal now has appropriate rooms and facilities to conduct hearings at its own premises. As well as hearing rooms the premises have 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.

In 2003 the Tribunal upgraded its video-conference equipment. All three hearing rooms now have video-conference as well as tele conference facilities. One of the Tribunal's hearing rooms is 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.

### **Organisational Structure**

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. The final stages of a staffing restructure were put into place in 2003. Appendix 4 shows the new organisational structure of the Tribunal. A key feature of this new structure is the pivotal role of the Team Leaders of the Civil and Forensic teams. These two positions provide essential leadership and supervision of staff and day to day management of the Tribunal's operations in its two areas of jurisdiction.

The number of hearings conducted by the Tribunal has increased almost fourfold since the Tribunal's first full year of operation in 1991. By contrast, staffing levels have remained 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 caseload 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.

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There are a number of challenges facing the forensic team over the coming year. Most importantly, the forensic patient population has increased exponentially 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. Forensic staff now work closely with staff at the Centre for Mental Health to coordinate hearings and the provision of information to victims. The Tribunal has undertaken a 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.

2003 also heralded the inaugural census of forensic patient data, conducted by the Forensic Unit. This was the first time the Tribunal had undertaken a systematic collection and analysis of data relating to forensic patients in NSW. This data has been used in numerous 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 8,000 civil hearings in 2003 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 "live panels" to hospitals and community venues on set days of the week to conduct face to face 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 live and telephone/video panels to maximise the number of hearing time slots available. This often means asking live panels to return to conduct additional hearings at Gladesville, combining live panels so that panels visit several sites in the one day and constant communication with hospital staff, members and the Mental Health Advocacy Service.

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The result of the constant pressure on scheduling has meant that Senior Registry Officers within the team are often dealing with urgent scheduling issues, resulting in a backlog of applications that are of a less urgent nature.

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 live 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, for the first time in 2003 our roster of hearings included 2 telephone/video hearing rooms running simultaneously every Friday. This helped to ease the pressure initially, however further additional panels are still needed, but are being scheduled on an as needed basis. It is likely that future rosters will require further additional panels to be built in to the roster.

The Guardianship and Protected Legislation Amendment Act 2002 came into force in February 2003. This legislation allows clients to appeal against the making of a Protected Estates Order to the Administrative Decisions Tribunal. Also, in February 2003, the Mental Health Regulations allowed for cross border CTO arrangements with Victoria. These changes required information and training to be disseminated to all Tribunal staff and members.

### **Administrative Support Team**

The role of the Administrative Support 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.

The major challenge for the Administration Support team in 2003 was the finalisation of the Tribunal's relocation and the establishment of new systems and procedures in the new premises.

### **Tribunal members**

Appendix 3 provides a list of the members of the Tribunal as at 31 December 2003. The Tribunal has three full time members: the President, Professor Duncan Chappell and two Deputy Presidents, Ms Diane Robinson and Ms Maria Bisogni. There are currently 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 2003 the terms of 17 long serving part time members were extended by reappointment. A further 15 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 2003 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 2003 included working with interpreters; cultural issues in mental health; advocacy; natural justice and procedural fairness; the least restrictive alternative; adjournments; Community Treatment Orders; surgery; special medical treatment and medication.

#### **Caseload Overview**

In 2003 the Tribunal conducted 8619 hearings. This was 1006 more hearings than it conducted in 2002 - a 13.2% 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– 2003**

	<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%
<b>13 YEAR TOTAL</b>	<b>59032</b>	<b>2496</b>	<b>4595</b>	<b>66123</b>	

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In 2003 the Tribunal conducted:

- 7787 civil patient reviews (for details see Table 1)
- 309 Protected Estates reviews (for details see Table 27)
- 523 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 publication. The Tribunal has a regular roster for both its civil and forensic hearing panels and conducted hearings at 45 venues across New South Wales in 2003. 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 2003 4577 hearings were conducted live, 1335 by video and 2707 by telephone.

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 2003.

**Table B****Tribunal hearings using video conferencing 2003**

<b>VENUES</b>	<b>2003</b>	<b>VENUES</b>	<b>2003</b>
Albury	51	Macquarie Area MHS	15
Armidale	16	Maitland Hospital	8
Auburn	1	Merrylands	1
Ballina	1	Mid Western CMHS	10
Batemans Bay	14	Moree	9
Bega	7	Morisset	3
Bloomfield	130	Moruya CHC	11
Blue Mountains MHS	7	Mudgee MHS	5
Bondi Junction	1	Muswellbrook	2
Bowral	6	Narrabri	1
Broken Hill	6	Nepean Hospital	71
Campbelltown	3	Nowra	1
Canterbury	3	Orange	25
Casino	1	Pambula	4
Central Coast	2	Parkes	1
Clarence District HS	4	Penrith	4
Coffs Harbour	74	Port Kembla Hospital	4
Condoblin	1	Port Macquarie	24
Cooma CHC	14	Queanbeyan	24
Cootamundra	8	Richmond	2
Cowra	5	RPA Missenden	13
Cumberland	3	Ryde CHC	2
Deniliquin	5	Shellharbour	25
Dubbo	3	St George MH Unit	1
Fairfield	3	St Vincent's	1
Finlay	4	Tamworth	97
Foster CHC	16	Taree	103
Gilgandra	1	Tenterfield	1
Glebe	1	Tumut	6
Glen Innes CHC	11	Tweed Heads	21
Goolooga	2	Wagga Wagga	74
Gosford	22	Walgett	1
Goulburn	136	Warilda	1
Grafton Base Hospital	9	West Wyalong	1
Griffith	4	Wilcannia	6
Hawkesbury	8	Wollongong	11
Hunter Valley	2	Yass	2
James Fletcher Hospital	1	Young	5
John Hunter	10		
Katoomba	30		
Kempsey	11		
Kenmore	1		
Lightning Ridge	7		
Lismore	57		
Lithgow	9		
Liverpool	7		
Long Bay Prison Hospital	5		
Macksville Hospital	16		
<b>TOTAL 2003</b>			<b>1335</b>
<b>TOTAL 2002</b>			<b>885</b>
<b>TOTAL 2001</b>			<b>575</b>



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## **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 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 terms of its initial allocation the Tribunal returned a deficit of \$254,241 for the 2002/03 financial year. However funds to cover this overspend were made available through the Centre for Mental Health.

Additional supplementation to the Tribunal's allocation has also been made for the 2003/04 financial year and beyond. 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 continued to be further developed and refined during 2003. It is now an efficient, user friendly and accessible system that well supports the Tribunal's operations and record keeping.

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 allowed the Tribunal to join the Department's IT network and have full access to its Intranet and Help Desk facilities.

Both the introduction of the CMS and the SLA with the Department of Health have been very successful. They have allowed the Tribunal to stay at the forefront of technology and have access to skilled and accessible support when needed.

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## **Community Education and Liaison**

During 2003 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 International Association of Law and Mental Health Annual Congress; the Australian and New Zealand Society of Criminology conference; the Australasian Institute of Judicial Administration (AIJA) Tribunals conference and seminars run by the Institute of Criminology, University of Sydney.

In June 2003 the Tribunal hosted the annual meeting of the heads of Mental Health Review Board's and Tribunal's. This meeting 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 and agreed to the establishment of a National Council of Heads of Mental Health Tribunals and Boards.

In August 2003 the Tribunal hosted a seminar on Forensic Risk Assessment. This session was attended by more than 50 representatives from community mental health services, psychiatric hospitals and mental health advocates and provided an opportunity for much needed discussion about the role and types of risk assessment in the management of forensic patients. Guest speakers at the seminar included: Professor James Ogloff, Monash University; Professor David Greenberg, Community and Court Liaison Service; and Dr Olav Nielssen, forensic psychiatrist.

Staff and members of the Tribunal were also actively involved with the following committees and working groups during 2003: 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); the Interdepartmental Committee on Mental Health (Criminal Procedure) Act; working party with the Centre for Mental Health and the Alliance of NSW Divisions on Acute Presentations (Mental Health Act) Education module for General Practitioners and Mental Health Professionals.

Rodney Brabin

Registrar

### 3. STASTICAL 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 2003 and combined totals for 2002.**

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 temporary patient status	683	566	1249	54.7	45.3	854	68.4
s58	Review prior to expiry of Tribunal order for temporary patient status	198	158	356	55.6	44.4	264	74.2
s62	Continued treatment patient	466	269	735	63.4	36.6	30	4.1
s63	Informal patient	84	57	141	59.6	40.4	-	0.0
s69	Appeal against refusal to discharge by medical superintendent	120	96	216	55.6	44.4	158	73.1
s118	Community counselling order	48	43	91	52.7	47.3	-	0.0
s131	Community treatment order	2650	1650	4300	61.6	38.4	70	1.6
s148	Variation or revocation of a CCO or CTO	129	63	192	67.2	32.8	1	0.5
s151(2)	Appeal against magistrate's CCO or CTO	5	10	15	33.3	66.7	2	13.3
s188	ECT application – involuntary patient	167	308	475	35.2	64.8	40	8.4
s203 *	Notice to Tribunal of performance of surgical operation	7	3	10	70.0	30.0	-	0.0
s205(i)	Application and Determination for surgical operation	3	8	11	27.3	72.7	2	18.2
s205(ii)	Application and Determination for special medical treatment	1	5	6	16.7	83.3	3	50.0
<b>TOTALS 2003</b>		<b>4561</b>	<b>3236</b>	<b>7797</b>	<b>58.5</b>	<b>41.5</b>	<b>1424</b>	<b>18.3</b>
<b>TOTALS 2002</b>		<b>3956</b>	<b>2901</b>	<b>6857</b>	<b>57.7</b>	<b>42.3</b>	<b>1255</b>	<b>18.3</b>

\* 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 2003  
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 Patient Reviews
Blacktown	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	-	-	1	1
	Total	-	-	-	-	-	-	-	1	1
Bloomfield	Male	-	-	1	2	2	9	4	7	25
	Female	-	-	-	2	2	6	7	3	20
	Total	-	-	1	4	4	15	11	10	45
Cumberland	Male	-	-	2	6	2	-	-	-	10
	Female	-	1	2	3	5	1	-	-	12
	Total	-	1	4	9	7	1	-	-	22
Kenmore	Male	-	-	1	1	-	1	6	-	9
	Female	-	-	-	1	-	-	-	-	1
	Total	-	-	1	2	-	1	6	-	10
Macquarie	Male	-	-	1	3	6	4	2	1	17
	Female	-	-	2	2	2	2	1	1	10
	Total	-	-	3	5	8	6	3	2	27
Morisset	Male	-	-	-	1	1	2	-	-	4
	Female	-	-	-	-	1	1	-	-	2
	Total	-	-	-	1	2	3	-	-	6
Rozelle	Male	-	1	-	5	3	4	3	3	19
	Female	-	-	4	-	-	-	5	2	11
	Total	-	1	4	5	3	4	8	5	30
<b>COMBINED</b>	<b>Male</b>	-	<b>1</b>	<b>5</b>	<b>18</b>	<b>14</b>	<b>20</b>	<b>15</b>	<b>11</b>	<b>84</b>
<b>TOTALS ALL</b>	<b>Female</b>	-	<b>1</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>13</b>	<b>7</b>	<b>57</b>
<b>HOSPITALS 2003</b>	<b>Total</b>	-	<b>2</b>	<b>13</b>	<b>26</b>	<b>24</b>	<b>30</b>	<b>28</b>	<b>18</b>	<b>141</b>
<b>COMBINED</b>	<b>Male</b>	-	-	<b>14</b>	<b>15</b>	<b>11</b>	<b>20</b>	<b>16</b>	<b>13</b>	<b>93</b>
<b>TOTALS ALL</b>	<b>Female</b>	-	<b>3</b>	<b>3</b>	<b>10</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>7</b>	<b>58</b>
<b>HOSPITALS 2002</b>	<b>Total</b>	-	<b>3</b>	<b>17</b>	<b>25</b>	<b>24</b>	<b>31</b>	<b>27</b>	<b>20</b>	<b>151</b>

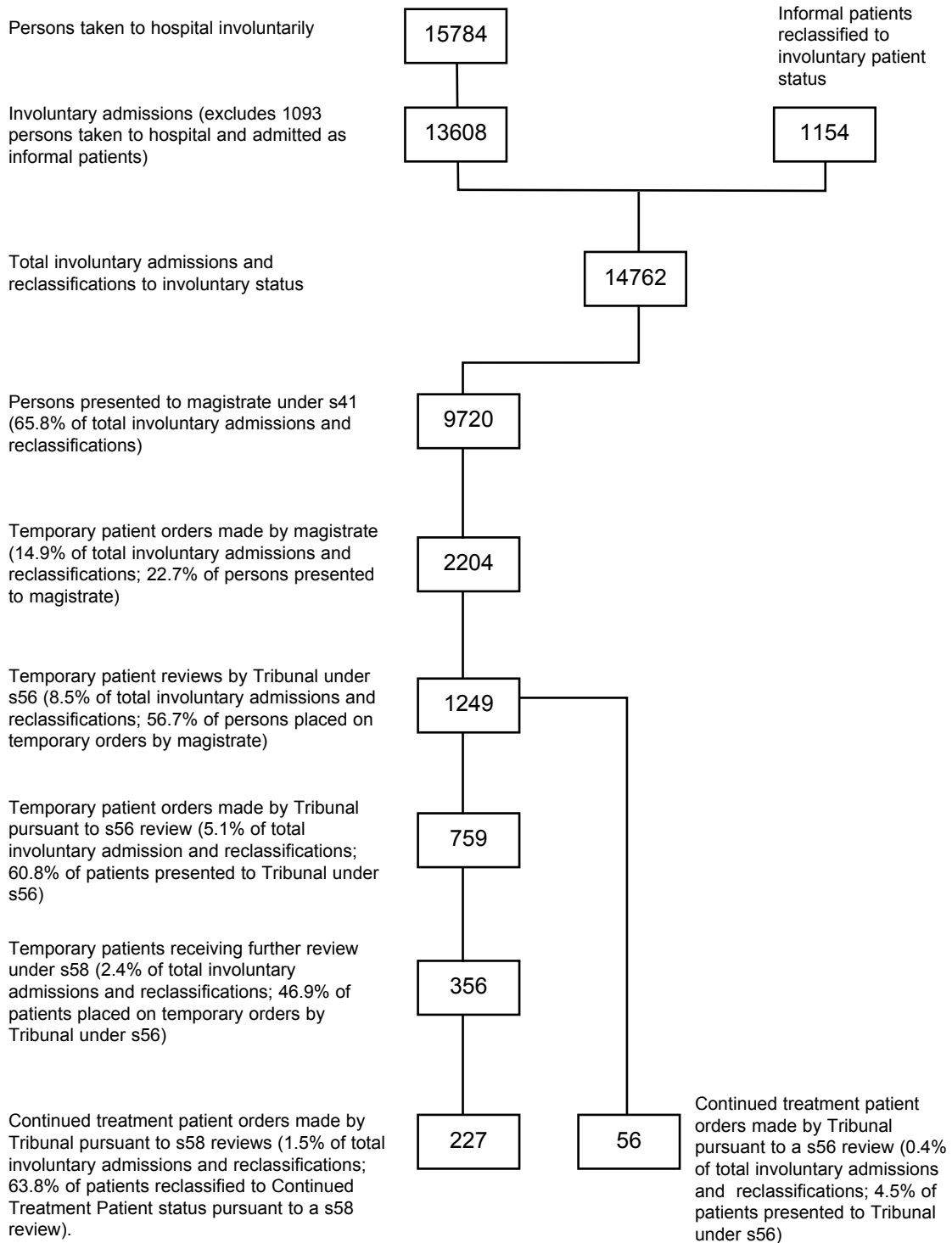
**Table 3****Involuntary admissions and magistrate's inquiries held under s41 of the Mental Health Act 1990 from January to December 2003 and combined totals for 2002 (Hospitals and Units)**

<b>Major Psychiatric Hospitals</b>	<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	817	799	23	237	148	89	36	-	53
Cumberland	1430	1094	267	494	166	328	7	21	300
James Fletcher	1568	1358	495	722	472	250	113	41	96
Kenmore	368	368	4	242	86	156	79	11	66
Macquarie	258	252	1	222	154	68	1	36	31
Morrisset	1	-	1	7	-	7	4	-	2
Rozelle	1181	1119	48	839	468	371	162	71	138
<b>SUB-TOTALS 2003</b>	<b>5623</b>	<b>4990</b>	<b>839</b>	<b>2763</b>	<b>1494</b>	<b>1269</b>	<b>402</b>	<b>180</b>	<b>686</b>
<b>SUB-TOTALS 2002</b>	<b>4454</b>	<b>3540</b>	<b>812</b>	<b>2951</b>	<b>622</b>	<b>1375</b>	<b>411</b>	<b>200</b>	<b>764</b>
<b>Public Hospital Units</b>									
Albury	140	145	12	261	93	168	60	42	66
Bankstown	837	837	-	329	212	117	17	53	47
Blacktown	381	367	18	360	257	103	12	44	47
Broken Hill	15	15	-	-	-	-	-	-	-
Campbelltown	367	360	6	232	90	142	4	18	120
Coffs Harbour	313	313	-	251	157	94	5	46	43
Cooma	2	2	-	-	-	-	-	-	-
Dubbo	31	30	10	1	-	1	-	1	-
Gosford	904	702	1	338	210	128	3	81	44
Greenwich	53	53	-	57	13	44	1	3	40
Hornsby	303	290	2	888	567	321	24	153	144
John Hunter	49	49	29	59	29	30	30	-	-
Lismore	419	414	86	317	219	98	-	63	35
Liverpool	502	502	4	319	197	122	20	38	64
Long Bay Prison	62	61	11	60	45	15	-	11	4
Maitland	142	131	1	186	19	167	22	10	35
Manly	310	310	-	266	181	85	1	21	63
Nepean	526	524	-	392	257	135	14	66	55
Prince Henry	26	22	-	-	-	-	-	-	-
Prince of Wales	669	580	-	438	260	178	11	29	138
Royal North Shore	281	281	2	25	18	7	3	2	2
RPA Missenden Unit	432	432	-	-	-	-	-	-	-
Shellharbour	1065	1046	46	608	350	258	37	101	120
St. George	316	314	1	-	-	-	-	-	-
St. Josephs	67	67	18	50	19	31	4	5	22
St. Vincents	533	519	17	323	189	134	7	39	88
Sutherland	362	362	4	252	83	169	48	24	97
Tamworth	335	331	-	272	167	105	5	61	39
Taree	161	161	15	151	20	131	21	9	101
Tweed Heads	207	207	12	285	173	112	5	49	58
Wagga Wagga	220	220	14	151	85	66	20	10	36
Westmead Acute Adol.	1	1	-	8	1	7	7	-	-
Westmead Adult Psych.	2	2	-	36	6	30	29	-	1
Westmead Psychogeriatric	-	-	-	5	1	4	-	-	4
Wollongong	122	122	6	37	20	17	12	-	5
<b>SUB-TOTALS 2003</b>	<b>10155</b>	<b>9772</b>	<b>315</b>	<b>6957</b>	<b>3932</b>	<b>3019</b>	<b>422</b>	<b>979</b>	<b>1518</b>
<b>SUB-TOTALS 2002</b>	<b>8267</b>	<b>7228</b>	<b>256</b>	<b>6154</b>	<b>1593</b>	<b>2528</b>	<b>1060</b>	<b>378</b>	<b>1090</b>
<b>TOTALS 2003</b>	<b>15778</b>	<b>14762</b>	<b>1154</b>	<b>9720</b>	<b>5426</b>	<b>4288</b>	<b>824</b>	<b>1159</b>	<b>2204</b>
<b>TOTALS 2002</b>	<b>10334</b>	<b>10768</b>	<b>1068</b>	<b>9105</b>	<b>2215</b>	<b>3903</b>	<b>1471</b>	<b>578</b>	<b>1854</b>

\* Community counselling or community treatment orders

**Table 4**

**Flow chart showing progress of involuntary patients admitted during the period January to December 2003.**



*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 2003**

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	39	23	62	14	-	42	6
Cumberland	86	62	148	28	2	107	11
Macquarie	18	16	34	11	-	20	3
James Fletcher	54	44	98	41	-	54	3
Kenmore	1	-	1	-	-	-	1
Morisset	34	4	38	9	-	27	2
Rozelle	62	30	92	33	-	55	4
<b>SUB-TOTALS 2003</b>	<b>294</b>	<b>179</b>	<b>473</b>	<b>136</b>	<b>2</b>	<b>305</b>	<b>30</b>
<b>SUB-TOTALS 2002</b>	<b>242</b>	<b>178</b>	<b>420</b>	<b>114</b>	<b>4</b>	<b>263</b>	<b>22</b>
<b>Public Hospital Units</b>							
Albury	3	3	6	3	-	3	-
Bankstown	12	16	28	11	-	17	-
Blacktown	21	17	38	10	-	28	-
Broken Hill	1	-	1	-	-	1	-
Campbelltown	33	31	64	23	-	38	3
Coffs Harbour	-	2	2	1	-	1	-
Gosford	3	8	11	5	-	5	1
Goulburn Base	20	26	46	9	-	35	2
Greenwich	2	6	8	1	-	7	-
Hornsby	12	15	27	13	-	11	3
John Hunter	-	14	14	2	-	12	-
Lismore	7	-	7	2	-	4	1
Liverpool	8	12	20	8	-	11	1
Long Bay Prison - MMTC	1	-	1	1	-	-	-
Maitland	11	13	24	11	-	12	1
Manly	14	17	31	15	-	14	2
Nepean	9	15	24	6	-	17	1
Prince of Wales	37	36	73	35	-	36	2
Royal North Shore	15	16	31	15	-	15	1
RPA Missenden Unit	14	9	23	5	-	18	-
Shellharbour	19	20	39	22	-	16	1
St George	21	27	48	22	-	25	1
St Joseph's	3	8	11	4	-	6	1
St Vincent's	32	17	49	21	-	26	2
Sutherland	35	14	49	22	-	27	-
Tamworth	15	4	19	3	-	16	-
Taree	12	10	22	2	-	18	2
Tweed Heads	2	1	3	2	-	1	-
Wagga Wagga	8	7	15	6	-	9	-
Westmead AA Unit	2	5	7	-	-	7	-
Westmead AP Unit	2	11	13	2	-	11	-
Wollongong	7	6	13	5	-	7	1
<b>SUBTOTALS 2003</b>	<b>381</b>	<b>386</b>	<b>767</b>	<b>287</b>	<b>-</b>	<b>454</b>	<b>26</b>
<b>SUBTOTALS 2002</b>	<b>322</b>	<b>373</b>	<b>695</b>	<b>278</b>	<b>2</b>	<b>386</b>	<b>14</b>
<b>COMBINED TOTALS 2003</b>	<b>675</b>	<b>565</b>	<b>1240</b>	<b>423</b>	<b>2</b>	<b>759</b>	<b>56</b>
<b>COMBINED TOTALS 2002</b>	<b>564</b>	<b>551</b>	<b>1115</b>	<b>392</b>	<b>6</b>	<b>649</b>	<b>36</b>

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

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**Table 6****Demographic profile of temporary patients reviewed under section 56 during 2003**

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	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	28	251	180	118	42	31	22	11	683
Female	41	126	114	85	93	52	45	10	566
TOTALS 2003	69	377	294	203	135	83	67	21	1249
<b>TOTALS 2002</b>	<b>67</b>	<b>280</b>	<b>200</b>	<b>127</b>	<b>95</b>	<b>69</b>	<b>36</b>	<b>17</b>	<b>891</b>

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**Table 7**

Temporary patients whose cases were further reviewed under s58 during the period January to December 2003

Major Psychiatric Hospitals	Tribunal Reviews under section 58			Tribunal Determinations		
	M	F	T	Adjourned	Discharge or Reclassify to Informal	Reclassified as CTP*
Bloomfield	14	3	17	1	-	16
Cumberland	35	22	57	16	-	41
James Fletcher	5	17	22	11	-	11
Kenmore	1	4	5	2	-	3
Macquarie	16	6	22	5	-	17
Morisset	37	9	46	18	-	28
Rozelle	14	7	21	8	-	13
<b>SUB-TOTALS 2003</b>	<b>122</b>	<b>68</b>	<b>190</b>	<b>61</b>	<b>-</b>	<b>129</b>
SUB-TOTALS 2002	99	47	146	45	2	97
<b>Public Hospital Units</b>						
Bankstown	-	4	4	2	-	2
Blacktown	7	7	14	2	1	11
Campbelltown	8	6	14	3	-	11
Coffs Harbour	-	2	2	1	-	1
Gosford	-	1	1	-	-	1
Goulburn Base	3	5	8	4	-	4
Greenwich	1	-	1	-	-	1
Hornsby	1	5	6	2	1	3
John Hunter	-	5	5	1	-	4
Lismore	1	2	3	1	-	2
Liverpool	2	3	5	2	-	3
Maitland	4	1	5	3	-	2
Manly	1	2	3	2	-	1
Nepean	-	7	7	3	-	4
Prince of Wales	15	11	26	14	2	10
Royal North Shore Hosp.	1	2	3	1	-	2
RPA Missenden Unit	7	-	7	2	-	5
St George	2	9	11	4	-	7
St Josephs	-	5	5	4	-	1
St Vincents	10	4	14	8	-	6
Sutherland	5	2	7	1	-	6
Tamworth	3	-	3	2	-	1
Taree	1	1	2	-	-	2
Wagga Wagga	2	2	4	2	-	2
Westmead AA Unit	2	3	5	1	-	4
Westmead AP Unit	-	1	1	-	-	1
Wollongong	-	1	1	-	-	1
<b>SUB-TOTALS 2003</b>	<b>76</b>	<b>91</b>	<b>167</b>	<b>65</b>	<b>4</b>	<b>98</b>
SUB-TOTALS 2002	71	78	149	62	0	84
<b>COMBINED TOTALS</b>						
<b>ALL HOSPITALS 2003</b>	<b>198</b>	<b>159</b>	<b>357</b>	<b>126</b>	<b>4</b>	<b>227</b>
<i>COMBINED TOTALS</i>						
<b>ALL HOSPITALS 2002</b>	<b>170</b>	<b>125</b>	<b>295</b>	<b>107</b>	<b>2</b>	<b>181</b>

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 2003

	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	7	74	57	30	16	9	4	1	198
Female	15	37	30	24	22	15	12	3	158
<b>TOTALS 2003</b>	<b>22</b>	<b>111</b>	<b>87</b>	<b>54</b>	<b>38</b>	<b>24</b>	<b>16</b>	<b>4</b>	<b>356</b>
<b>TOTALS 2002</b>	<b>21</b>	<b>90</b>	<b>53</b>	<b>29</b>	<b>24</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>236</b>

**Table 9**

**Reviews of the cases of continued treatment patients at major psychiatric hospitals during the period January to December 2003 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	3	3	10	6	1	3	30
	Female	-	-	2	-	6	6	2	-	16
	Total	-	4	5	3	16	12	3	3	46
Cumberland	Male	-	13	34	31	10	6	-	-	94
	Female	-	4	19	16	15	10	-	-	64
	Total	-	17	53	47	25	16	-	-	158
James Fletcher	Male	-	2	18	1	1	1	-	-	23
	Female	3	-	3	5	2	3	-	-	16
	Total	3	2	21	6	3	4	-	-	39
Kenmore	Male	-	-	2	2	2	1	2	4	13
	Female	-	-	-	-	4	2	-	2	8
	Total	-	-	2	2	6	3	2	6	21
Macquarie	Male	-	15	13	31	35	32	8	-	134
	Female	-	1	7	14	25	16	6	-	69
	Total	-	16	20	45	60	48	14	-	203
Morisset	Male	-	16	29	23	6	3	2	-	79
	Female	-	9	6	4	5	4	1	-	29
	Total	-	25	35	27	11	7	3	-	108
Rozelle	Male	-	8	3	6	7	1	4	-	29
	Female	-	2	6	3	5	2	6	6	30
	Total	-	10	9	9	12	3	10	6	59
<b>COMBINED TOTALS</b>	<b>Male</b>	<b>-</b>	<b>58</b>	<b>102</b>	<b>97</b>	<b>71</b>	<b>50</b>	<b>17</b>	<b>7</b>	<b>402</b>
<b>MAJOR PSYCHIATRIC</b>	<b>Female</b>	<b>3</b>	<b>16</b>	<b>43</b>	<b>42</b>	<b>62</b>	<b>43</b>	<b>15</b>	<b>8</b>	<b>232</b>
<b>HOSPITALS 2003</b>	<b>Total</b>	<b>3</b>	<b>74</b>	<b>145</b>	<b>139</b>	<b>133</b>	<b>93</b>	<b>32</b>	<b>15</b>	<b>634</b>

**Table 10**

**Reviews of continued treatment patients at public hospital units during the period January to December 2003 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
Albury	Male	-	-	-	-	-	-	-	-	-
	Female	-	2	-	1	-	-	-	-	3
	Total	-	2	-	1	-	-	-	-	3
Bankstown	Male	1	-	-	-	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	1	-	-	-	-	-	-	-	1
Blacktown	Male	-	3	1	1	-	-	-	-	5
	Female	-	-	3	-	1	-	-	2	6
	Total	-	3	4	1	1	-	-	2	11
Campbelltown	Male	-	-	2	-	-	1	-	-	3
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	2	-	-	1	-	-	3
Coffs Harbour	Male	-	2	-	-	-	-	-	-	2
	Female	-	-	-	-	-	-	-	-	-
	Total	-	2	-	-	-	-	-	-	2
Gosford	Male	-	-	4	-	-	2	-	-	6
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	4	-	-	2	-	-	6
Goulburn	Male	-	-	6	-	-	4	-	-	10
	Female	-	1	-	-	-	-	-	-	1
	Total	-	1	6	-	-	4	-	-	11
Greenwich	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	-	6	-	6
	Total	-	-	-	-	-	-	6	-	6
Hornsby	Male	-	-	2	-	-	-	-	-	2
	Female	-	2	-	2	-	2	-	-	6
	Total	-	2	2	2	-	2	-	-	8
Lismore	Male	-	-	-	1	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	1	-	-	-	-	1
Liverpool	Male	-	4	-	-	-	-	-	-	4
	Female	-	-	-	-	-	-	-	-	-
	Total	-	4	-	-	-	-	-	-	4
Maitland	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	1	-	1	-	2
	Total	-	-	-	-	1	-	1	-	2
Manly	Male	-	2	-	-	-	-	-	-	2
	Female	-	-	-	-	-	-	-	-	-
	Total	-	2	-	-	-	-	-	-	2
Nepean	Male	-	-	-	-	2	-	-	-	2
	Female	-	1	2	-	-	-	-	-	3
	Total	-	1	2	-	2	-	-	-	5
Prince of Wales	Male	-	-	1	-	1	-	-	-	2
	Female	-	-	1	-	-	2	-	-	3
	Total	-	-	2	-	1	2	-	-	5
Prince Henry	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	1	-	-	-	-	-	1
	Total	-	-	1	-	-	-	-	-	1
Royal North Shore	Male	-	2	-	-	2	-	-	-	4
	Female	-	-	-	-	-	2	-	-	2
	Total	-	2	-	-	2	2	-	-	6
RPA Missenden Unit	Male	-	-	-	3	1	-	-	-	4
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	3	1	-	-	-	4
Shellharbour	Male	-	-	-	-	1	-	-	-	1
	Female	-	-	-	-	-	4	-	-	4
	Total	-	-	-	-	1	4	-	-	5
St George	Male	-	1	4	-	-	-	-	-	5
	Female	-	-	-	-	-	-	-	-	-
	Total	-	1	4	-	-	-	-	-	5
St Vincents	Male	-	-	1	-	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	1	-	-	-	-	-	1
Tamworth	Male	-	5	3	-	-	-	-	-	8
	Female	-	-	-	-	-	-	-	-	-
	Total	-	5	3	-	-	-	-	-	8
Westmead	Male	1	-	-	-	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	1	-	-	-	-	-	-	-	1
<b>COMBINED TOTALS</b>	<b>Male</b>	<b>2</b>	<b>19</b>	<b>24</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>-</b>	<b>-</b>	<b>64</b>
<b>PUBLIC HOSPITAL</b>	<b>Female</b>	<b>-</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>37</b>
<b>Units 2003</b>	<b>Total</b>	<b>2</b>	<b>25</b>	<b>31</b>	<b>8</b>	<b>9</b>	<b>13</b>	<b>5</b>	<b>8</b>	<b>101</b>
<b>COMBINED TOTALS</b>	<b>Male</b>	<b>2</b>	<b>77</b>	<b>126</b>	<b>102</b>	<b>78</b>	<b>57</b>	<b>17</b>	<b>7</b>	<b>466</b>
<b>ALL HOSPITALS</b>	<b>Female</b>	<b>3</b>	<b>22</b>	<b>50</b>	<b>45</b>	<b>64</b>	<b>49</b>	<b>20</b>	<b>16</b>	<b>269</b>
<b>2003</b>	<b>Total</b>	<b>5</b>	<b>99</b>	<b>176</b>	<b>147</b>	<b>142</b>	<b>106</b>	<b>37</b>	<b>23</b>	<b>735</b>

**Table 11**

**Outcome of Tribunal reviews of Continued Treatment patients under s62 for the calendar years 2002 and 2003**

<i>Tribunal Determinations</i>	<i>2002 Reviews</i>	<i>2003 Reviews</i>
Continue to be detained as a continued treatment patient	635	675
Adjournment	41	47
Discharge and deferred discharge	6	3
Patient allowed to be absent from Hospital	-	2
Reclassify to Informal Patient status	-	8
<b>TOTAL ORDERS MADE</b>	<b>682</b>	<b>735</b>

**Table 12**

**Demographic profile of temporary patients and continued treatment patients who appealed under section 69 during the period January to December 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>PATIENT TOTAL</i>
Male	3	35	42	25	2	5	8	-	120
Female	1	22	26	12	16	8	9	2	96
<b>TOTALS 2003</b>	<b>4</b>	<b>57</b>	<b>68</b>	<b>37</b>	<b>18</b>	<b>13</b>	<b>17</b>	<b>2</b>	<b>216</b>
TOTALS 2002	4	33	36	17	12	4	8	3	117

**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 2003**

	<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>
<b>Major Psychiatric Hospitals</b>										
Bloomfield	1	-	1	1	-	1	-	-	1	-
Cumberland	26	18	44	36	22	58	3	3	48	4
James Fletcher	2	-	2	2	-	2	-	-	2	-
Kenmore	-	1	1	-	1	1	-	-	1	-
Macquarie	3	2	5	4	2	6	-	-	5	1
Morisset	3	-	3	7	-	7	1	-	6	-
Rozelle	7	10	17	7	10	17	1	-	12	4
<b>SUB-TOTALS 2003</b>	<b>42</b>	<b>31</b>	<b>73</b>	<b>57</b>	<b>35</b>	<b>92</b>	<b>5</b>	<b>3</b>	<b>75</b>	<b>9</b>
SUB-TOTALS 2002	32	24	56	35	23	58	2	7	14	40
<b>Public Hospital Units</b>										
Campbelltown	9	5	14	10	5	15	1	2	12	-
Cooma	-	1	1	-	1	1	-	-	1	-
Gosford	1	2	3	1	2	3	2	-	1	-
Goulburn	7	4	11	7	4	11	1	2	7	1
Greenwich	-	4	4	-	5	5	-	2	3	-
Hornsby	-	4	4	-	4	4	-	-	3	1
Lismore	2	4	6	3	4	7	-	2	5	-
Liverpool	1	1	2	1	1	2	-	-	1	1
Nepean	2	1	3	3	1	4	-	1	3	-
Prince of Wales	5	8	13	6	8	14	1	2	10	1
Royal North Shore	1	5	6	1	5	6	-	-	5	1
RPA Missenden Unit	1	-	1	1	-	1	-	-	1	-
St George	6	4	10	6	4	10	-	-	10	-
St Josephs	1	3	4	2	4	6	-	-	6	-
St Vincents	3	1	4	5	1	6	-	1	5	-
Sutherland	1	-	1	2	-	2	-	1	1	-
Tamworth	9	4	13	11	4	15	1	-	14	-
Taree	2	3	5	2	3	5	-	-	5	-
Tweed Heads	-	1	1	-	1	1	-	-	1	-
Wagga Wagga	2	3	5	2	3	5	-	1	4	-
Westmead AP Unit	-	1	1	-	1	1	-	-	1	-
<b>SUB-TOTALS 2003</b>	<b>53</b>	<b>59</b>	<b>112</b>	<b>63</b>	<b>61</b>	<b>124</b>	<b>6</b>	<b>14</b>	<b>99</b>	<b>5</b>
SUB-TOTALS 2002	28	32	60	28	35	63	1	10	11	43
<b>COMBINED TOTALS 2003</b>	<b>95</b>	<b>90</b>	<b>185</b>	<b>120</b>	<b>96</b>	<b>216</b>	<b>11</b>	<b>17</b>	<b>174</b>	<b>14</b>
COMBINED TOTALS 2002	60	56	115	63	58	121	3	16	24	83

**Table 14****Comparison of involuntary admissions (Jan 2003 - Dec 2003) and total admissions (July 2002 - Jun 2003) in public psychiatric facilities**

<b>Major Psychiatric Hospitals</b>	<i>Taken to hospital Involuntarily and Admitted (Jan 2003 to Dec 2003)</i>	<i>Total Admissions (Jul 2002 to Jun 2003)</i>	<i>Percentage Involuntary Admissions</i>
Bloomfield	799	1054	75.8
Cumberland	1094	1400	78.1
James Fletcher/Morisset	1358	1519	89.4
Kenmore/Goulburn	368	717	51.3
Macquarie	252	300	84.0
Rozelle	1119	1789	62.5
<b>SUB-TOTAL 2003</b>	<b>4990</b>	<b>6287</b>	<b>79.4</b>
<i>SUB-TOTAL 2002</i>	<i>3540</i>	<i>6166</i>	<i>57.4</i>
<b>Public Hospital Units</b>			
Albury	145	426	34.0
Armidale	-	378	-
Bankstown	837	1044	80.2
Blacktown	367	597	61.5
Bowral	-	101	-
Broken Hill	15	139	10.8
Campbelltown	360	571	63.0
Coffs Harbour	313	643	48.7
Cooma	2	-	-
Dubbo	30	132	22.7
Gosford	702	860	81.6
Greenwich	53	212	25.0
Hornsby	290	459	63.2
John Hunter	49	-	-
Kempsey	-	93	-
Lismore	414	1201	34.5
Liverpool	502	890	56.4
Long Bay	61	211	28.9
Maitland	131	781	16.8
Manly	310	1021	30.4
Mudgee	-	31	-
Nepean	524	815	64.3
Prince Henry	22	-	-
Prince of Wales	580	936	62.0
Royal North Shore	281	373	75.3
RPA Missenden	432	823	52.5
Shellharbour	1046	3105	33.7
St George	314	598	52.5
St Joseph's	67	129	51.9
St Vincent's	519	600	86.5
Sutherland	362	409	88.5
Taree	161	337	47.8
Tweed Heads	207	420	49.3
Tamworth	331	713	46.4
Wagga Wagga	220	362	60.8
Westmead Acute Adolescent Unit	1	-	-
Westmead Adult Psychiatric Unit	2	579	0.3
Westmead Psychogeriatric Unit	-	40	-
Wollongong	122	74	164.9
<b>SUB-TOTAL 2003</b>	<b>9772</b>	<b>19836</b>	<b>49.3</b>
<i>SUB-TOTAL 2002</i>	<i>7228</i>	<i>20828</i>	<i>34.7</i>
<b>COMBINED TOTALS ALL HOSPITALS 2003</b>	<b>14762</b>	<b>26123</b>	<b>56.5</b>
<i>COMBINED TOTALS ALL HOSPITALS 2002</i>	<i>10768</i>	<i>26994</i>	<i>39.9</i>

1 Source: Department of Health Annual Report 2002/2003.

**Table 15****Community counselling orders for gazetted health care agencies made by the Tribunal for the two calendar years 2002 and 2003**

<i>Health Care Agency</i>	<i>2002 Total CCOs</i>	<i>2003 Total CCOs</i>	<i>Health Care Agency</i>	<i>2002 Total CCOs</i>	<i>2003 Total CCOs</i>
Albury CMHS	-	1	Leeton/Narrandera CHC	-	-
Armidale CMHS	-	-	Lismore MHOPS	-	-
Ashfield CMHS	-	-	Lithgow MHS	-	-
Auburn CHC	4	3	Liverpool MHS	-	2
Bankstown Lidcombe MHS	-	-	Macquarie Area MHS	-	-
Barwon MHS	-	-	Manly Hospital and CMHS	-	4
Batemans Bay DHC & MHS	2	3	Maroubra CMHS	2	1
Bega Valley Counselling & MHS	-	-	Marrickville CMHS	-	-
Blacktown & Mt Druitt PS	-	-	Merrylands CHS	-	-
Blue Moutains MHS	-	-	Mid Western CMHS	1	2
Bondi Junction CHC	2	5	Mudgee MHS	-	-
Botany CHC	-	-	New England Dist (Glen Innes) MHS	-	-
Bowral CHS	-	-	New England District (Inverell) MHS	-	-
Campbelltown MHS	3	2	Newcastle MHS	-	-
Canterbury CMHS	2	2	Orana MHS - Dubbo Base Hospital	-	-
Catherine Mahoney Aged Care P. U.	1	-	Orange CHC	-	-
Central Coast Area MHS	3	2	Orange C. Res/Rehab. Service	-	-
Clarence District HS	-	1	Pambula District Hospital MHS	-	-
Coffs Harbour MH Out/pt Serv	-	-	Parramatta CHS	1	-
Cooma MHS	-	-	Penrith MHS	-	-
Cootamundra MHS	-	-	Penrith/Hawkesbury MHS	-	-
Deniliquin District MHS	-	-	Port Macquarie CMHS	-	1
Dundas CHC	-	-	Queanbeyan MHS	-	-
Fairfield MHS	4	1	Redfern/Newtown CMHS	-	-
Far West MHS	-	-	Royal North Shore H & CMHS	4	6
Glebe CMHS	-	-	Ryde Hospital and CMHS	6	9
Goulburn CMHS	-	-	Shoalhaven MHS	-	-
Griffith (Murrumbidgee) MHS	-	-	St George Div of Psych & MH	3	4
Hawkesbury MHS	-	-	St Joseph's Hospital CMACPU	-	-
Hills CMHC	-	-	Sutherland C Adult & Fam MHS	2	1
Hornsby Ku-ring-gai H & CMHS	4	5	Tamworth CMHS	-	-
Hunter	-	3	Taree CMHS	-	-
Illawarra PS	7	8	Tumut CMHS	-	-
Inner City MHS	1	-	Tweed Heads MHS	-	-
James Fletcher Hospital	-	-	Upper Hunter MHS	-	-
Kempsey CMHS	-	1	Wagga Wagga CMHS	-	1
Lake Illawarra MHS	-	1	Young MHS	-	-

TOTAL NUMBER OF COMMUNITY COUNSELLING ORDERS 2003 69 2002 54

**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 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>PATIENT TOTAL</i>
Male	-	12	14	16	6	-	-	-	48
Female	-	1	8	11	8	10	1	4	43
<b>TOTALS 2003</b>	-	<b>13</b>	<b>22</b>	<b>27</b>	<b>14</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>91</b>
TOTALS 2002	1	10	10	14	9	5	1	1	51

**Table 17****Community treatment orders for gazetted health care agencies made by the Tribunal for the two calendar years 2002 and 2003**

<i>Health Care Agency</i>	<i>2002 Total CTOs</i>	<i>2003 Total CTOs</i>	<i>Health Care Agency</i>	<i>2002 Total CTOs</i>	<i>2003 Total CTOs</i>
Albury CMHS	23	30	Leeton/Narrandera CHC	7	7
Armidale MHS	15	17	Lismore MHOPS	38	40
Ashfield CMHS	70	91	Lithgow MHS	-	3
Auburn CHC	57	62	Liverpool MHS	59	49
Bankstown-Lidcombe MHS	87	90	Macquarie Area MHS	29	30
Barwon MHS	4	10	Manly Hospital & CMHS	102	88
Batemans Bay DHC & MHS	20	23	Maroubra CMH	45	35
Bega Valley Counselling & MHS	8	13	Marrickville CMHS	84	105
Blacktown & Mt Druitt PS	133	133	Merrylands CHC	113	129
Blue Mountains MHS	49	66	Mid Western CMHS	49	39
Bondi Junction CHC	70	105	Mudgee MHS	4	4
Bowral CMHS	16	24	New England Dist (Glen Innes) MHS	4	21
Campbelltown MHS	74	112	New England Dist (Inverell) MHS	10	5
Canterbury CMHS	93	125	Newcastle MHS	74	73
Catherine Mahoney Aged Care P.U	-	1	Northern Illawarra MHS	-	6
Central Coast AMHS	89	115	Orange CHC	4	24
Clarence District HS	9	14	Orange C Res/Rehab Service	6	5
Coffs Harbour MHOPS	60	73	Pambula District Hospital MHS	-	-
Cooma MHS	6	14	Parramatta CHS	35	35
Cootamundra MHS	6	10	Penrith MHS	76	68
Deniliquin District MHS	6	10	Penrith/Hawkesbury MHS	4	52
Dundun CHC	31	40	Port Macquarie CMHS	25	51
Fairfield MHS	87	95	Queanbeyan MHS	28	27
Far West MHS	25	24	Redfern/Newtown CMHS	30	27
Glebe CMHS	58	80	Royal North Shore H & CMHS	122	111
Goulburn CMHS	49	37	Ryde Hospital & CMHS	71	90
Griffith (Murrumbidgee) MHS	11	9	Shoalhaven MHS	27	23
Hawkesbury MHS	29	32	St George Div of Psychiatry & MH	159	165
Hills CMHC	20	30	St Josephs Hospital CMACPU	1	-
Hornsby Ku-ring-gai Hospital & CMHS	77	74	Sutherland C Adult & Fam MHS	156	141
Hunter Valley HCA & Psy Rehab Serv.	96	104	Tamworth CMHS	34	45
Illawarra Psychiatric Services	98	128	Taree CMHS	43	76
Inner City MHS	95	73	Tumut CMHS	1	10
James Fletcher Hospital	5	1	Tweed Heads MHS	26	27
Kempsey CMHS	17	20	Wagga Wagga CMHS	56	60
Lake Illawarra Sector MHS	-	8	Young MHS	3	9
Lake Macquarie MHS	48	34			

**TOTAL NUMBER OF COMMUNITY TREATMENT ORDERS 2003 3607**  
*Total number of Community Treatment Orders 2002 3166*



**Table 18**

**Demographic profile of hearings held for persons reviewed under section 131 (community treatment order applications) during the period January to December 2003**

	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	61	839	833	502	266	104	41	4	2650
Female	27	265	404	341	317	174	99	23	1650
<b>TOTALS 2003</b>	<b>88</b>	<b>1104</b>	<b>1237</b>	<b>843</b>	<b>583</b>	<b>278</b>	<b>140</b>	<b>27</b>	<b>4300</b>
TOTALS 2002	63	706	702	457	305	161	76	18	2488

**Table 19**

**Number of community counselling orders and community treatment orders made by the Tribunal and by Magistrates for the period 1992 to 2003**

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Magistrate CCOs	2	4	4	8	7	8	4	4	3	60	15	63
Tribunal CCOs	32	52	125	148	167	178	82	66	69	88	54	70
<b>Total CCOs</b>	<b>34</b>	<b>56</b>	<b>129</b>	<b>156</b>	<b>174</b>	<b>186</b>	<b>86</b>	<b>70</b>	<b>72</b>	<b>148</b>	<b>69</b>	<b>133</b>
Magistrate CTOs	110	166	247	349	365	747	747	844	673	1289	563	1096
Tribunal CTOs	364	554	848	1396	2095	2840	2059	2325	2509	2738	3166	3606
<b>Total CTOs</b>	<b>474</b>	<b>720</b>	<b>1095</b>	<b>1745</b>	<b>2460</b>	<b>3587</b>	<b>2806</b>	<b>3169</b>	<b>3182</b>	<b>4027</b>	<b>3729</b>	<b>4702</b>
Total Magistrate CCO/CTOs	112	170	251	357	372	755	751	848	676	1349	578	1159
Total Tribunal CCO/CTOs	396	606	973	1544	2262	3018	2141	2391	2578	2826	3220	3676
<b>Total CCO/CTOs made</b>	<b>508</b>	<b>776</b>	<b>1224</b>	<b>1901</b>	<b>2634</b>	<b>3773</b>	<b>2892</b>	<b>3239</b>	<b>3254</b>	<b>4175</b>	<b>3798</b>	<b>4835</b>

**Table 20****Community treatment orders/community counselling orders made by Magistrates for the calendar years 2001, 2002 and 2003**

<i>Area Health Service/Region</i>	<i>2001 CCOs</i>	<i>2002 CCOs</i>	<i>2003 CCOs</i>	<i>2001 CTOs</i>	<i>2002 CTOs</i>	<i>2003 CTOs</i>
Albury (Nolan House)	-	-	-	-	1	42
Bankstown (Banks House)	-	-	-	59	12	53
Blacktown (Bungarrabee House)	-	-	-	37	4	44
Bloomfield	-	-	-	93	50	-
Broken Hill (Special Care Suite)	-	-	-	9	-	-
Campbelltown (Waratah House)	-	-	1	9	9	17
Coffs Harbour (Psychiatric Unit)	-	1	9	38	17	37
Cumberland	8	-	-	123	41	21
Dubbo	-	-	-	-	-	1
Gosford (Mandala Clinic)	5	-	23	70	15	58
Goulburn	16	-	-	51	5	-
Greenwich	-	-	-	10	2	3
Hornsby (Palmerston Unit)	6	-	3	37	52	150
James Fletcher	-	-	-	69	10	41
Kenmore	1	9	-	9	37	11
Lismore (Richmond Clinic)	8	-	-	117	101	63
Liverpool Hospital	6	-	-	99	31	38
Long Bay	-	-	-	-	-	11
Macquarie Hospital	-	-	-	27	25	36
Maitland	-	-	-	29	7	10
Manly (East Wing)	-	4	-	34	17	21
Morisset	-	-	-	1	-	-
Nepean (Pialla Unit)	4	-	-	41	13	66
Prince of Wales (Psychiatric Unit)	1	-	-	18	1	29
Royal North Shore (Cummins Unit)	-	-	-	10	4	2
Royal Prince Alfred (Missenden Unit)	-	-	-	33	-	-
Rozelle	-	-	-	94	28	71
Shellharbour (Psych Unit/Rehab Unit)	1	1	8	46	31	93
St George (Pacific House)	4	-	-	33	28	-
St Josephs (Psychogeriatric Unit)	-	-	-	1	3	5
St Vincents (Caritas Centre)	-	-	5	19	1	34
Sutherland (Psychiatric Unit)	-	-	-	34	3	24
Tamworth (Banksia Unit)	-	-	13	23	3	48
Taree	-	-	-	-	2	9
Tweed Heads	-	-	1	-	8	48
Wagga Wagga (Gissing House)	-	-	-	10	2	10
Westmead (Acute Adolescent)	-	-	-	4	-	-
Westmead (Psych.Geriatric)	-	-	-	2	-	-
<b>TOTALS</b>	<b>60</b>	<b>15</b>	<b>63</b>	<b>1289</b>	<b>563</b>	<b>1096</b>

**Table 21**

**Tribunal determinations on ECT applications for involuntary patients for the period January to December 2003**

<i>Outcome</i>	<i>Total</i>
Capable and has consented	29
ECT determined to be necessary & desirable	415
ECT determined to be NOT necessary & desirable	12
Adjourned	19
<b>TOTALS 2003</b>	<b>475</b>
TOTALS 2002	430

**Table 22**

**Demographic profile of hearings held for detained persons receiving ECT following Tribunal approvals (total 415) to perform the procedure for the period January to December 2003**

	0-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Total
Male	-	27	32	16	24	19	15	11	144
Female	12	31	39	35	42	46	39	27	271
<b>TOTALS 2003</b>	<b>12</b>	<b>58</b>	<b>71</b>	<b>51</b>	<b>66</b>	<b>65</b>	<b>54</b>	<b>38</b>	<b>415</b>
TOTALS 2002	18	43	50	50	59	54	46	30	350

**Table 23**

**Breakdown of age groups of detained persons receiving ECT during the period January to December 2003 by number and percentage and percentages for 2002**

	0-19 <i>yrs</i>	20-29 <i>yrs</i>	30-39 <i>yrs</i>	40-49 <i>yrs</i>	50-59 <i>yrs</i>	60-69 <i>yrs</i>	70-79 <i>yrs</i>	80+ <i>yrs</i>	Total <i>Persons</i>
Persons receiving ECT	12	58	71	51	66	65	54	38	415
Persons admitted involuntarily and inpatients reclassified to involuntary *	1097	4322	4118	2683	1367	587	373	215	14762
<b>PERCENTAGE BY AGE GROUP 2003</b>	<b>1.1 %</b>	<b>1.3 %</b>	<b>1.7 %</b>	<b>1.9 %</b>	<b>4.8 %</b>	<b>11.1 %</b>	<b>14.5 %</b>	<b>17.7 %</b>	<b>2.8 %</b>
<b>PERCENTAGE BY AGE GROUP 2002</b>	<b>1.9 %</b>	<b>1.3 %</b>	<b>1.7 %</b>	<b>2.6 %</b>	<b>5.5 %</b>	<b>11.1 %</b>	<b>15.2 %</b>	<b>14.9 %</b>	<b>3.1 %</b>

**Table 24****Results of Tribunal ECT hearings by hospital for the period January to December 2003 and combined totals for 2002**

<b>Major Psychiatric Hospitals</b>	<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>
Bloomfield	27	-	25	-	2
Cumberland	48	1	42	1	4
James Fletcher	37	2	32	1	2
Kenmore	5	-	3	1	1
Macquarie	12	-	12	-	-
Morisset	2	-	2	-	-
Rozelle	18	-	18	-	-
<b>SUB-TOTALS 2003</b>	<b>149</b>	<b>3</b>	<b>134</b>	<b>3</b>	<b>9</b>
SUB-TOTALS 2002	159	10	132	3	-
<b>Public Hospital Units</b>					
Albury	6	1	4	-	1
Bankstown	21	-	17	2	2
Blacktown	12	1	11	-	-
Campbelltown	18	3	11	4	-
Coffs Harbour	6	-	6	-	-
Concord	1	-	1	-	-
Gosford	16	1	11	-	4
Goulburn	12	-	11	-	1
Greenwich	17	1	16	-	-
Hornsby	9	1	7	-	1
John Hunter	3	-	1	-	2
Lismore	13	-	12	1	-
Liverpool	13	-	13	-	-
Maitland	14	-	13	1	-
Manly	10	-	9	-	1
Nepean	22	2	18	-	2
Prince Henry	1	-	1	-	-
Prince of Wales	27	1	26	-	-
Royal North Shore	12	-	11	-	1
RPA Missenden Unit	1	-	1	-	-
Shellharbour	19	1	15	1	2
St George	22	2	18	-	2
St Josephs	1	-	1	-	-
St Vincents (Caritas)	8	1	7	-	-
Sutherland	6	-	6	-	-
Tamworth	4	-	4	-	-
Taree	2	-	2	-	-
Tweed Heads	2	-	2	-	-
Wagga Wagga	12	1	11	-	-
Westmead Acute Adolescent	3	-	3	-	-
Westmead Adult Psychiatry	8	-	8	-	-
Wollongong	5	-	4	-	1
<b>SUB-TOTALS 2003</b>	<b>326</b>	<b>16</b>	<b>281</b>	<b>9</b>	<b>20</b>
SUB-TOTALS 2002	283	10	247	5	-
<b>COMBINED TOTAL</b>					
<b>ALL HOSPITALS 2003</b>	<b>475</b>	<b>19</b>	<b>415</b>	<b>12</b>	<b>29</b>
<b>COMBINED TOTAL</b>					
<b>ALL HOSPITALS 2002</b>	<b>442</b>	<b>20</b>	<b>379</b>	<b>8</b>	<b>-</b>

**Table 25**

Breakdown of Tribunal approvals of surgical operations and special medical treatments (MHA ss205 – 207) during the period January to December 2003

<i>Patient</i>	<i>Surgical Procedure</i>
1	Nephrectomy & Renal Vein
2	Lumbar Puncture
3	Bronchoscopy
4	Needle Biopsy
5	D&C and Hysteroscopy
6	Dental extractions under GA
7	Hysterectomy
8	Parathyroidectomy with Anaesthetic
9	L Inguinal Heiography
10	Excision of Basal Cell Carcinoma on Face
11	Pelvic Ultrasound and Hysteroscopy under GA
12	Leukemia Treatment
13	Endoscopy
14	Hysteroscopy, D&C & possible Hysterectomy
15	Dental extractions under GA

**Table 26**

Surgery under the emergency provisions (ss 201 – 203) during the period January to December 2003

<i>Patient</i>	<i>Surgical Procedure</i>
1	Colonoscopy under GA Bronchoscopy
2	R sided Subdural Haematoma Debridement & Amputation of Toes - Both Feet.
3	Bilateral Fasciotomy - Delayed Primary Drainage & Closure - legs. R Fasciotomy - Drainage & Closure - legs.
4	Debride & Close Wounds to both Forearms
5	Laproscopy & Laparotomy
6	Open Reduction & Internal Fixation of Fractured Ankle
7	Fractured Left Femur

## 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 2003 and combined totals for 2002**

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	40	107	29	15	47	16	-	-	82
s.18	Order made on Forensic Patient	2	-	2	-	-	2	-	-	-	2
s.19	On application to Tribunal for Order	105	72	177	31	54	35	57	-	-	148
s.36	Revocation of Order	12	11	23	5	-	-	-	14	4	-
<b>TOTALS 2003</b>		<b>186</b>	<b>123</b>	<b>309</b>	<b>65</b>	<b>69</b>	<b>84</b>	<b>73</b>	<b>14</b>	<b>4</b>	<b>232</b>
<b>TOTALS 2002</b>		<b>149</b>	<b>123</b>	<b>272</b>	<b>42</b>	<b>97</b>	<b>46</b>	<b>61</b>	<b>10</b>	<b>10</b>	<b>220</b>

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 and 23 in 2003. However, the percentage of such applications that are successful in having the order revoked has increased from 12% in 2001 to 32% in 2002 and 61% in 2003.

### 3.3. FORENSIC JURISDICTION

**Table 28**

**Summary of statistics relating to the Tribunal's forensic jurisdiction for the periods January to December 2002 and 2003 for forensic patient case reviews under the Mental Health Act 1990**

<i>Act and Section</i>	<i>Description of Review</i>	<b>2002 Reviews</b>			<b>2003 Reviews</b>		
		<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	-	-	-	-	-	-
80(1)(b) MHA	After special hearing where limiting term and detention imposed - Consider (a) fitness & (b) danger to self or public	1	-	1	2	-	2
81(1)(a) MHA	After special hearing - not guilty by reason of mental illness	5	1	6	6	-	6
81(1)(b)	After Trial - not guilty by reason of mental illness	20	2	22	15	-	15
82 MHA	Regular periodic review of forensic patient	348	27	375	370	35	405
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	20	5	25	27	13	40
188	Application for ECT	-	-	-	1	2	3
205C(II)	Application for special medical treatment	-	-	-	-	1	1
<b>TOTAL</b>		<b>394</b>	<b>35</b>	<b>429</b>	<b>421</b>	<b>51</b>	<b>472</b>
	<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	38	4	42	29	9	38
24 MHCPA	Determination of mental state following making of a limiting term after a special hearing	10	3	13	12	1	13
<b>TOTAL</b>		<b>48</b>	<b>7</b>	<b>55</b>	<b>41</b>	<b>10</b>	<b>51</b>
<b>COMBINED TOTALS</b>		<b>442</b>	<b>42</b>	<b>484</b>	<b>462</b>	<b>61</b>	<b>523</b>

\* Note: The Tribunal also conducted 2 hearings to consider applications for Protected Estates Orders for forensic patients.

**Table 29****Outcomes of reviews held under the forensic provisions of the Mental Health Act 1990 from January to December 2003, 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	125	14	139	124	1	125	-	-	-	1	-	1	11	2	13	-	-	-
Less restrictive conditions of detention	76	13	89	26	4	30	8	2	10	3	-	3	36	7	43	3	-	3
More restrictive conditions of detention	1	1	2	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Conditional release	30	1	31	8	-	8	-	-	-	-	-	-	19	1	20	3	-	3
No change in conditions of release	94	6	100	84	4	88	-	-	-	-	-	-	8	2	10	2	-	2
Less restrictive conditional release	7	1	8	3	1	4	-	-	-	-	-	-	1	-	1	3	-	3
More restrictive conditional release	2	-	2	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
Unconditional release	20	3	23	6	2	8	1	-	1	2	-	2	10	1	11	1	-	1
Adjournment	59	12	71	-	-	-	-	-	-	-	-	-	-	-	-	59	12	71
Not forwarded or acted upon due to changed circumstances	6	-	6	-	-	-	-	-	-	-	-	-	-	-	-	6	-	6
DETERMINED under s.16(1) Person probably WILL NOT become fit to be tried in 12 months	21	5	26	-	-	-	-	-	-	-	-	-	-	-	-	21	5	26
DETERMINED under s.16(1) Person WILL become fit to be tried within 12 months	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
DETERMINED under s.24(2) Person IS mentally ill Referring court notified	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3
DETERMINED under s.24(2) Person is NEITHER mentally ill NOR suffering from a mental condition	5	-	5	-	-	-	-	-	-	-	-	-	-	-	-	5	-	5
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	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
DETERMINED under s.89*2) that patient be reclassified to continued treatment patient status.	8	3	11	-	-	-	-	-	-	-	-	-	-	-	-	8	3	11
<b>TOTAL Recommendations and Outcomes 2003</b>	<b>459</b>	<b>60</b>	<b>517</b>	<b>252</b>	<b>12</b>	<b>266</b>	<b>9</b>	<b>2</b>	<b>11</b>	<b>6</b>	<b>-</b>	<b>6</b>	<b>87</b>	<b>13</b>	<b>100</b>	<b>117</b>	<b>21</b>	<b>138</b>
TOTAL Recommendations and Outcomes 2002	395	34	29	257	20	277	19	3	22	59	4	63	60	7	67	-	-	-

Note The Tribunal also conducted 3 hearings for ECT, 2 hearings for Protected Estates Orders and 1 hearing for a special medical application in relation to forensic patients.



**Table 30****Location of forensic patient case reviews held between January and December 2003**

CUMBERLAND HOSPITAL	89
GOSFORD	1
KENMORE HOSPITAL	12
LONG BAY PRISON HOSPITAL	196
MACQUARIE HOSPITAL	4
MORISSET HOSPITAL	52
MULAWA TRAINING CENTRE	9
PARKLEA - PMS	2
TRIBUNAL PREMISES	131
ROZELLE HOSPITAL	15
SILVERWATER - PMS	11
WOLLONGONG	3
<b>TOTAL</b>	<b>525</b>

**Table 31****Location of Forensic Patients as at 31 December 2003**

COMMUNITY	71
CUMBERLAND HOSPITAL	35
JUNEE	2
KENMORE HOSPITAL	6
LITHGOW	8
LONG BAY MMTc	6
LONG BAY SPECIAL PURPOSE CENTRE	3
LONG BAY PRISON HOSPITAL	90
MACQUARIE HOSPITAL	3
MORISSET HOSPITAL	19
MULAWA - PMS	5
ROZELLE HOSPITAL	6
SILVERWATER - PMS	7
YASMAR	1
<b>TOTAL</b>	<b>262</b>

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# APPENDICES

## APPENDIX 1

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### **Patient statistics required under MHA s261(2) concerning people taken to hospital during period January to December 2003**

(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	8776	170	8946
s23	Request by Relative/Friend	896	3	899
s24	Apprehension by Police	3018	735	3753
s25	Order of Court	211	54	265
s26	Welfare Officer	429	21	450
s21 via s27	Authorised Doctor's Certificate	142	-	142
s142	Breach Community Treatment Order	164	11	175
<b>TOTAL ADMISSIONS</b>		<b>13636</b>	<b>994</b>	<b>14630</b>
RECLASSIFIED FROM INFORMAL TO INVOLUNTARY		1126	28	1154
<b>TOTAL</b>		<b>14762</b>	<b>1022</b>	<b>15784</b>

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

*Persons were detained as mentally ill persons on 10236 occasions and as mentally disordered persons on 3525 occasions.*

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

*A total of 9720 magistrate's inquiries under section 41 were commenced and 4187 of these inquiries were concluded.*

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

*Persons were detained as Temporary Patients at the conclusion of a Magistrate's hearing on 2204 occasions.*

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

*A total of 1605 Temporary Patient reviews were held by the Tribunal under sections 56 and 58. Persons were further detained as temporary patients on 759 occasions and were classified as Continued Treatment Patients on 283 occasions.*

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

## APPENDIX 2

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### 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

## APPENDIX 3

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### MENTAL HEALTH REVIEW TRIBUNAL

#### *Members as at December 2003*

<i>FULL-TIME MEMBERS</i>	<i>Lawyers</i>	<i>Psychiatrists</i>	<i>Other</i>
	Professor D Chappell (President)		
	Ms M Bisogni (Deputy President) Ms D Robinson (Deputy President)		
<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 G M Cumes Mr E A L de Sousa Ms J D'Arcy Mrs M Dewdney Ms L J Emery Ms A Finlay Mr P Gibney 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 B Boettcher 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 F Lumley Professor N McConaghy Dr S Messner Dr J Miller Dr M Pasfield Dr G A Rickarby Dr M J Sainsbury AM,RFD Dr Y Skinner Dr B Teoh Dr P W Thiering Dr L C K Tsang Dr R Wilcox Dr A T Williams Dr J Woodforde Dr M Pasfield	Mr S C Alchin, OAM Mrs S Ashton Ms E Barry Dr D P Bell Mr G Y L Cheung Dr L Craze Ms P Delaney 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 Mr F Kong Mrs C I Leung Dr C MacLeod 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 2003. Their contribution as members is acknowledged and appreciated.

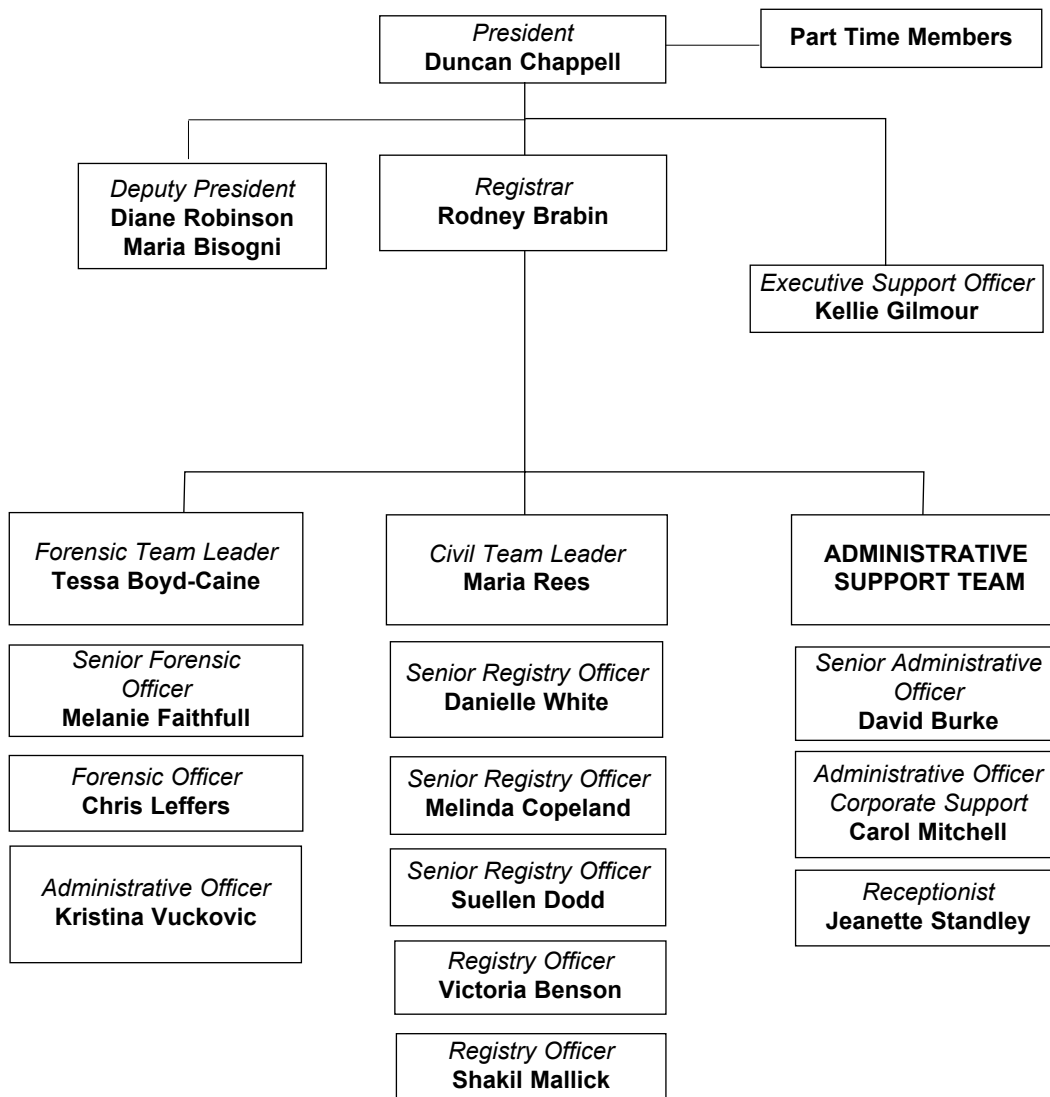
Dr Brian Bromberger  
Dr Peter Coffey  
Mr Paul Gibney  
Dr Cornelius Greenway  
Dr Len Lambeth

Dr Frank Lumley  
Dr Elizabeth O'Brien  
Mrs Helen Opie  
Dr Ray Sandig  
Dr Ralph Schureck

Dr Donald Scott-Orr  
Mr Robert Thompson  
Dr Jenny Thompson  
Dr Nan Waddy  
Dr John Westerink

## MENTAL HEALTH REVIEW TRIBUNAL

*Structure as at December 2003*



FINANCIAL SUMMARY

**Budget Allocation and Expenditure 2002/2003**

The Tribunal ended the 2002/2003 financial year with a budget deficit of -\$254,241 Expenditure during the year was directed to the following areas:

	\$	\$
<b>Tribunal Budget</b>		<b>\$2,807,883</b>
<b>Revenue</b>		<u><b>14,777</b></u>
		<u><b>2,822,660</b></u>
Salaries and Wages*	2,486,232	
Goods and Services	471,057	
Equipment, repairs and maintenance	97,898	
Depreciation	14,333	
Disposal of Assets	7,381	
Expenditure	<b>3,076,901</b>	<b>3,076,901</b>
<b>Budget Deficit</b>		<b>-254,241</b>

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



## APPENDIX 6

### MONTHLY CIVIL HEARING SCHEDULE FOR 2003

	<i>FIRST WEEK</i>	<i>SECOND WEEK</i>	<i>THIRD WEEK</i>	<i>FOURTH WEEK</i>	<i>FIFTH WEEK</i>
<b>MON</b>	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
<b>TUES</b>	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
<b>WED</b>	Morisset	Bloomfield (2 day - once every 3 mths)	Morisset		Morisset
	Cumberland	Cumberland	Cumberland	Cumberland	Cumberland
	Liverpool + Campbelltown		Liverpool + Campbelltown		
	Phone/Video	Phone/Video	Phone/Video	Phone/Video	Phone/Video
<b>THURS</b>	RNSH + Ryde CHC	Macquarie	RNSH + Manly	Macquarie	
	Hornsby	Bankstown - (Hospital + CHC)	Hornsby	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
<b>FRI</b>	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	

APPENDIX 7

**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 2003**

<i>ESB</i>	<i>Male</i>	<i>Female</i>	<i>Total Admissions/ Reclassifications</i>	<i>Needing Interpreter</i>
Breach Community Treatment Order	104	34	138	-
Certificate of doctor	4091	3368	7459	1
Request by relative/friend	371	328	699	3
Apprehension by police	1662	908	2570	1
Order under Crimes Act	142	42	184	-
Welfare officer	197	155	352	1
Authorised person's order	61	51	112	1
<b>TOTAL ESB ADMITTED</b>	<b>6628</b>	<b>4886</b>	<b>11514</b>	<b>7</b>
<b>ESB RECLASSIFIED TO INVOLUNTARY</b>	<b>479</b>	<b>477</b>	<b>956</b>	<b>-</b>
<b>GRAND TOTAL ESB 2003</b>	<b>7107</b>	<b>5363</b>	<b>12470</b>	<b>7</b>
<i>GRAND TOTAL ESB 2002</i>	<i>6597</i>	<i>5191</i>	<i>11788</i>	<i>10</i>

<i>NESB</i>	<i>Male</i>	<i>Female</i>	<i>Total Admissions/ Reclassifications</i>	<i>Needing Interpreter</i>
Certificate of doctor	546	576	1122	157
Apprehension by Police	260	136	396	53
Welfare Officer	11	14	25	25
Breach community treatment order	14	12	26	6
Request by relative/friend	69	67	136	55
Order under Crimes Act	1	1	2	2
Authorised person's order	18	9	27	13
<b>TOTAL NESB ADMITTED</b>	<b>919</b>	<b>815</b>	<b>1734</b>	<b>311</b>
<b>NESB RECLASSIFIED TO INVOLUNTARY</b>	<b>54</b>	<b>66</b>	<b>120</b>	<b>18</b>
<b>GRAND TOTAL NESB 2003</b>	<b>973</b>	<b>881</b>	<b>1854</b>	<b>329</b>
<b>GRAND TOTAL NESB 2002</b>	<b>967</b>	<b>840</b>	<b>1807</b>	<b>312</b>

## **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 2002 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 2002***

### *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](mailto:mhrt@doh.health.nsw.gov.au)      Website: [www.mhrt.nsw.gov.au](http://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 six 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)

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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 14650 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 460 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 – Flexible Work Practices*

*POLICY – FOI*

*POLICY – Forensic Patients*

*POLICY – Forensic Patients – Supervision by Probation and Parole Service*

*POLICY – Medication – Psychiatric Institutions*

*POLICY – MHRT – Directives/Orders*

*POLICY – National Mental Health*

*POLICY – Practices – CTOs/CCOs*

*POLICY – Purchasing Procedures*

### **CASE STUDY 1 - TRIBUNAL PROCEEDINGS ARE OPEN TO THE PUBLIC**

The proceedings of the Tribunal are, by law, open to the public. However, sometimes a patient objects to the presence of particular individuals (for example, family members). The Tribunal must then decide whether or not to uphold this objection.

The Tribunal acts sensitively in considering the wishes of the patient, as well as the wishes of family members who believe that they can provide helpful guidance to the Tribunal by giving evidence at a hearing.

Mr P was in hospital as a continued treatment patient. Members of the Tribunal visited the hospital to conduct the regular review in order to determine whether Mr P was still a mentally ill person who should continue to stay in hospital.

Mr P's father very much wished to contribute to the Tribunal's proceedings. However, because Mr P's father lived a considerable distance from the hospital, he wished to take part by telephone. Mr P, for reasons that were important to him, was totally opposed to his father participating in the hearing.

The Tribunal members suggested an informal solution for Mr P and his father to consider. In the early stages of the hearing, Mr P's father would offer guidance to the Tribunal by means of a speakerphone, so that Mr P could hear what his father was saying. After that, his father would hang up, giving Mr P the opportunity to address the Tribunal in private. Then, the Tribunal would again make telephone contact with Mr P's father, enabling the father to hear the Tribunal deliver its decision, and the reasons for that decision. Both Mr P and his father readily accepted the suggestion. There was no need for the Tribunal to make any procedural order, because the key participants found merit in the Tribunal's informal approach to procedure.

After Mr P's father gave his evidence to the Tribunal, Mr P withdrew his objection to his father's continuing participation in the hearing. In these circumstances, there was no longer any need for the Tribunal to make any ruling about the objection. The hearing continued in that spirit of good will. Mr P happily spoke to the Tribunal, with his father being able to hear what was said. Mr P's father, in turn, was then able to give further evidence in support of what his son told the Tribunal.

### **CASE STUDY 2 - THE HEARING PROCESS**

The Tribunal hearing process can itself contribute to the patient's confidence in the mental health care system.

The prospect of being required to stay longer in hospital at times produces quite hostile reactions in some patients. However, it also sometimes becomes clear to the patient that each participant in the Tribunal hearing (the treatment team, the nurses, the lawyers and the Tribunal members) is indeed trying to make sure that the patient is receiving the best possible care and treatment in the least restrictive environment.

Ms C's treatment team asked for an order that she remain in hospital as a temporary patient for a further two weeks. The hospital planned to use those two weeks to stabilise Ms C's medication. After that, it was the hospital's intention to discharge Ms C on a community treatment order.

Ms C was very much opposed to this application by her treatment team. So strong were Ms C's concerns that the hospital feared that Ms C would react with violence to the Tribunal members if the Tribunal made that order. The hospital had arranged for additional security officers to be nearby during the hearing, and Tribunal members were briefed on a suitable escape route.

When Ms C gave evidence, she told the Tribunal about certain matters that had been a source of very great distress to her during her stay in hospital. The Tribunal members

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assured Ms C that no one could remain unmoved by what she had said. Ms C's treating doctor immediately gave an undertaking on behalf of himself and his colleagues that the hospital would address the sources of Ms C's distress.

Even though the Tribunal made the order that Ms C had so vigorously opposed, Ms C approached the Tribunal members at the end of the hearing, greeted them in a warm and friendly manner, and indicated her support for the decision that had just been made.

The care and treatment that Ms C received in that hospital enabled Ms C to return home on a community treatment order two weeks later.

### **CASE STUDY 3 - APPEAL AGAINST REFUSAL TO DISCHARGE**

After the Magistrate made an order detaining Ms D in hospital for six weeks Ms D requested that the Medical Superintendent of the hospital discharge her. This was refused as the Medical Superintendent was of the view that Ms D remained a mentally ill person. Ms D appealed to the Tribunal.

The Tribunal heard evidence from the treating psychiatrist, nurse, Ms D and her mother. The psychiatrist told the Tribunal that Ms D suffered from bipolar disorder, had had 2 previous episodes of her illness, both of which had required six-week involuntary hospital admission. She had been anxious, irritable and volatile in mood on this admission. She had been admitted within days of the symptoms being noticed and within days of ceasing her medication. Ms D had improved quickly, and had been well for the last 48 hours, but the psychiatrist was concerned that the improvement was recent, and would prefer that she remain in hospital for probably a further week or two to ensure stability of her health.

Ms D's mother told the Tribunal that on this occasion her daughter on admission was not near so unwell as on previous admissions, and had recovered much more quickly. She believed it was in her daughter's best interests, being now well, to be discharged from hospital. The plan was that her daughter reside with her in the first few weeks after discharge for support, and her mother would immediately contact community health services if there were any symptoms of her daughter becoming unwell. Ms D's mother told the Tribunal that she was very familiar with early warning signs of her daughter becoming unwell and would promptly seek assistance if this happened.

Ms D ordinarily resided in her own accommodation with her 8-year-old child. The child was with Ms D's mother currently, and for the first week after discharge, if the appeal was successful, would stay with the child's father and visit Ms D. This would give Ms D more time to ease into life after discharge.

Ms D told the Tribunal that she felt well and believed she was ready to leave hospital, and that she had ceased medication prior to admission - the medication was being gradually reduced under a GP's supervision, but she had come off the low dose of her own accord just a few days before this admission. She recognised that she needed to remain on medication to remain well and was keen to remain in contact with community health professionals after discharge. The Tribunal noted that she had consistently taken her medication in the community for some years without the need for any community treatment orders. Further, the two previous admissions had been complicated by alcohol abuse, which had made her more unwell, and this was no longer an issue as Ms D had spent a lengthy period of time in rehabilitation and no longer abused alcohol.

The Tribunal noted that this admission differed in significant respects from previous admissions and that the 6-week order had been made on the basis of Ms D's condition on previous admissions. The Tribunal found that the evidence did not support a conclusion that currently Ms D suffered from symptoms of her mental illness nor that she was a serious risk of harm to herself or others; accordingly she was not mentally ill as defined in the Act. The Tribunal did not consider that there was a real risk of deterioration if discharged. The Tribunal found that appropriate support arrangements were available to Ms D in the community and that involuntary detention in hospital was not the least restrictive alternative. After consideration of all the evidence the Tribunal ordered that Ms D be discharged from hospital.

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#### **CASE STUDY 4 - NO PROTECTED ESTATES ORDER REQUIRED**

Ms M was in hospital as a continued treatment patient. A social worker sought an order from the Tribunal that Ms M's financial affairs be managed for her by the Protective Commissioner. The social worker told the Tribunal that Ms M experienced difficulties in organising her finances, and in budgeting. In the social worker's view, a financial management order would secure Ms M's financial situation for when she is living independently in the community.

It emerged that Ms M's only income was a disability support pension, and her debts totalled less than \$36.

The Tribunal dismissed the application, finding that there was no need for an order that Ms M's financial affairs be managed for her by a public official. Ms M was able to manage her own finances, such as they were. The Tribunal took the view that, if all that Ms M needed was guidance in how to budget, a financial management order would not help Ms M. A financial management order does not involve any training in budgeting. In the Tribunal's view, it was in Ms M's best interests that she be given the opportunity to learn more about managing her finances for herself.

#### **CASE STUDY 5 - AN APPLICATION FOR SPECIAL MEDICAL TREATMENT**

The Tribunal saw Ms T when she was a patient in an acute psychiatric unit at a Sydney Metropolitan Hospital. Ms T was reported to have experienced poor mental health for many years. She had been diagnosed as suffering from schizophrenia, characterised by disorganisation and thought disorder. During acute phases of her illness Ms T's ability to care for herself was significantly diminished. When the Tribunal saw Ms T she was a temporary (involuntary) patient. The Tribunal was asked to make an order for Ms T's further involuntary care and treatment in hospital.

The Tribunal was also asked to make an order for special medical treatment, being tubal ligation, for Ms T. Ms T was approximately 25 weeks pregnant and members of the treating team had concerns about Ms T's ability to provide satisfactory care for her baby. The treating team were concerned that pregnancy for Ms T, both now and possibly in the future, posed a serious risk to Ms T's mental health. Members of the treating team told the Tribunal that Ms T lacked the capacity to make an informed decision about a sterilisation procedure. The Tribunal was asked to consent to tubal ligation for Ms T. Her doctors planned to deliver Ms T's baby by caesarean section and at the same time perform a tubal ligation procedure, which would prevent future pregnancies.

Ms T was not in agreement with the proposed plan and told the Tribunal that she was very much looking forward to the birth of her first child and may possibly wish to have more children in the future.

To authorise special medical treatment the Tribunal must be convinced that the treatment is necessary to save the patient's life or to prevent serious damage to the patient's health (S204 MHA). In Ms T's case the treatment was suggested for contraceptive purposes. While Ms T may not be able to manage some contraceptive methods because of her level of disorganisation, she was prepared to consider a long acting injectable contraceptive such as Depo Provera. Use of Depo Provera can achieve the desired result of preventing further pregnancy without resorting to major surgery. Ms T had not in the past been offered Depo Provera but was willing to try it.

The Tribunal made an order for Ms T to stay in hospital for further treatment but did not consent to special medical treatment on her behalf. The Tribunal was not satisfied that such a procedure was necessary given other acceptable and available contraceptive techniques.

## APPENDIX 10

### DATA FROM FORENSIC CENSUS 30 June 2003

#### Category of Forensic Patients as at 30 June 2003

CATEGORY	MALE	FEMALE	TOTAL
Not Guilty by Reason of Mental Illness	169	12	181
Fitness	24	6	30
Limiting Term	12	1	13
Transferee	41	14	55

#### Location of Forensic Patients as at 30 June 2003

COMMUNITY	79
CUMBERLAND	32
GOULBURN	3
GRAFTON	1
KENMORE HOSPITAL	7
LONG BAY MMTC	7
LONG BAY SPECIAL PURPOSE CENTRE	2
LONG BAY PRISON HOSPITAL	96
MACQUARIE HOSPITAL	1
MORISSET HOSPITAL	20
MULAWA	12
PARKLEA	1
ROZELLE HOSPITAL	6
SILVERWATER - /MRRRC	11
YASMAR	1
<b>TOTAL</b>	<b>279</b>

#### Number of Forensic Patients 1990 - 30 June 2003

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

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



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