Mental Health
Review Tribunal

The Hon John Hatzistergos, MLC
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 2005, as required by section 261 of the Mental Health Act 1990.

Yours sincerely,

Duncan Chappell
President.

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

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

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

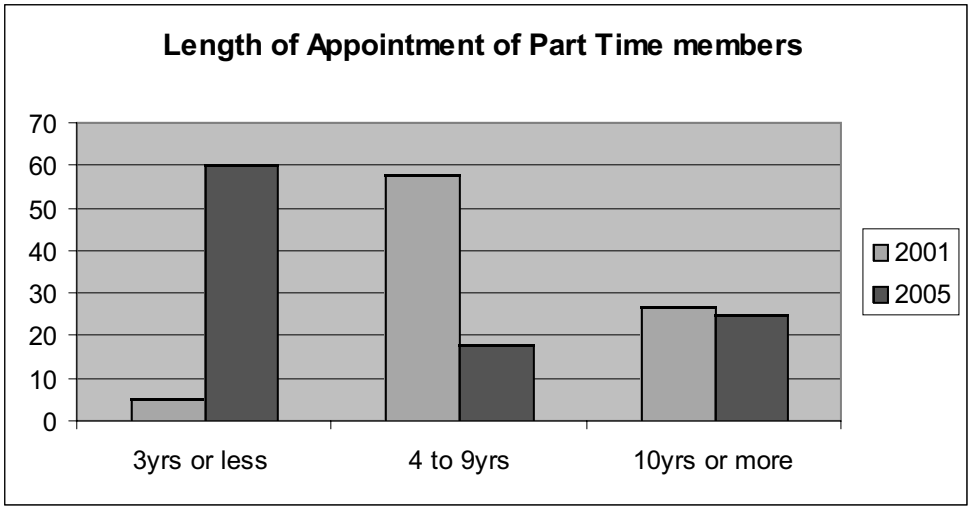
1. PRESIDENT'S REPORT - 2005 in Review

REVITALISING THE MEMBERSHIP

2005 was marked by the biggest infusion of new members since the foundation of the Tribunal. By year's end 32 new appointees had been inducted – 11 lawyers, 6 psychiatrists and 15 other members.

The recruiting of these new members required a major commitment of Tribunal time and resources throughout 2005. More than 250 applications were received from persons seeking appointment to the Tribunal. More than 80 persons were subsequently interviewed, each appearing before a three member selection panel comprising the President, one of the Deputy Presidents and an external member. These external members – Ms Nancy Hennessy, Deputy President of the Administrative Decisions Tribunal in the case of lawyers; Dr William Barclay in regard to psychiatrists; and Mr Russell Matthews, Director of the Social Security Appeals Tribunal for other members – are each owed a deep debt of gratitude by the Tribunal for their invaluable advice and assistance.

The revitalisation of the Tribunal's membership has been an ongoing process since 2001 when major reforms were initiated in many facets of the Tribunal's functions and operations. In 2001, as the diagram below illustrates, almost two thirds of Tribunal members had served at least four to nine years while a third had served ten years or more. By the end of 2005 the situation had changed dramatically with almost two thirds having served three years or less and less than 20% between four to nine years.



Term of Appointment

An issue which remained unresolved was the length of initial appointment and frequency of reappointment that members of the Tribunal could now expect. Just prior to relinquishing his office as Minister for Health, the Honourable Morris Iemma advised the Tribunal in writing of the principles he would support for the reappointment of part time members to the Tribunal. Minister Iemma stated that:

"The NSW Department of Health has provided me with advice on this matter and I have also take the "Guidelines for NSW Board and Committee Members: Appointment and Remuneration" published by the Premier's Department, into consideration. The Guidelines emphasise the use of open merit based selection as a means of making appointments to Government boards and committees.

Consequently, I have formed the view that I will support a second three year term of office for members initially selected following advertising and competitive selection but not a third term. While you have described a suitable process for review of the performance of members as a basis for decisions on suitability for re-appointment, it falls short of allowing the wider community the opportunity to seek appointment."

Minister Iemma's successor, the Honourable John Hatzistergos, who assumed office in August 2005, proposed that both members recommended for reappointment, as well as the 32 recommended as new appointees, would be appointed for initial terms of one year only. This proposal was accepted by the Executive and reflected in the statutory appointments made by the Governor, acting on the advice of the Executive Council.

The Tribunal has expressed its disappointment and concern about these short-term appointments. It remains the Tribunal's view that, subject to selection by an external review process and satisfactory performance, members should be able to expect an initial term of three years and a second term of equivalent length. It is both expensive and disruptive to go through annual reappointment of members in whom the Tribunal has already invested considerable resources to initiate them in the work of the Tribunal, and in their ongoing professional development. In 2006 the Tribunal will now be confronted by the necessity of considering the reappointment of more than two thirds of its entire membership whose terms expire in that year.

Membership Contributions

Mention of these important membership issues cannot conclude without acknowledging the enormous contributions made by 18 members who in 2005 either did not seek or were not reappointed to the Tribunal. In combination these members had dedicated almost 200 years of professional service to the Tribunal. We thank them for this service and very much hope that they will remain in touch as valued friends of the Tribunal.

REVIEW OF THE MENTAL HEALTH ACT 1990

As noted in both the 2003 and 2004 Annual Reports a major review has been initiated by the Government of the Mental Health Act 1990 (MHA). It was expected that during 2005, following the release of discussion papers and the soliciting of submissions from many sources including the Tribunal, the Government would make public its initial reform proposals. It is anticipated that a draft exposure bill will be released in 2006.

In discussions during the year with Department of Health officials about budget and related resource allocations it was made clear that no major changes could be expected to staffing and overall funding for the Tribunal until the outcome was known of the MHA Review.

WORKLOAD AND BUDGET

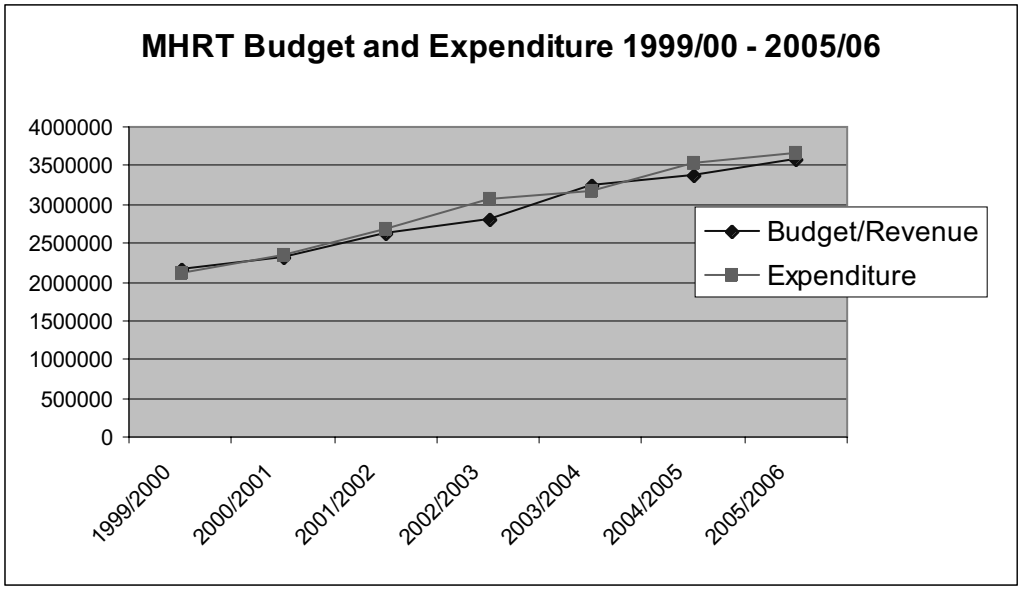
The Registrar's report contains an overview of the caseload handled by the Tribunal during 2005, as well as of the staffing and funding situation. Overall, the Tribunal experienced a slower rate of growth in its caseload than in previous years but the general trend remained one of increasing demand for the Tribunal's services.

The Tribunal was gratified by the decision made in August by the outgoing Minister for Health to grant funding for an additional temporary two-year appointment of a registry officer to alleviate the pressure upon staff. The Tribunal had originally requested two full time registry positions to enable it to operate in an

efficient and effective manner. The ratio of staff to hearings has become more and more distorted over the past decade as the table below indicates.

Year	Hearings Held	Number of Staff	Ratio of Staff to hearings
1991	2232	11	203
1992	2595	12	216
1993	2844	15	190
1994	3310	15	221
1995	3906	15	260
1996	4916	15	328
1997	6013	15	401
1998	5271	15	351
1999	5831	15	389
2000	6037	15	402
2001	6931	15	462
2002	7478	15	498
2003	8619	15	575
2004	8189	15	612
2005	9389	15	626

Since 2001 the overall increase in budget allocated to the Tribunal has been significant, as the diagram below illustrates. The bulk of this funding has been utilised to pay for the costs of the ever-expanding number of hearings conducted by Tribunal panels across its thirty-three heads of jurisdiction. The Tribunal is projecting a budget deficit this financial year based upon the continual increase in workload experienced during the first six months of that financial year. Negotiations continue with the Department of Health about the Tribunal's ongoing funding.



CIVIL JURISDICTION

Hearing Kit

A pleasing development during the year was the completion and publication of a hearing kit for widespread distribution to hospitals, community health centres and Tribunal members. The kit details the way in which applications may be made within the range of jurisdictional heads embraced in the Tribunal's civil field.

The publication, which came in time to be utilised in the induction of new members of the Tribunal in November 2005, is also intended to serve as the lynch pin for a concerted drive to improve the quality of the material submitted to the Tribunal by hospitals and community health centres in support of their various applications. At present, the Tribunal often encounters widespread variation in the quality of the supporting reports prepared by treating teams seeking temporary or continued treatment patient orders, community treatment orders and like matters. The new hearing kit will allow these treating teams to have access to detailed and clearly written advice about the scope and content of information needed by the Tribunal in order to make its decisions. An electronic version of the hearing kit will also be available on the Tribunal's web site.

Utilising New Technology

The Tribunal has explored ways in which it might be able to simplify the hearing process, as well as the lodgement of supporting documentation, through electronic filing. Electronic filing is now, in general, the preferred filing mode for most Courts and Tribunals. In principle, there is no reason why the Tribunal should not follow this development. In practice, consultation with a range of hospitals and community health centres has indicated that many still do not have ready access to a computer. Consequently, the introduction of mandatory electronic filing would create significant problems for a large number of the health agencies serviced by the Tribunal.

Given this situation, the Tribunal has decided to move in a gradual way to the adoption of electronic filing. The Tribunal will also keep a watching brief on developments in contemporary case management practices through its membership of the Council of Australasian Tribunals (COAT). It is likely that other aspects of new technology will also prove beneficial in improving the efficiency and effectiveness of Tribunal hearings. For example, the problems noted in the 2004 Annual Report about expanding the use of video linkages to a range of health agencies through the Tele-Health system should be overcome by the application of web based video services. Such services allow anyone with a computer and a small video camera to engage in communication in an inexpensive and practical manner. It would be hoped that in the near future this new technology will allow the Tribunal to reduce substantially its current reliance upon the telephone to conduct more than 20% of its existing hearing load.

FORENSIC JURISDICTION

Trends

For the second year in a row there was a slight decrease in the number of forensic reviews conducted by the Tribunal – from 514 hearings in 2004 to 502 in 2005. As indicated in the 2004 Annual Report this plateauing in the number of forensic hearings was thought to have been accounted for in large part by the new and more flexible arrangements for the transfer of mentally ill sentenced prisoners into and out of hospital. Under an agreement with Justice Health the Tribunal only reviews such transferees if they have been detained in hospital for 28 days or more. Only the more acutely ill inmates require such lengthy

hospitalisation while those who respond to treatment are returned quickly to prison without intervention by the Tribunal.

While the number of transferee forensic patients reviewed by the Tribunal declined there were some increases in the number of persons who were the subject of hearings following a verdict of not guilty on the grounds of mental illness, or who were referred to the Tribunal by either the Supreme Court or District Court because of issues associated with their fitness to plead. Late in 2004 an amendment was made to the Mental Health (Criminal Procedure) Act 1990 (MHCPA) allowing the superior courts, where a verdict had been reached of not guilty on the grounds of mental illness, to make an order conditionally releasing such persons into the community rather than ordering them to be detained in custody pending review by the Tribunal. In 2005 the Tribunal began to receive referrals from the superior courts of such conditionally released forensic patients who were able, through this new provision, to bypass what is in most cases a quite lengthy period of detention in a secure hospital setting prior to their conditional release.

Conditional Release Issues

A number of problems were encountered by the Tribunal and by the Minister for Health, in giving effect to this new conditional release provision. First, due no doubt to the courts' unfamiliarity with the existing mechanisms and conditions relating to the discharge of forensic patients into the community, there were quite broad variations in the actual release conditions set by judicial officers. For example, in one matter referred from the District Court a forensic patient was ordered, upon discharge from a New South Wales prison, to be taken by his mother directly to his home in Tasmania where he was to undergo further treatment for his mental illness. Once this patient left New South Wales there was no way in which the Tribunal, or the Minister for Health, could monitor and review his care and treatment in an effective way. Further, if the patient failed to comply with the conditions of release, the breaching powers of the Minister were of little if any deterrent.

A second and broader problem was identified in regard to breaching forensic patients conditionally released under section 39 of the MHCPA. In a decision of R v Milakovic (DCM1420 264/05 22 March 2005) Judge Marion in the District Court of New South Wales expressed the view that the breaching provisions contained in section 93 of the MHA did not extend to the new form of conditional release established under section 39 of the MHCPA. Accordingly, if a forensic patient who was on conditional release as a result of a decision made by either the Supreme Court or District Court was in breach of these conditions he or she could not be compulsorily detained in a hospital or other secure place.

The decision in R v Milakovic, in tandem with a number of other proposed revisions of the MHCPA, led the Government in late 2005 to enact amendments to this Act. These amendments, which were to come into effect on 1 January 2006, included a provision extending the breaching powers contained in section 93 of the MHA to conditional release made under section 39 of the MHCPA.

During the year the number of matters referred to the Tribunal by either the Supreme Court or District Court under section 14 of the MHCPA for determination as to a person's fitness to be tried decreased slightly from 35 in 2004 to 33 in 2005. There was also a small decrease in the number of referrals made under section 24 of the MHCPA following the setting of a limiting term by the superior courts.

Jurisdiction to Review Certain Patients

Some uncertainty continued throughout the year about the status of persons for whom a determination had been made under section 24 of the MHCPA where a Court had not, as a result of that determination, made a further order for the person's detention under the provisions of section 27 of the same Act. For reasons

set out in the Supreme Court decision of R v Adams (2003) NSWSC 142 the Tribunal had taken the position that persons for whom no section 27 order had been made by the Courts were not in fact forensic patients, and therefore not subject to review by the Tribunal.

Legal advice sought by the Tribunal from the Crown Solicitor's Office subsequently confirmed the Tribunal's view about its lack of jurisdiction in cases of this type. Towards year's end this view was challenged by a person serving a lengthy limiting term who contended that the Tribunal had erred in law in refusing to review him as a forensic patient, and seeking a declaration that he should be subject to review. The Tribunal was joined with the Director of Public Prosecutions as a party to this appeal. The Tribunal entered a limited appearance in the matter which was argued before the Supreme Court in December but reserved for a decision early in 2006.

Shortage of Forensic Beds

The situation described in the 2004 Annual Report about the lack of forensic beds in the New South Wales health and correctional systems continued to prevail in 2005. Throughout the year an extensive waiting list existed for persons for whom admission was sought in Long Bay Prison Hospital (LBPH) for involuntary treatment for their mental illness. The waiting list comprised both persons who were already sentenced prisoners but who were to be transferred into a hospital because of their mental illness under the provisions of section 97 of the MHA, and persons found not guilty on the grounds of mental illness of a range of offences.

In the case of the latter group the court order referring their case to the Tribunal under the provisions of section 38 or 39 of the MHCPA also required their detention in a hospital for treatment of their mental illness. Despite such court orders these forensic patients, not infrequently, were forced to spend significant periods of time outside the hospital and in the general prison population awaiting the possibility of a bed becoming available at LBPH, or at one of the other forensic hospitals around the State.

Placement and Segregation Issues

In a number of decisions, all of which remain unpublished and restricted to reading by those directly affected by the forensic review process, the Tribunal expressed its continuing concern about the placement of forensic patients suffering from acute mental illness in prison rather than in a hospital. The Tribunal also expressed its concern about the placement of some of these forensic patients in segregation for lengthy periods of time. The Tribunal indicated to the Minister, and through him to the Minister for Corrective Services and the Department of Corrective Services (DCS), that DCS' segregation policies for mentally ill people ran counter to basic principles established under human rights law, and in particular under the provisions of the United Nations Principles for the Protection of Persons with a Mental Illness and the Improvement of Mental Health Care. The United Nations Principles require that mentally ill persons should not be kept in segregation beyond the period which is strictly necessary to prevent immediate or imminent harm to the patient or others. Those same Principles also require that a patient who is secluded must be kept under humane conditions and be under the care and close and regular supervision of qualified members of staff.

In several cases brought to the Minister's attention by the Tribunal, mention was made of forensic patients who had been found not guilty of offences on the grounds of their mental illness being kept in segregation for many months within Long Bay Prison Hospital, a facility jointly managed by the DCS and Justice Health. In these cases the Justice Health treating team members responsible for the forensic patient's care and treatment were generally opposed to this segregation but their opposition was overruled by the DCS officials.

Public attention and controversy about the conditions under which forensic patients were being kept arose on two separate occasions during 2005. On the first occasion a leading story in the Sydney Morning Herald, published in April, contained critical comments about the Tribunal's failure to review in a prompt manner a forensic patient who was being kept in segregation in a prison. The forensic patient, Mr A, was named and details given about his alleged offending. Mr A had originally been found unfit to be tried in the District Court and, accordingly, had then been referred to the Tribunal for a further determination concerning fitness under the provisions of section 16 of the MHCPA. Investigations showed that after the referral the Tribunal had sought for a number of months, unsuccessfully, to obtain a detailed psychiatric assessment of his fitness to be tried. Because of this lack of an assessment his case had to be adjourned on a number of occasions prior to the publicity being given to the matter. After this publicity, and Ministerial intervention, an assessment was obtained and a review conducted of Mr A by the Tribunal.

In a lengthy decision in Mr A's case about his fitness to be tried, as well as the conditions under which he was being held, the Tribunal admitted its own deficiencies in acting in a prompt and effective manner. However, attention was also drawn to the deficiencies which existed in the system for obtaining psychiatric assessments about fitness from Justice Health sources, and to the highly unsatisfactory situation which prevailed in regard to Mr A's ongoing detention in segregation in a prison, rather than him being transferred into a hospital as a mentally ill person.

Because of the extensive publicity that had been given to Mr A's case in the media, and expressions of concern raised about the conduct of his case by the Tribunal, the President of the Tribunal took the unusual step of circulating a copy of its decision in Mr A's case to all members of the Tribunal. The circulated copy of the decision was de-identified so as not to reveal the names of any persons involved in the case.

Coronial Inquiry

The second occasion on which public attention became focussed on the Tribunal, as well as on the DCS and Justice Health officials, in regard to the treatment of a forensic patient occurred in November when an inquest commenced into the death by suicide of a forensic patient held in detention at Long Bay Hospital Area 2. The patient, Mr Scott Simpson, took his own life in July 2004 after being found not guilty by the Supreme Court of a charge of murder on the grounds of mental illness. The President of the Tribunal was subpoenaed by the Coroner's Court to give evidence about the role it had played in Mr Simpson's case, and in particular, what steps it had taken to review his status as a forensic patient following the Supreme Court's verdict. Since Mr Simpson's matter is still before the Coroner's Court it is not appropriate for any comment or description to be given at this stage about his case beyond stating that there had been a significant delay in notification by the Supreme Court to the Tribunal of Mr Simpson's forensic patient status. The Tribunal was still seeking to obtain documents about Mr Simpson from the Supreme Court when Mr Simpson took his own life.

Statewide Forensic Mental Health Directorate

The Tribunal's involvement with the newly established Statewide Forensic Mental Health Directorate increased during 2005. The Directorate acted as a source of advice to the Minister about forensic matters, including recommendations made by the Tribunal to the Minister in regard to individual forensic patients. The Directorate was also involved in breaching of forensic patients on conditional release as well as being the locus of advice and assistance to registered victims in forensic cases.

The Tribunal conducted discussions with the Directorate about the establishment of a Memorandum of Understanding between the two organisations about the procedures for applications being made by forensic patients for a change in their status, such as requesting a recommendation for conditional or

unconditional release. Both the Tribunal and the Directorate saw benefits in providing time lines for these applications and ensuring that the proper supportive reports and related documentation was provided to the Tribunal. It was expected that the Memorandum of Understanding would be signed early in 2006 after consultation also took place with the Mental Health Advocacy Service about the implications for their operations of these new procedures.

The Community Forensic Mental Health Service, a component of the Statewide Forensic Mental Health Directorate, commenced during the year reviews of all forensic patients on conditional release in the community. These reviews, each involving the comprehensive examination of case files as well as clinical interviews with patients, resulted in a number of patients being directed by their respective treating teams to enter hospital for more intensive examination and assessment. While welcoming the additional attention being given to the supervision and management of forensic patients in the community, the Tribunal expressed some concern about the nature of the interviews conducted by the Community Forensic Mental Health Service team members with individual patients, and in particular about whether these patients were able to give informed consent to the interviews which took place in the absence of their legal representatives.

New Team Leader

In October the Tribunal lost the services of its Forensic Team Leader, Ms Anna Edwards, who returned to her position at the Department of Ageing, Disability and Home Care after a secondment of fifteen months with the Tribunal. During her secondment Ms Edwards did much to strengthen the procedures for the review of forensic patients and develop good working relationships with key agencies like DCS. Ms Edwards' replacement, Ms Sarah Hanson, came to the Tribunal from the Department of Corrective Services where she had been working in a policy analysis position. Ms Hanson, a psychologist, had also had recent experience evaluating community based justice services in an area of the United Kingdom.

FUTURE DEVELOPMENTS IN PERSPECTIVE

In the past: Critical Remarks from an External Review

With the President's five year term of office drawing to a conclusion in early 2006 the opportunity was taken at the Annual General Meeting of the Tribunal in December to address members on the progress made with the development of the Tribunal between 2001 and 2005. Attention was drawn to the critical remarks made about the Tribunal in an external review of its operations, conducted in 2001, shortly after the President had assumed office. The Review, which was conducted by Ms Ruth Cotton of Mandala Consulting (the Cotton Report) and completed in 2002, described the Tribunal of that time as an organisation in crisis which had experienced the consequences of a lengthy period of isolation and abdication in its internal management. There had also been an ignoring of accommodation problems while a tripling in case load was experienced without any budget increase in recognition of this. The Cotton Report went on to support and recommend a number of major changes to the Tribunal which included:

- a restructuring of its Registry;
- a review of its hearing process to improve quality;
- the development of a strategy for the development and management of part time members;
- a move to new premises; and
- the development of an appropriate financial management programme and budget.

Tribunal Achievements

During the four years which have now elapsed since the Cotton Report, each of these major areas of recommended change has been tackled in a concerted and comprehensive way. In regard to the Registry restructure there has been an upgrading of positions and the appointment of a new Registrar and Team Leaders. There has also been an introduction of a new case management system and a link of information technology to the Department of Health. The Registry has been able to cope with an ever-expanding workload without any new staff numbers.

In relation to the hearing process:

- a new Deputy President's position has been established and filled;
- new hearing guidelines have been developed for members;
- a new hearing kit has been prepared for clients and members;
- a revised web site has been launched; and
- there have been significant changes in hearing types and numbers designed to improve the quality of the entire hearing process.

Mention has already been made above of the significant changes which have taken place in the area of the Tribunal's membership, with the recruitment of significant numbers of new members as well as the establishment of a professional development programme which has been conducted on an annual basis since 2001. A Member's Manual has also been developed which was published for the first time late in 2005.

Mention has also been made in earlier annual reports about the move made to the new premises on the site of Gladesville Hospital. The Tribunal is now firmly settled in its new home which is well equipped to meet the needs of clients as well as staff.

On the financial front there have been significant increases in the current funding for the Tribunal and an attempt over the period of review to agree upon a formula for ongoing and recurrent funding of case load increases. The marked improvements which have been secured in the financial management and status of the Tribunal have been made possible by the generous and ongoing support received from the Centre for Mental Health, and the Department of Health overall.

2006 : Looking Forward

It is against this background that the Tribunal can enter the next year of its operation in 2006 in a quite confident and sound position. The Tribunal is no longer in a state of crisis. After a decade and a half of development since its establishment under the provisions of the MHA it can now look with some pride at its accomplishments.

Significant challenges still remain, not the least those of responding to what promises to be quite significant reforms of the MHA, including the probable ending of the Executive's involvement in decision making about forensic patients and the placement of this responsibility in the hands of the Supreme Court, and the Tribunal. The Tribunal has been, and remains, a firm proponent of change in this direction which mirrors comparative developments in other jurisdictions like Victoria and Queensland. It is to be hoped that any future changes in either the forensic or civil jurisdiction will maintain the strong commitment to the protection of people with a mental illness, ensuring that this disadvantaged and often marginalised group receives proper and frequent review by an independent body like the Tribunal.

Duncan Chappell , PRESIDENT

2. REGISTRAR'S REPORT - Review of Operations

2005 was another busy and challenging year for the staff and members of the Tribunal. This report provides a brief overview of the operations and range of functions performed by the Tribunal.

Premises

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

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

Staffing

Although the Tribunal has a small number of staff it is a hardworking and dedicated team without whom it would not be possible for the operations of the Tribunal to continue. Appendix 4 shows the organisational structure and staffing of the Tribunal as at 31 December 2005.

The number of hearings conducted by the Tribunal has increased more than fourfold since the Tribunal's first full year of operation in 1991. By contrast, staffing levels have remained relatively the same over this period. In recent years the increased workload has been absorbed through internal efficiencies and the increased use of information technology. In August 2005 the former Minister for Health gave approval for the employment of an additional Registry Officer for a period of two years. The Tribunal is most appreciative of this additional position and plans for it to be shared between our Forensic and Civil teams.

The Forensic Team

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

There were a number of challenges faced by the forensic team during the year. Although the forensic patient population has increased steadily from 1991, this rise stabilised during 2005, with the forensic population comparable to the number of patients recorded in 2004. 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 continues to be an extremely time-consuming task.

Similar problems are faced in relation to the referral of forensic patients from the courts. Due to the fluctuating jurisdiction of the Tribunal in relation to fitness and limiting term forensic patients, much time is spent by the forensic staff ensuring that all patients are reviewed according to the statutory requirements. Negotiations with both District and Supreme Courts are ongoing to ensure that all relevant documents are forwarded to the Tribunal in a timely manner in these matters, as well as upon the finding of not guilty by reason of mental illness.

In addition to these issues, 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.

In an effort to provide more consistent support to community mental health teams, and minimise the pressure on the forensic team in relation to this, a Memorandum of Understanding with the Forensic Executive Support Unit (FESU) was agreed during 2005. As part of this Memorandum of Understanding new processes were developed for patients or treating teams seeking certain types of leave privileges, release (conditional or unconditional), or changes to conditions of release. Treating teams will now be required to signal their intention to seek the above changes in advance of the hearing and to make their reports available to FESU for feedback before the Tribunal hearing is held. It is hoped that this will ensure that all relevant information is before the Tribunal at the time of review, and that any delay in the Minister's consideration of complex cases will be minimised.

The Tribunal's work with victims of forensic patients also presents ongoing challenges for the forensic team. The forensic team are responsible for notifying registered victims of forensic reviews and work closely with the FESU to coordinate hearings where registered victims may be involved. After the successful completion of the video conferencing trial, the use of video conferencing to facilitate victims' involvement in hearings has now become the preferred method for the involvement of victims in the Tribunal process. The use of video conferencing equipment facilitates victim participation as well as allowing for improved management of security and other practical issues raised by conducting hearings in difficult venues such as prisons and secure psychiatric wards.

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. In 2005 we experienced further increases in our civil hearing load, with total hearings exceeding 9,000. The month of September was the busiest on record with 834 civil hearings conducted.

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 therefore been under ongoing and increasing pressure to schedule hearings in a timely and efficient manner.

With the frequent changes to scheduling 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.

The increased demand for hearings has meant constant juggling of our face to face and telephone/video panels to maximise the number of hearing time slots available. This often means requiring panels to return from venues to conduct additional hearings at Gladesville; combining panels so that panels visit several

sites in the one day and constant communication with hospital staff, members and the Mental Health Advocacy Service.

The hospitals and community mental health agencies which generate applications to the Tribunal are also facing pressure on their services. The Tribunal has responded to the changing needs of hospitals and health care agencies by changing the venue where hearings are held in some areas based on client needs. For example, the Tribunal now attends Wyong hospital on a regular basis and has provided extra sitting days to Wollongong hospital and community mental health in response to increased demand. The civil team has also 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.

The Administration Team

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

Tribunal Members

Appendix 3 provides a list of the members of the Tribunal as at 31 December 2005. The Tribunal had three full time members during 2005: the President, Professor Duncan Chappell and two Deputy Presidents, Ms Maria Bisogni and Mr Bill Tearle. Mr Tearle was appointed to this position following the resignation of Ms Diane Robinson in late 2004. Mr Tearle had joined the Tribunal as a part time member in 2002.

As indicated in the President's Report there was significant change in the part time membership of the Tribunal during 2005. As at 31 December 2005 there were 103 part time members, comprising 33 legal members, 31 psychiatrists and 39 other suitably qualified members. Of these members, 32 were newly appointed in October 2005 following extensive external recruitment action. The terms of 18 part time members expired during the year. Many of these had been long term members of the Tribunal and made enormous contributions over the years. The Tribunal was also saddened by the death of Professor Neil McConaghy in May 2005. Professor McConaghy had been a valued and highly regarded member of the Tribunal since 1992.

The Tribunal's current membership reflects a sound gender balance. There are 5 members who have indigenous backgrounds and 17 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.

In 2005 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 2005 included early intervention and current treatment options for schitzophrenia,

treatments and epidemiology of bipolar disorder and the long term affect of psychoactive drugs. A 'moot' hearing was also held to raise some of the very many challenging issues which members face in the conduct of hearings.

Caseload Overview

In 2005 the Tribunal conducted 9389 hearings. This was 200 more hearings than it conducted in 2004 (a 2.2% increase) and 770 more than conducted in 2003 (an 8.9% 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– 2005

	Civil Patient Case Reviews	*Protected Estates Act Reviews*	*Forensic Patient Case Reviews*	*Totals per year*	*% Increase over previous Year*
1991	1986	61	185	2232	%
1992	2252	104	239	2595	+16.26%
1993	2447	119	278	2844	+ 9.60%
1994	2872	131	307	3310	+16.39%
1995	3495	129	282	3906	+18.01%
1996	4461	161	294	4916	+25.86%
1997	5484	183	346	6013	+22.31%
1998	4657	250	364	5271	-12.34%
1999	5187	254	390	5831	+10.62%
2000	5396	219	422	6037	+ 3.48%
2001	6151	304	481	6936	+ 14.8%
2002	6857	272	484	7613	+ 9.8%
2003	7787	309	523	8619	+ 13.2%
2004	8344	331	514	9189	+ 6.6%
2005	8594	293	502	9389	+ 2.2%
15 YEAR TOTAL	**75970**	**3120**	**5611**	**84701**	

In 2005 the Tribunal conducted:

· 8594 civil patient reviews (for details see Table 1)

· 293 Protected Estates reviews (for details see Table 27)

· 502 forensic patient reviews (for details see Table 28)

Details for each area of jurisdiction of the Tribunal are provided in the various statistical reports contained in this report. The Tribunal has a regular roster for both its civil and forensic hearing panels and conducted

hearings at 37 venues across New South Wales in 2005. 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 2005, 4481 hearings were conducted in person (47.8%), 1854 by video (19.7%) and 3054 by telephone (32.5%). Table B shows the location and number of hearings conducted by video conference during 2005.

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 panels utilising 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.

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.

Table B

Tribunal hearings using video conferencing 2005

VENUES	2005	VENUES	2005
Albury	54	Lismore	60
Armidale	18	Lithgow	12
Balina	4	Long Jetty	7
Bankstown	68	Macksville Hospital	19
Batemans Bay	31	Maitland Hospital	98
Bathurst	16	Marrickville	1
Beenleigh	1	Merrylands	1
Bega	5	MRRC	2
Bellingen	1	Mid Western CMHS	4
Bloomfield	137	Mona Vale	2
Blue Mountains MHS	1	Morisset	3
Bowral	6	Moruya	7
Broken Hill	5	Mudgee	10
Campbelltown	5	Nepean Hospital	28
Canterbury	2	Northern Illawarra	1
Casino	14	Orange	33
Clarence District HS	11	Pambula	4
Coffs Harbour	102	Parkes	1
Concord	1	Port Kembla Hospital	2
Condobolin	1	Port Macquarie	27
Cooma CHC	8	Prince of Wales	1
Cootamundra	6	Queanbeyan	38
Cowra	5	Queenscliffe	1
Deniliquin	6	RPA Missenden	28
Dubbo	20	Shellharbour	25
Fairfield	29	Shoalhaven	7
Foster CHC	31	St Marys	1
Gilgandra	1	St Vincents	1
Glen Innes CHC	5	Tamworth	74
Goodooga	1	Taree	124
Gosford	42	Temora	2
Goulburn	104	Tumut	3
Grafton	28	Tweed Heads	58
Griffith	1	Wagga Wagga	83
Gunnedah	1	Warilla	2
Gympie	1	West Wyalong	1
Hawkesbury	17	Wilcania	4
Hunter Valley	2	Wollongong	47
Inverell	6	Wyong	87
James Fletcher	19	Yass	3
John Hunter	25	Young	13
Katoomba	42		
Kempsey	18		
Kenmore	16		
Lake Macquarie	1		
Lightning Ridge	11		

Total 2005	**1854**
TOTAL 2004	**1671**
TOTAL 2003	**1335**
TOTAL 2002	**885**
TOTAL 2001	**575**

Financial Report

The increased number of hearings conducted by the Tribunal has had a direct effect on the Tribunal's budget and expenditure. In 2003 the Tribunal had lengthy negotiations with the Department of Health on this issue. Agreement was eventually reached that additional funds were required for the Tribunal to carry out its statutory obligations. In April 2004 the Tribunal was advised that an additional $400,000 recurrant buget allocation had been approved under the Mental Health Enhancement program.

In addition the Tribunal received supplementaion of $70,000 in May 2005. These funds were approved by the then Minister for Health, the Hon Morris Iemma, to cover hearing related expenses associated with the Tribunal's continued growth in caseload. Unfortunately these additional funds were not provided in the Tribunal's allocation for 2005/06 financial year.

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

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

Information Technology

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

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

Community Education and Liaison

During 2005 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 full time members of the Tribunal also attended and participated in a number of external seminars and events. These included: meetings of the NSW Chapter of the Council of Australasian Tribunals; the Australasian Institute of Judicial Administration (AIJA) Tribunals conference; the International Association of Forensic Mental Health Services (IAFMHS) conference; the NSW Law and Justice Foundation Awards and the ACT Magistrates Court - Peaceful Co-existence National Forum.

In June 2005 the President and Registrar of the Tribunal attended the annual meeting of the heads of Mental Health Review Board's and Tribunal's. This meeting was held in Hobart and was attended by representatives of the relevant Boards or Tribunal's in Victoria, Queensland, Tasmania, South Australia, Western Australia, the Australian Capital Territory and Northern Territory. The meeting discussed key issues common to all mental health jurisdictions around the country.

RODNEY BRABIN, REGISTRAR

3. STATISTICAL REVIEW

3.1. CIVIL JURISDICTION

Table 1

Summary of statistics relating to the Tribunal's civil jurisdiction under the Mental Health Act 1990 for the period January to December 2005 and combined totals for 2004.

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	644	577	1221	52.7	47.3	871	71.3
s58	Review prior to expiry of Tribunal order for temporary patient status	193	161	354	54.5	45.5	268	75.7
s62	Continued treatment patient	525	283	808	65.0	35.0	22	2.7
s63	Informal patient	50	35	85	58.8	41.2	-	0.0
s69	Appeal against refusal to discharge by medical superintendent	90	79	169	53.3	46.7	126	74.6
s118	Community counselling order	44	32	76	57.9	42.1	-	0.0
s131	Community treatment order	3144	1962	5106	61.6	38.4	47	0.9
s143A	Detained person under CTO	4	-	4	100	-	1	25.0
s148	Variation or revocation of a CCO or CTO	156	103	259	60.2	39.8	2	0.8
s151(2)	Appeal against magistrate's CCO or CTO	6	-	6	100	0	-	0
s185	ECT applications - Informal patient	-	2	2	-	100	-	0.0
s188	ECT application – involuntary patient	190	299	489	38.9	61.1	24	4.9
s203 *	Notice to Tribunal of performance of surgical operation	-	4	4	-	100	-	0.0
s205(i)	Application and Determination for surgical operation	9	5	14	64.3	35.7	2	14.3
s205(ii)	Application and Determination for special medical treatment	-	1	1	-	100	-	0
TOTALS 2005		***5055***	***3543***	***8598***	***58.8***	***41.2***	***1363***	***15.9***
TOTALS 2004		4884	3473	8357	58.4	41.6	1508	18.0

* *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 2005 under s63 by hospital and age group and combined totals for 2004.

		0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*Total Reviews*
Bloomfield	Male	-	-	-	5	2	2	2	5	16
	Female	-	-	1	-	-	5	3	2	11
	Total	-	-	1	5	2	7	5	7	27
Cumberland	Male	-	-	-	1	3	-	-	-	4
	Female	-	2	1	2	5	2	-	-	12
	Total	-	2	1	3	8	2	-	-	16
Kenmore	Male	-	-	-	2	-	3	2	-	7
	Female	-	-	-	-	-	-	-	-	0
	Total	-	-	-	2	-	3	2	-	7
Macquarie	Male	-	1	-	3	5	2	4	1	16
	Female	-	1	1	1	2	-	-	-	5
	Total	-	2	1	4	7	2	4	1	21
Morisset	Male	-	-	-	-	-	2	-	-	2
	Female	-	-	-	-	1	1	-	-	2
	Total	-	-	-	-	1	3	-	-	4
Prince of Wales	Male	-	-	-	1	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	-	1	-	-	-	-	1
Rozelle	Male	-	-	-	1	-	2	1	-	4
	Female	-	-	1	2	-	-	-	-	3
	Total	-	-	1	3	-	2	1	-	7
St Vincents	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	1	-	-	-	1
	Total	-	-	-	-	1	-	-	-	1
Westmead	Male	-	-	-	-	-	-	-	-	-
	Female	-	1	-	-	-	-	-	-	1
	Total	-	1	-	-	-	-	-	-	1
COMBINED	**Male**	**-**	**1**	**-**	**13**	**10**	**11**	**9**	**6**	**50**
TOTALS ALL	**Female**	**-**	**4**	**4**	**5**	**9**	**8**	**3**	**2**	**35**
HOSPITALS 2005	**Total**	**-**	**5**	**4**	**18**	**19**	**19**	**12**	**8**	**85**
COMBINED	**Male**	**-**	**1**	**3**	**16**	**11**	**10**	**17**	**10**	**68**
TOTALS ALL	**Female**	**-**	**2**	**4**	**8**	**9**	**14**	**12**	**8**	**57**
HOSPITALS 2004	**Total**	**-**	**3**	**7**	**24**	**20**	**24**	**29**	**18**	**125**

Table 3

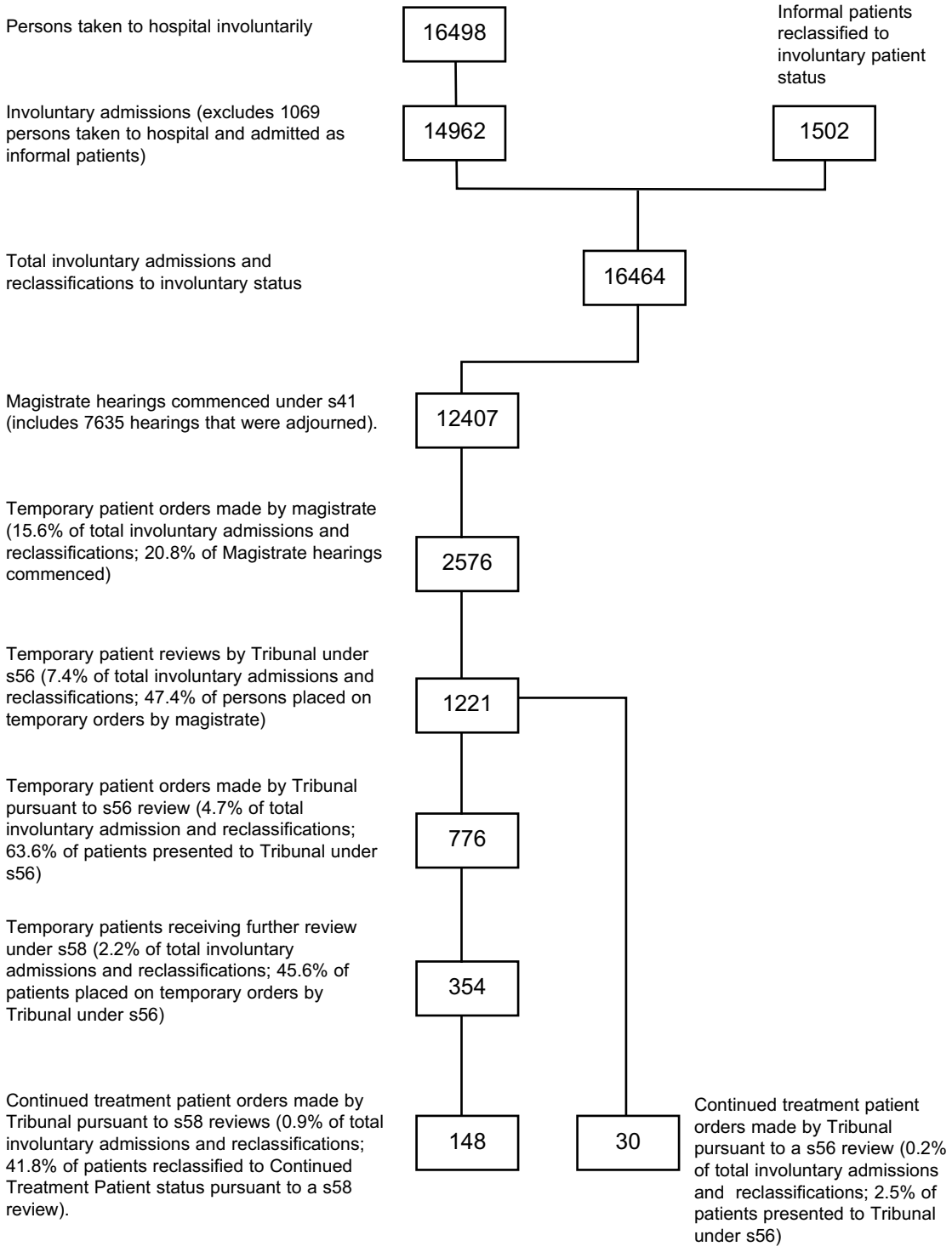
Involuntary admissions and magistrate's inquiries held under s41 of the Mental Health Act 1990 from January to December 2005 and combined totals for 2004 (Hospitals and Units).

Major Psychiatric Hospitals	*Persons taken Invol.*	*No. of Invol. Admiss.*	*Number Reclass Invol*	*Magist Inquiry Started*	*Adjourned*	*Magist. Inquiry Completed*	*Discharged or Reclass.*	*CCO* or CTO*	*Temp. Patient Order*
Bloomfield	912	896	35	689	517	172	8	110	54
Cumberland	1318	1209	283	696	304	392	10	57	325
James Fletcher	1544	1382	442	935	704	231	15	95	121
Kenmore	420	420	23	278	90	188	2	19	167
Macquarie	236	228	12	210	121	89	4	33	52
Morisset	7	7	4	6	-	6	-	-	6
Rozelle	1334	1334	96	1146	494	652	311	116	225
SUB-TOTALS 2005	**5771**	**5476**	**895**	**3960**	**2230**	**1730**	**350**	**430**	**950**
SUB-TOTALS **2004**	**5662**	**5293**	**818**	**4519**	**2432**	**2087**	**417**	**626**	**1044**
Public Hospital Units									
Albury	139	139	15	94	45	49	1	19	29
Bankstown	578	576	-	297	161	136	3	48	85
Blacktown	232	219	12	315	221	94	1	42	51
Broken Hill	110	109	3	18	7	11	-	10	1
Campbelltown	398	398	2	282	149	133	20	32	81
Coffs Harbour	471	471	17	415	295	120	-	67	53
Dubbo	41	41	9	6	4	2	-	2	-
Gosford	477	442	2	405	324	81	1	55	25
Goulburn	15	14	1	-	-	-	-	-	-
Greenwich	57	57	-	42	5	37	-	1	36
Hornsby	264	264	15	328	227	101	12	41	48
John Hunter	150	149	33	78	24	54	19	-	35
Lismore	378	375	103	358	251	107	-	57	50
Liverpool	613	613	1	488	307	181	2	92	87
Maitland	510	462	48	301	202	99	7	41	51
Manly	269	269	-	357	258	99	54	4	41
Nepean	611	610	3	496	348	148	1	98	49
Prince of Wales	740	684	-	423	210	213	4	29	180
Royal North Shore	196	196	192	207	118	89	57	-	32
RPA Missenden Unit	258	258	-	234	170	64	17	13	34
Shellharbour	914	913	36	574	400	174	3	106	65
St. George	376	370	3	438	241	197	64	70	63
St. Josephs	42	42	9	46	19	27	6	3	18
St. Vincents	486	486	2	348	214	134	2	22	110
Sutherland	327	327	-	210	153	57	-	27	30
Tamworth	423	422	7	256	174	82	4	32	46
Taree	250	249	19	175	48	127	2	28	97
Tweed Heads	218	218	33	324	237	87	5	59	23
Wagga Wagga	228	228	2	237	154	83	4	38	41
Westmead Acute Adol.	30	30	2	31	11	20	-	3	17
Westmead Adult Psych	17	17	1	44	12	32	2	-	30
Westmead Childrens	52	52	12	27	18	9	1	3	5
Westmead Psychogertric	59	59	8	29	3	26	-	1	25
Wollongong	186	186	16	170	117	53	1	29	23
Wyong	612	610	3	394	278	116	12	39	65
SUB-TOTALS 2005	**10727**	**10555**	**609**	**8447**	**5405**	**3042**	**305**	**1111**	**1626**
SUB-TOTALS **2004**	**10707**	**10433**	**509**	**9993**	**6115**	**3878**	**255**	**1466**	**2157**
TOTALS 2005	**16498**	**16031**	**1504**	**12407**	**7635**	**4772**	**655**	**1541**	**2576**
TOTALS **2004**	**16369**	**15726**	**1327**	**14512**	**8547**	**5965**	**672**	**2092**	**3201**

* Community counselling or community treatment orders

Table 4

Flow chart showing progress of involuntary patients admitted during the period January to December 2005.



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 2005 and combined totals for 2004.

Major Psychiatric Hospitals	*Tribunal Reviews under section 56*			***Tribunal Determinations***			
	M	*F*	*T*	*Adjourn*	*Disch. or Reclassify to Informal*	*Extend Magist. Temp. Order*	*Reclassify to Continued Treatment Patient*
Bloomfield	23	18	41	11	-	29	1
Cumberland	77	56	133	24	2	96	11
Macquarie	21	18	39	6	1	31	1
James Fletcher	42	38	80	35	1	41	3
Kenmore	1	4	5	-	-	2	3
Morisset	22	4	26	9	-	16	1
Rozelle	56	47	103	34	-	68	1
SUB-TOTALS 2005	**242**	**185**	**427**	**119**	**4**	**283**	**21**
SUB-TOTALS 2004	**299**	**230**	**529**	**123**	**9**	**366**	**31**
Public Hospital Units							
Albury	7	2	9	3	-	6	-
Bankstown	27	19	46	20	-	26	-
Blacktown	13	15	28	4	1	23	-
Campbelltown	32	29	61	27	-	33	1
Coffs Harbour	6	4	10	2	-	8	-
Gosford	7	11	18	7	-	10	1
Goulburn Base	25	23	48	16	1	31	-
Greenwich	4	6	10	3	-	7	-
Hornsby	10	10	20	9	-	11	-
John Hunter	3	11	14	2	-	12	-
Lismore	9	4	13	7	-	6	-
Liverpool	21	16	37	18	-	19	-
Maitland	12	6	18	3	-	15	-
Manly	8	8	16	4	-	12	-
Nepean	4	12	16	7	1	8	-
Port Kembla	3	-	3	-	-	3	-
Prince Henry	2	2	4	2	-	2	-
Prince of Wales	53	65	118	52	1	62	3
Royal North Shore	21	7	28	8	-	20	-
RPA Missenden Unit	9	21	30	8	-	21	1
Shellharbour	17	11	28	13	-	15	-
St George	14	8	22	6	-	16	-
St Joseph's	1	4	5	3	-	2	-
St Vincent's	23	17	40	20	-	20	-
Sutherland	17	17	34	14	-	20	-
Tamworth	11	4	15	5	-	9	1
Taree	14	10	24	5	-	19	-
Tweed Heads	3	2	5	2	-	3	-
Wagga Wagga	11	8	19	5	-	13	1
Westmead AA Unit	5	7	12	2	-	10	-
Westmead AP Unit	2	12	14	3	-	11	-
Wollongong	1	13	14	7	-	7	-
Wyong	7	8	15	1	-	13	1
SUBTOTALS 2005	**402**	**392**	**794**	**288**	**4**	**493**	**9**
SUBTOTALS 2004	368	399	767	273	8	468	18
COMBINED TOTALS 2005	**644**	**577**	**1221**	**407**	**8**	**776**	**30**
COMBINED TOTALS 2004	667	629	1296	396	17	834	49

Note : Excludes hospitals at which no reviews under section 56 were held.

Table 6

Demographic profile of temporary patients reviewed under section 56 during 2005and combined totals for 2004.

	0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	Patient Total
Male	16	205	199	110	56	35	16	7	644
Female	29	116	134	94	81	55	51	17	577
Totals 2005	**45**	**321**	**333**	**204**	**137**	**90**	**67**	**24**	**1221**
Totals 2004	**46**	**361**	**338**	**212**	**136**	**93**	**83**	**27**	**1296**

Table 7

Temporary patients whose cases were further reviewed under s58 during the period January to December 2005 and combined totals for 2004.

Major Psychiatric Hospitals	*Tribunal Reviews under section 58*			***Tribunal Determinations***		
	M	*F*	*T*	*Adjourned*	*Discharge or Reclassify to Informal*	*Reclassified as CTP**
Bloomfield	16	5	21	6	-	15
Cumberland	37	23	60	10	-	50
James Fletcher	16	12	28	12	-	16
Kenmore	3	2	5	-	-	5
Macquarie	19	12	31	2	-	29
Morisset	15	8	23	11	-	12
Rozelle	16	14	30	9	-	21
SUB-TOTALS 2004	**122**	**76**	**198**	**50**	**-**	**148**
SUB-TOTALS 2004	133	74	207	46	2	159
Public Hospital Units						
Albury	1	-	1	1	-	-
Bankstown	6	8	14	5	-	9
Blacktown	4	4	8	1	-	7
Campbelltown	4	8	12	5	-	7
Coffs Harbour	-	3	3	1	-	2
Gosford	1	-	1	-	-	1
Goulburn Base	4	6	10	2	-	8
Greenwich	1	1	2	2	-	-
Hornsby	3	2	5	1	-	4
John Hunter	-	1	1	-	-	1
Lismore	1	-	1	-	-	1
Liverpool	-	5	5	2	-	3
Maitland	4	3	7	3	-	4
Manly	3	-	3	2	-	1
Nepean	1	1	2	-	-	2
Port Kembla	2	2	4	1	-	3
Prince of Wales	6	10	16	7	-	9
Royal North Shore Hosp.	7	2	9	3	-	6
RPA Missenden Unit	4	3	7	3	-	4
Shellharbour	3	2	5	4	-	1
St George	2	6	8	4	-	4
St Vincents	2	6	8	4	-	4
Sutherland	2	6	8	3	-	5
Tamworth	2	-	2	-	-	2
Taree	2	1	3	-	-	3
Tweed Heads	1	-	1	-	-	1
Wagga Wagga	1	1	2	-	-	2
Westmead AA Unit	1	2	3	-	-	3
Westmead AP Unit	-	1	1	1	-	-
Wyong	3	1	4	1	-	3
SUB-TOTALS 2005	**71**	**85**	**156**	**56**	**-**	**100**
SUB-TOTALS 2004	65	90	155	52	1	102
COMBINED TOTALS ALL HOSPITALS 2005	**193**	**161**	**354**	**106**	**-**	**148**
COMBINED TOTALS ALL HOSPITALS **2004**	**198**	**164**	**362**	**98**	**3**	**261**

Table 8

Demographic profile of temporary patients reviewed under section 58 for the period January to December 2005 and totals for 2004.

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*Patient Total*
Male	4	66	62	35	12	7	6	1	193
Female	8	36	40	27	21	10	10	9	161
Totals 2005	**12**	**102**	**102**	**62**	**33**	**17**	**16**	**10**	**354**
Totals 2004	**11**	**124**	**83**	**65**	**30**	**25**	**19**	**5**	**362**

Table 9

Reviews of the cases of continued treatment patients at major psychiatric hospitals during the period January to December 2005 under s62 by hospital, age group and numbers of reviews and combined totals for 2004.

Major Psychiatric Hospitals		*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*
Bloomfield	Male	-	9	2	-	9	10	2	4	36
	Female	-	2	2	6	6	2	4	-	22
	Total	-	11	4	6	15	12	6	4	58
Cumberland	Male	1	24	38	36	10	8	-	-	117
	Female	3	4	15	12	20	8	-	-	62
	Total	4	28	53	48	30	16	-	-	179
James Fletcher	Male	-	7	11	4	1	-	-	-	23
	Female	-	1	-	4	4	2	-	-	11
	Total	-	8	11	8	5	2	-	-	34
Kenmore	Male	-	-	10	-	-	-	2	6	18
	Female	-	-	-	-	2	6	-	1	9
	Total	-	-	10	-	2	6	2	7	27
Macquarie	Male	-	21	27	21	34	37	13	-	153
	Female	-	1	8	10	38	16	8	2	83
	Total	-	22	35	31	72	53	21	2	236
Morisset	Male	-	23	24	8	10	7	-	-	72
	Female	-	6	1	4	5	2	2	-	20
	Total	-	29	25	12	15	9	2	-	92
Rozelle	Male	-	7	5	7	11	-	-	-	30
	Female	-	3	7	5	4	1	4	1	25
	Total	-	10	12	12	15	1	4	1	55
Combined Totals	**Male**	**1**	**91**	**117**	**76**	**75**	**62**	**17**	**10**	**449**
Major Psychiatric	**Female**	**3**	**17**	**33**	**41**	**79**	**37**	**18**	**4**	**232**
Hospitals 2005	**Total**	**4**	**108**	**150**	**117**	**154**	**99**	**35**	**14**	**681**

Table 10

Reviews of continued treatment patients at public hospital units during the period January to December 2005 under s62 by hospital, age group and numbers of reviews.

Public Hospital Units		*0-19 yrs.*	*20-29 yrs.*	*30-39 yrs.*	*40-49 yrs.*	*50-59 yrs.*	*60-69 yrs.*	*70-79 yrs.*	*80+ yrs.*	*Total Reviews*
Bankstown	Male	-	2	-	-	-	-	-	-	2
	Female	-	-	-	-	2	-	-	-	2
	Total	-	2	-	-	2	-	-	-	4
Blacktown	Male	-	7	1	-	-	-	-	-	8
	Female	-	3	2	-	1	2	-	-	8
	Total	-	10	3	-	1	2	-	-	16
Campbelltown	Male	-	-	-	3	-	-	-	-	3
	Female	-	1	-	-	-	1	-	-	2
	Total	-	1	-	3	-	1	-	-	5
Coffs Harbour	Male	-	1	-	-	-	-	-	-	1
	Female	-	-	-	1	-	-	-	-	1
	Total	-	1	-	1	-	-	-	-	2
Gosford	Male	1	3	-	-	-	3	-	-	7
	Female	-	-	-	-	-	-	-	-	-
	Total	1	3	-	-	-	3	-	-	7
Goulburn	Male	-	1	2	-	-	-	3	-	6
	Female	-	-	-	-	-	2	-	-	2
	Total	-	1	2	-	-	2	3	-	8
Greenwich	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	3	1	2	6
	Total	-	-	-	-	-	3	1	2	6
Hornsby	Male	-	-	2	-	-	-	-	-	2
	Female	-	1	-	-	4	-	-	-	5
	Total	-	1	2	-	4	-	-	-	7
Lismore	Male	-	3	3	-	2	-	-	-	8
	Female	-	-	-	-	-	-	-	-	-
	Total	-	3	3	-	2	-	-	-	8
Liverpool	Male	-	2	-	4	-	-	-	-	6
	Female	-	-	-	2	3	-	-	1	6
	Total	-	2	-	6	3	-	-	1	12
Maitland	Male	-	1	-	-	-	2	-	-	3
	Female	-	1	-	-	-	-	-	1	2
	Total	-	2	-	-	-	2	-	1	5
Manly	Male	-	2	1	-	-	-	-	-	3
	Female	-	-	-	-	-	-	-	-	-
	Total	-	2	1	-	-	-	-	-	3
Nepean	Male	-	1	-	-	-	2	-	-	3
	Female	-	-	-	-	2	-	1	-	3
	Total	-	1	-	-	2	2	1	-	6
Prince of Wales	Male	-	2	4	-	3	-	-	-	9
	Female	-	1	-	3	-	2	-	-	6
	Total	-	3	4	3	3	2	-	-	15
Royal North Shore	Male	-	1	-	1	1	-	-	-	3
	Female	-	1	-	-	-	-	-	-	1
	Total	-	2	-	1	1	-	-	-	4
RPA Missenden	Male	-	-	1	-	-	-		-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	1	-	-	-	-	-	1
Shellharbour	Male	-	-	-	-	-	2	-	-	2
	Female	-	-	-	-	-	-	2	-	2
	Total	-	-	-	-	-	2	2	-	4
St George	Male	-	1	2	-	-	-	-	-	3
	Female	-	-	-	-	-	-	-	-	-
	Total	-	1	2	-	-	-	-	-	3
St Vincent's	Male	-	1	2	-	2	-	-	-	5
	Female	-	1	-	-	1	1	-	-	3
	Total	-	2	2	-	3	1	-	-	8
Sutherland	Male	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	1	-	-	1
	Total	-	-	-	-	-	1	-	-	1
Tweed Heads	Male	-	-	1	-	-	-	-	-	1
	Female	-	-	-	-	-	-	-	-	-
	Total	-	-	1	-	-	-	-	-	1
Westmead	Male	-	-	-	-	-	-	-	-	-
	Female	1	-	-	-	-	-	-	-	1
	Total	1	-	-	-	-	-	-	-	1
Combined Totals	**Male**	**1**	**28**	**22**	**5**	**8**	**9**	**3**	**-**	**76**
Public Hospital	**Female**	**1**	**9**	**2**	**6**	**14**	**11**	**4**	**4**	**51**
Units 2005	**Total**	**2**	**37**	**24**	**11**	**22**	**23**	**7**	**4**	**127**
Combined Totals	**Male**	**2**	**119**	**139**	**81**	**83**	**71**	**20**	**10**	**525**
All Hospitals	**Female**	**4**	**26**	**35**	**47**	**93**	**48**	**22**	**8**	**283**
2005	**Total**	**6**	**145**	**174**	**128**	**176**	**119**	**42**	**18**	**808**

Table 11

Outcome of Tribunal reviews of Continued Treatment patients under s62 for the calendar years 2004 and 2005.

Tribunal Determinations	*2004 Reviews*	*2005 Reviews*
Continue to be detained as a continued treatment patient	725	765
Adjournment	43	29
Discharge and deferred discharge	2	3
Patient allowed to be absent from Hospital	4	5
Reclassify to Informal Patient status	1	6
Discharge under CTO or CCO	2	-
TOTAL ORDERS MADE	**777**	**808**

Table 12

Demographic profile of temporary patients and continued treatment patients who appealed under section 69 during the period January to December 2005 and totals for 2004.

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*PATIENT TOTAL*
Male	1	27	34	17	6	4	1	-	90
Female	-	12	21	24	9	6	6	1	79
TOTALS 2005	**1**	**39**	**55**	**41**	**15**	**10**	**7**	**1**	**169**
TOTALS 2004	2	39	76	46	21	11	6	1	202

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 2005.

Major Psychiatric Hospitals	Tribunal reviews under s69			Determination by Tribunal			
	M	*F*	*T*	*Discharged*	*Adjourned*	*Appeal Dismissed*	*Dismissed and no further Appeal to be heard prior to next scheduled review*
Bloomfield	1	2	3	-	-	2	1
Cumberland	29	19	48	1	4	38	5
James Fletcher	6	7	13	-	2	11	-
Kenmore	-	1	1	-	-	1	-
Macquarie	4	3	7	-	1	5	1
Morisset	4	-	4	-	2	2	-
Rozelle	11	8	19	1	1	11	6
SUB-TOTALS 2005	**55**	**40**	**95**	**2**	**10**	**70**	**13**
SUB-TOTALS 2004	77	34	111	7	7	85	12
Public Hospital Units							
Bankstown	1	-	1	-	-	1	-
Blacktown	1	-	1	-	-	1	-
Campbelltown	1	1	2	-	-	2	-
Gosford	1	-	1	-	-	1	-
Goulburn	5	1	6	1	-	5	-
Hornsby	2	-	2	-	-	2	-
Lismore	1	5	6	-	2	3	1
Maitland	1	-	1	-	-	1	-
Manly	1	4	5	1	2	1	1
Nepean	-	2	2	-	-	1	1
Prince of Wales	3	6	9	-	1	7	1
Royal North Shore	4	2	6	-	1	5	-
RPA Missenden Unit	2	-	2	-	1	1	-
Shellharbour	1	-	1	-	-	-	1
St George	-	2	2	-	-	2	-
St Josephs	-	2	2	-	-	2	-
St Vincents	4	3	7	1	1	4	1
Sutherland	1	-	1	-	1	-	-
Tamworth	2	6	8	-	-	7	1
Taree	1	1	2	-	-	2	-
Tweed Heads	1	-	1	-	-	1	-
Wagga Wagga	-	2	2	-	2	-	-
Westmead AP Unit	-	2	2	-	1	1	-
Wollongong	1	-	1	-	-	1	-
Wyong	1	-	1	-	-	1	-
SUB-TOTALS 2005	**35**	**39**	**74**	**3**	**12**	**52**	**7**
SUB-TOTALS 2004	**40**	**51**	**91**	**2**	**9**	**74**	**6**
COMBINED TOTALS 205	**90**	**79**	**169**	**5**	**22**	**122**	**20**
COMBINED TOTALS 2004	**117**	**85**	**202**	**9**	**16**	**159**	**18**

Table 14

Comparison of involuntary admissions (Jan 2005 - Dec 2005) and total admissions (July 2004 - Jun 2005) in public psychiatric facilities.

Major Psychiatric Hospitals	*Taken to hospital Involuntarily and Admitted (Jan 2005 to Dec 2005)*	*Total Admissions* (Jul 2004 to Jun 2005)*	*Percentage Involuntary Admissions*
Bloomfield	896	1405	63.8
Cumberland	1209	1297	93.2
James Fletcher/Morisset	1389	1891	73.5
Kenmore/Goulburn	434	602	72.1
Macquarie	228	305	74.8
Rozelle/Concord	1334	2444	54.6
SUB-TOTAL 2005	**5490**	**7944**	**69.1**
SUB-TOTAL **2004**	**5293**	**7363**	**71.9**
Public Hospital Units			
Albury	139	452	30.8
Armidale	-	285	-
Bankstown	576	831	69.3
Blacktown	219	446	49.1
Bowral	-	70	-
Broken Hill	109	125	87.2
Campbelltown	398	599	66.4
Coffs Harbour	471	726	64.9
Dubbo	41	150	27.3
Gosford	442	583	75.8
Greenwich	57	216	26.4
Hornsby	264	413	63.9
John Hunter	149	95	156.8
Kempsey/Port Macquarie	-	246	-
Lismore	375	723	51.9
Liverpool	613	895	68.5
Long Bay	-	108	-
Maitland	462	916	50.4
Manly	269	552	48.7
Mudgee	-	16	-
Nepean	610	714	85.4
Prince of Wales	684	825	82.9
Queanbeyan	-	144	-
Royal North Shore	196	267	73.4
RPA Missenden	258	771	33.5
Shellharbour	913	1505	60.7
St George	370	-	-
St Joseph's	42	85	49.4
St Vincent's	486	575	84.5
Sutherland	327	470	69.6
Taree	249	391	63.7
Tweed Heads	218	660	33.0
Tamworth	422	522	80.8
Wagga Wagga	228	412	55.3
Westmead Acute Adolescent Unit	30	98	30.6
Westmead Adult Psychiatric Unit	17	324	5.2
Westmead Childrens Unit	52	94	180.8
Westmead Psychogeriatric Unit	59	186	31.7
Wollongong	186	439	42.4
Wyong	610	892	68.4
SUB-TOTAL 2005	**10541**	**17821**	**59.1**
SUB-TOTAL **2004**	**10433**	**21059**	**49.5**
COMBINED TOTALS ALL HOSPITALS 2005	16031	25765	62.2
COMBINED TOTALS ALL HOSPITALS 2004	15726	25765	55.3

* Source: Appendix 9 Department of Health Annual Report 2004/2005

Table 15

Community counselling orders for gazetted health care agencies made by the Tribunal for the two calendar years 2004 and 2005.

Health Care Agency	*2004 Total CCOs*	*2005 Total CCOs*	*Health Care Agency*	*2004 Total CCOs*	*2005 Total CCOs*
Albury CMHS	2	-	Leeton/Narrandera CHC	-	-
Armidale CMHS	-	1	Lismore MHOPS	-	-
Ashfield CMHS	-	-	Lithgow MHS	-	-
Auburn CHC	4	2	Liverpool MHS	-	2
Bankstown Lidcombe MHS	-	-	Macquarie Area MHS	-	-
Barwon MHS	-	-	Manly Hospital and CMHS	2	3
Batemans Bay DHC & MHS	3	3	Maroubra CMHS	2	3
Bega Valley Counselling & MHS	-	-	Marrickville CMHS	1	1
Blacktown	1	1	Merrylands CHS	-	-
Blue Moutains MHS	-	2	Mid Western CMHS	2	-
Bondi Junction CHC	3	2	Mudgee MHS	-	-
Botany CHC	-	-	New England Dist (Glen Innes) MHS	-	-
Bowral CHS	-	-	New England District (Inverell) MHS	-	-
Campbelltown MHS	1	-	Newcastle MHS	-	2
Canterbury CMHS	2	2	Orana MHS - Dubbo Base Hospital	-	-
Catherine Mahoney Aged Care P. U.	1	-	Orange CHC	-	-
Central Coast Area MHS	1	-	Orange C. Res/Rehab. Service	-	-
Clarence District HS	1	2	Pambula District Hospital MHS	-	-
Coffs Harbour	-	-	Parramatta CHS	-	-
Cooma MHS	-	-	Penrith MHS	-	-
Cootamundra MHS	-	-	Penrith/Hawkesbury MHS	-	-
Deniliquin District MHS	-	-	Port Macquarie CMHS	-	-
Dundas CHC	1	-	Queanbeyan MHS	-	-
Fairfield MHS	-	-	Redfern/Newtown CMHS	1	-
Far West MHS	1	1	Royal North Shore H & CMHS	4	-
Glebe CMHS	-	-	Ryde Hospital and CMHS	8	7
Goulburn CMHS	-	-	Shoalhaven MHS	-	-
Griffith (Murrumbidgee) MHS	-	-	St George Div of Psych & MH	6	-
Hawkesbury MHS	-	-	St Joseph's Hospital CMACPU	-	-
Hills CMHC	-	-	Sutherland C Adult & Fam MHS	1	1
Hornsby Ku-ring-gai H & CMHS	4	6	Tamworth CMHS	-	-
Hunter	-	-	Taree CMHS	2	2
Illawarra PS	2	-	Tumut CMHS	-	-
Inner City MHS	2	4	Tweed Heads MHS	-	-
James Fletcher Hospital	-	-	Upper Hunter MHS	-	-
Kempsey CMHS	-	-	Wagga Wagga CMHS	-	-
Lake Illawarra MHS	4	4	Young MHS	-	2

TOTAL NUMBER OF COMMUNITY COUNSELLING ORDERS 2005 53 2004 62

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 2005 and totals for 2004.

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*PATIENT TOTAL*
Male	-	5	6	21	11	1	-	-	44
Female	-	1	-	9	12	6	2	2	32
TOTALS 2005	**-**	**6**	**6**	**30**	**23**	**7**	**2**	**2**	**76**
TOTALS 2004	3	5	13	21	17	10	2	6	77

Table 17

Community treatment orders for gazetted health care agencies made by the Tribunal for the two calendar years 2004 and 2005.

Health Care Agency	*2004 Total CTOs*	*2005 Total CTOs*	*Health Care Agency*	*2004 Total CTOs*	*2005 Total CTOs*
Albury CMHS	38	38	Leeton/Narrandera CHC	3	4
Armidale MHS	20	19	Lismore MHOPS	52	59
Ashfield CMHS	101	12	Lithgow MHS	4	14
Auburn CHC	54	57	Liverpool MHS	70	122
Bankstown-Lidcombe MHS	115	121	Macquarie Area MHS	31	24
Barwon MHS	4	3	Manly Hospital & CMHS	77	83
Batemans Bay DHC & MHS	33	31	Maroubra CMH	65	143
Bega Valley Counselling & MHS	9	10	Marrickville CMHS	114	142
Blacktown	118	123	Merrylands CHC	118	116
Blue Mountains MHS	78	72	Mid Western CMHS	49	26
Bondi Junction CHC	95	19	Mudgee MHS	-	12
Bowral CMHS	36	38	New England Dist (Glen Innes) MHS	-	-
Campbelltown MHS	113	109	New England Dist (Inverell) MHS	-	-
Camperdown	-	70	Newcastle MHS	104	75
Canterbury CMHS	140	132	Northern Illawarra MHS	58	92
Catherine Mahoney Aged Care P.U	-	2	Nyngan	1	-
Central Coast AMHS	142	185	Orange CHC	18	28
Clarence District HS	25	34	Orange C Res/Rehab Service	5	10
Coffs Harbour MHOPS	80	96	Parramatta CHS	55	47
Cooma MHS	12	9	Penrith MHS	130	105
Cootamundra MHS	14	16	Penrith/Hawkesbury MHS	3	15
Croydon	-	104	Port Macquarie CMHS	49	60
Deniliquin District MHS	7	5	Queanbeyan MHS	32	39
Dundas CHC	51	57	Redfern/Newtown CMHS	27	39
Fairfield MHS	110	123	Royal North Shore H & CMHS	118	159
Far West MHS	27	21	Ryde Hospital & CMHS	82	78
Glebe CMHS	95	15	Shoalhaven MHS	28	31
Glen Innes	9	10	St George Div of Psychiatry & MH	174	171
Goulburn CMHS	31	41	St Josephs Hospital CMACPU	-	-
Griffith (Murrumbidgee) MHS	11	3	Sutherland C Adult & Fam MHS	157	144
Hawkesbury MHS	36	29	Tamworth CMHS	25	30
Hills CMHC	32	26	Taree CMHS	59	107
Hornsby Ku-ring-gai Hospital & CMHS	91	106	Tumut	5	6
Hunter	63	89	Tweed Heads MHS	50	53
Hunter Valley HCA & Psy Rehab Serv.	49	54	Upper Hunter	1	1
Illawarra Psychiatric Services	31	15	Wagga Wagga CMHS	35	67
Inverell	4	7	Young MHS	21	18
Inner City MHS	75	95			
James Fletcher Hospital	1	-			
Kempsey CMHS	18	20			
Lake Illawarra Sector MHS	76	80			
Lake Macquarie MHS	66	56			

TOTAL NUMBER OF COMMUNITY TREATMENT ORDERS 2005 4272
Total number of Community Treatment Orders 2004 3930

Table 18

Demographic profile of hearings held for persons reviewed under section 131 (community treatment order applications) during the period January to December 2005 and totals for 2004.

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*PATIENT TOTAL*
Male	19	795	1173	642	302	150	48	15	3144
Female	16	337	437	429	343	228	132	40	1962
TOTALS 2005	**35**	**1132**	**1610**	**1071**	**645**	**378**	**180**	**55**	**5106**
TOTALS 2004	42	968	1486	989	704	308	148	53	4698

Table 19

Number of community counselling orders and community treatment orders made by the Tribunal and by Magistrates for the period 1994 to 2005.

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Magistrate CCOs	4	8	7	8	4	4	3	60	15	63	36	7
Tribunal CCOs	125	148	167	178	82	66	69	88	54	70	62	53
Total CCOs	**129**	**156**	**174**	**186**	**86**	**70**	**72**	**148**	**69**	**133**	**98**	60
Magistrate CTOs	247	349	365	747	747	844	673	1289	563	1096	2056	1535
Tribunal CTOs	848	1396	2095	2840	2059	2325	2509	2738	3166	3606	3930	4272
Total CTOs	**1095**	**1745**	**2460**	**3587**	**2806**	**3169**	**3182**	**4027**	**3729**	**4702**	**5986**	**5807**
Total MagistrateCCO/CTOs	251	357	372	755	751	848	676	1349	578	1159	2092	1542
Total Tribunal CCO/CTOs	973	1544	2262	3018	2141	2391	2578	2826	3220	3676	3992	4325
Total CCO/CTOs made	**1224**	**1901**	**2634**	**3773**	**2892**	**3239**	**3254**	**4175**	**3798**	**4835**	**6084**	**5867**

Table 20

Community treatment orders/community counselling orders made by Magistrates for the calendar years 2003, 2004 and 2005.

Area Health Service/Region	*2003 CCOs*	*2004 CCOs*	*2005 CCOs*	*2003 CTOs*	*2004 CTOs*	*2005 CTOs*
Albury (Nolan House)	-	-	-	42	72	19
Bankstown (Banks House)	-	-	-	53	59	48
Blacktown (Bungarribee House)	-	-	-	44	68	42
Bloomfield	-	1	-	-	212	110
Broken Hill (Special Care Suite)	-	-	-	-	9	10
Campbelltown (Waratah House)	1	-	-	17	14	32
Coffs Harbour (Psychiatric Unit)	9	1	-	37	81	67
Cumberland	-	-	-	21	26	57
Dubbo	-	-	-	1	-	2
Gosford (Mandala Clinic)	23	8	1	58	61	54
Greenwich	-	-	-	3	3	1
Hornsby	3	-	-	150	153	41
James Fletcher	-	1	-	41	90	95
John Hunter	-	-	-	-	2	-
Kenmore	-	19	-	11	82	19
Lismore (Richmond Clinic)	-	-	-	63	90	57
Liverpool Hospital	-	-	-	38	82	92
Long Bay	-	-	-	11	-	-
Macquarie Hospital	-	-	3	36	34	30
Maitland	-	-	-	10	25	41
Manly (East Wing)	-	1	-	21	13	4
Mulawa	-	-	-	-	4	-
Nepean (Pialla Unit)	-	-	1	66	109	97
Norma Parker PMS	-	-	-	-	3	-
Prince of Wales (Psychiatric Unit)	-	-	-	29	35	29
Royal North Shore (Cummins Unit)	-	2	-	2	68	-
Royal Prince Alfred (Missenden Unit)	-	-	-	-	15	13
Rozelle	-	-	-	71	161	116
Shellharbour (Psych Unit/Rehab Unit)	8	1	-	93	143	106
St George (Pacific House)	-	-	-	-	91	70
St Josephs (Psychogeriatric Unit)	-	-	-	5	4	3
St Vincents (Caritas Centre)	5	-	-	34	15	22
Sutherland (Psychiatric Unit)	-	-	1	24	25	26
Tamworth (Banksia Unit)	13	-	-	48	37	32
Taree	-	-	-	9	10	28
Tweed Heads	1	-	-	48	80	59
Wagga Wagga (Gissing House)	-	-	-	10	20	38
Westmead Acute Adolescents	-	-	-	-	-	3
Westmead Childrens	-	-	-	-	-	3
Westmead (Psych Geriatric)	-	1	-	-	2	1
Wollongong	-	-	1	-	25	28
Wyong	-	1	-	-	25	28
Yasmar	-	-	-	-	3	-
TOTALS	**63**	**36**	**7**	**1096**	**2056**	**1535**

Table 21

Tribunal determinations on ECT applications for patients for the period January to December 2005 and totals for 2004.

Outcome	*Total*
Capable and has consented	46
Incapable of giving informed consent	1
ECT determined to be neceesary & desirable	413
ECT determined to be NOT necessary & desirable	8
Adjourned	23
TOTALS 2005	**491**
TOTALS 2004	498

Table 22

Demographic profile of ECT hearings held for the period January to December 2005 and totals for 2004.

	0-19	*20-29*	*30-39*	*40-49*	*50-59*	*60-69*	*70-79*	*80+*	*Total*
Male	2	31	47	26	23	29	21	11	190
Female	11	14	51	41	43	38	66	37	301
TOTALS 2005	**13**	**45**	**98**	**67**	**66**	**67**	**87**	**48**	**491**
TOTALS **2004**	**11**	**62**	**74**	**43**	**63**	**59**	**63**	**36**	**411**

Table 23

Breakdown by age groups of hearings for ECT held during 2005 by number and percentage of involuntary admissions or reclassifications and percentages for 2004.

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*Total Persons*
Persons receiving ECT	13	45	98	67	66	67	87	48	491
Persons admitted involuntarily and inpatients reclassified to involuntary *	1151	4108	4151	2982	1364	643	385	173	14957
PERCENTAGE BY AGE GROUP 2005	**1.1%**	**1.1%**	**2.4%**	**2.2%**	**4.8%**	**10.4%**	**22.6%**	**27.7%**	**3.3%**
PERCENTAGE BY AGE GROUP **2004**	**1.0 %**	**1.5 %**	**1.8 %**	**1.6 %**	**4.8 %**	**10.2 %**	**17.8 %**	**19.9 %**	**2.9 %**

Table 24

Results of Tribunal ECT hearings by hospital for the period January to December 2005 and combined totals for 2004.

Major Psychiatric Hospitals	*Tribunal reviews under ss185 and 188*	*Adjourn-ments*	*ECT approved by Tribunal*	*ECT not approved*	*Patient capable and has consented*	*Person Incapable of consenting*
Bloomfield	35	1	30	2	2	-
Cumberland	43	1	39	1	2	-
James Fletcher	41	3	35	-	3	-
Kenmore	3	-	2	-	1	-
Macquarie	22	2	15	1	4	-
Morisset	3	1	2	-	-	-
Rozelle	29	1	26	2	-	-
SUB-TOTALS 2005	**176**	**9**	**149**	**6**	**12**	**-**
SUB-TOTALS 2004	174	7	148	3	16	-
Public Hospital Units						
Albury	6	1	4	-	1	-
Bankstown	24	1	20	-	3	-
Blacktown	9	-	9	-	-	-
Campbelltown	6	-	3	-	3	-
Coffs Harbour	5	1	3	-	-	1
Concord	1	-	1	-	-	-
Gosford	12	-	11	-	1	-
Goulburn	3	-	3	-	-	-
Greenwich	13	-	12	-	1	-
Hornsby	17	1	14	-	2	-
John Hunter	4	-	4	-	-	-
Lismore	14	-	14	-	-	-
Liverpool	10	-	9	-	1	-
Maitland	25	3	16	1	5	-
Manly	14	-	13	-	1	-
Nepean	10	3	6	-	1	-
Port Kembla	1	-	1	-	-	-
Prince of Wales	22	-	19	-	3	-
Royal North Shore	4	-	4	-	-	-
RPA Missenden Unit	3	-	3	-	-	-
Shellharbour	6	-	5	-	1	-
St George	17	2	13	-	2	-
St Vincents (Caritas)	1	-	1	-	-	-
Sutherland	7	-	7	-	-	-
Tamworth	10	-	10	-	-	-
Taree	4	-	3	-	1	-
Tweed Heads	3	-	3	-	-	-
Wagga Wagga	10	1	8	-	1	-
Westmead Acute Adolesc	5	-	5	-	-	-
Westmead Adult Psych	24	1	23	-	-	-
Wollongong	8	-	7	-	1	-
Wyong	17	-	11	-	6	-
SUB-TOTALS 2005	**315**	**14**	**265**	**1**	**34**	**1**
SUB-TOTALS **2004**	**320**	**23**	**260**	**7**	**29**	**1**
COMBINED TOTAL ALL HOSPITALS 2005	**491**	**23**	**414**	**7**	**46**	**1**
COMBINED TOTAL ALL HOSPITALS **2004**	**494**	**30**	**408**	**10**	**45**	**1**

Table 25

Breakdown of Tribunal approvals of surgical operations and special medical treatments (MHA ss205 – 207) during the period January to December 2005.

Patient	*Surgical Procedure*
1	Dental procedure under GA
2	Biopsy and surgical removal of cancer
3	Cystoscopy and any relevant treatment
4	Removal of renal stone and left kidney
5	Biopsy and excision of scalp lesions under GA
6	Colonoscopy and gastroscopy
7	Cataract operation under GA
8	Right fore foot amputation
9	Hysteroscopy, dilation and curettage
10	Dental surgery under GA
11	Endoscopy under GA
12	Transurethal prostrate resection
13	Excision of septal duct under GA
14	Cystoscopy under GA (forensic patient)

NOTE: The Tribunal refused two applications for medical consent and found that it had no jurisdiction in one other matter.

Table 26

Surgery under the emergency provisions (ss 201 – 203) during the period January to December 2005.

Patient	*Surgical Procedure*
1	Paracentesis of abdominal Asciter
2	Corpectomy and spinal fusion
3	Hysteroscopy
4	Coronary and angiography and trans oesophageal echocardiogram

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 2005 and totals for 2004.

Section of Act	*Description of Reviews*	*Reviews*			*Adjourn-ments*	*Order made*	*Order Declined*	*Interim Order under s20*	*Revoca-tion Approved*	*Revoca-tion Declined*	*Legal Repres.*
		M	*F*	*T*							
s.17	Referred to Tribunal by Magistrate	43	36	79	18	10	38	13	-	-	59
s.18	Order made on Forensic Patient	4	1	5	-	1	-	4	-	-	5
s.19	On application to Tribunal for Order	110	70	180	26	71	18	65	-	-	153
s.36	Revocation of Order	13	16	29	5	-	-	-	18	6	2
TOTALS 2005		**170**	**123**	**293**	**49**	**82**	**56**	**82**	**18**	**6**	**219**
TOTALS **2004**		**185**	**146**	**331**	**76**	**97**	**92**	**82**	**9**	**5**	**265**

3.3. FORENSIC JURISDICTION

Table 28

Summary of statistics relating to the Tribunal's forensic jurisdiction for the periods January to December 2004 and 2005 for forensic patient case reviews under the Mental Health Act 1990.

Act and Section	*Description of Review*	2004 *Reviews*			2005 *Reviews*		
	Forensic Patient Reviews requiring submission of Tribunal recommendations to Minister under the Mental Health Act 1990	*M*	*F*	*Total*	*M*	*F*	*Total*
80(1) MHA	Where a detained person is found unfit to be tried at an inquiry or given a limiting term at a special hearing	-	-	-	-	-	-
80(1)(a) MHA	After Court inquiry where detention imposed - consider (a) fitness & (b) danger to self or public	1	-	1	-	-	-
80(1)(b) MHA	After special hearing where limiting term and detention imposed - Consider (a) fitness & (b) danger to self or public	3	-	3	6	-	6
81(1)(a) MHA	After special hearing - not guilty by reason of mental illness	3	3	6	1	-	1
81(1)(b)	After Trial - not guilty by reason of mental illness	7	1	8	9	3	12
82 MHA	Regular periodic review of forensic patient	363	36	399	378	31	409
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	37	13	50	24	9	33
188	Application for ECT	3	1	4	1	-	1
205C(i)	Application for surgical operation	-	-	-	2	-	2
TOTAL		**417**	**54**	**471**	**421**	**43**	**464**
	Tribunal Determinations made under the provisions of the Mental Health (Criminal Procedure) Act 1990	*M*	*F*	*Total*	*M*	*F*	*Total*
16 MHCPA	Determination of fitness to be tried in next twelve months	31	4	35	31	2	33
24 MHCPA	Determination of mental state following making of a limiting term after a special hearing	6	2	8	5	-	5
TOTAL		**37**	**6**	**43**	**36**	**2**	**38**
COMBINED TOTALS		**454**	**61**	**514**	**457**	**45**	**502**

Table 29

Outcomes of reviews held under the forensic provisions of the Mental Health Act 1990 from January to December 2005, Tribunal recommendations, and responses of the Executive Government and totals for 2004.

	Reviews			*Approvals*			*Partial*			*Not Approved*			*Pending*			*N/A*		
	M	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*
No change in conditions of detention	172	20	192	122	16	138	1	-	1	7	2	9	40	2	42	2	-	2
Less restrictive conditions of detention	65	3	68	25	1	26	3	-	3	26	-	26	11	1	12	-	1	1
More restrictive conditions of detention	5	1	6	3	1	4	1	-	1	-	-	-	1	-	1	-	-	-
Conditional release	16	4	20	5	1	6	-	1	1	6	2	8	4	-	4	1	-	1
No change in conditions of release	87	6	93	73	1	74	-	-	-	5	3	8	9	1	10	-	1	1
Less restrictive conditional release	14	1	15	10	-	10	-	-	-	1	1	2	3	-	3	-	-	-
More restrictive conditional release	4	-	4	2	-	2	-	-	-	1	-	1	1	-	1	-	-	-
Unconditional release	3	1	4	-	-	-	-	-	-	3	1	4	-	-	-	-	-	-
Adjournment	51	4	55	-	-	-	-	-	-	-	-	-	-	-	-	51	4	55
Not forwarded or acted upon upon due to changed circumstances	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	4	1	5
DETERMINED under s.16(1) Person probably WILL NOT become fit to be tried in 12 months	18	1	19	-	-	-	-	-	-	-	-	-	-	-	-	18	1	19
DETERMINED under s.16(1) Person WILL become fit to be tried within 12 months	5	-	5	-	-	-	-	-	-	-	-	-	-	-	-	5	-	5
DETERMINED under s.24(2) Person IS mentally ill Referring court notified	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
DETERMINED under s.24(2) Person is NEITHER mentally ill NOR suffering from a mental condition	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Determined under s.24(2) Person is suffering from a mental condition treatable in hospital and IS in a hospital	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
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.82(3) that patient has become fit to be tried	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
DETERMINED under s.89(2) that patient be reclassified to continued treatment patient status.	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6
TOTAL Recommendations and Outcomes 2005	**455**	**45**	**500**	**240**	**20**	**260**	**5**	**1**	**6**	**49**	**9**	**58**	**69**	**4**	**73**	**95**	**8**	**103**
TOTAL Recommendations and Outcomes 2004	454	60	514	257	27	284	8	2	10	20	3	23	50	7	57	116	20	136

Note The Tribunal also conducted 1 hearing in relation to ECT and 2 hearings in relation to surgical procedures concerning forensic patients.

Table 30

Location of forensic patient case reviews held between January and December 2005.

CAMPBELLTOWN	1
CUMBERLAND HOSPITAL	72
GOSFORD	-
KARIONG JUVENILE JUSTICE CENTRE	-
KENMORE HOSPITAL	15
LONG BAY PRISON HOSPITAL	200
MACQUARIE HOSPITAL	4
MORISSET HOSPITAL	44
METROPOLITAN RECEPTION AND REMAND CENTRE	25
MULAWA TRAINING CENTRE	4
TRIBUNAL PREMISES	122
ROZELLE HOSPITAL	16
SHELLHARBOUR	2
SILVERWATER - PMS	1
WOLLONGONG	1
TOTAL	507

Table 31

Location of Forensic Patients as at 31 December 2005.

BATHURST	2
BLOOMFIELD	1
COMMUNITY	75
CUMBERLAND HOSPITAL	37
GOULBURN	1
GRAFTON	1
JUVENILE JUSTICE CENTRE	1
KENMORE HOSPITAL	5
LITHGOW	1
LONG BAY MMTC	8
LONG BAY SPECIAL PURPOSE CENTRE	4
LONG BAY PRISON HOSPITAL	100
MACQUARIE HOSPITAL	2
METROPOLITAN RECEPTION AND REMAND CENTRE	12
MORISSET HOSPITAL	19
MULAWA - PMS	4
ROZELLE HOSPITAL	6
SILVERWATER - PMS	1
WYONG	2
YASMAR	1
TOTAL	**283**

APPENDICES

Patient statistics required under MHA s261(2) concerning people taken to hospital during period January to December 2005

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

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

	Method of Referral	*Admitted*	*Not Admitted*	*Total*
s21	Certificate of Doctor	10015	84	10099
s24	Apprehension by Police	3127	339	3466
s26	Welfare Officer	187	-	187
s142	Breach Community Treatment Order	151	5	156
s23	Request by relative/friend	748	-	748
s25	Order of Court	224	37	261
s21 via s27	Authorised Doctor's Certificate	77	-	77
TOTAL ADMISSIONS		**14529**	**465**	**14994**
RECLASSIFIED FROM INFORMAL TO INVOLUNTARY		1502	2	1504
TOTAL		**16031**	**467**	**16498**

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

Persons were detained as mentally ill persons on 10936 occasions and as mentally disordered persons on 4026 occasions.

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

A total of 12407 magistrate's inquiries under section 41 were commenced and 4772 of these inquiries were concluded.

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

Persons were detained as Temporary Patients at the conclusion of a Magistrate's hearing on 2576 occasions.

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

A total of 1575 Temporary Patient reviews were held by the Tribunal under sections 56 and 58. Persons were further detained as temporary patients on 776 occasions and were classified as Continued Treatment Patients on 178 occasions.

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

APPENDIX 2

TRIBUNAL'S JURISDICTION

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

MENTAL HEALTH ACT 1990 MATTERS

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

PROTECTED ESTATES ACT 1983 MATTERS

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

MENTAL HEALTH (CRIMINAL PROCEDURE) ACT 1990 MATTERS

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

Mental Health Review Tribunal Members as at 31 December 2005

FULL-TIME MEMBERS

Professor D Chappell *(President)*

Ms M Bisogni *(Deputy President)*

Mr William Tearle *(Deputy President)*

PART-TIME MEMBERS

Lawyers

Mrs C Abela
Mrs D Barneston
Ms A Beckett
Ms H M Boyton
Mrs H Brennan
Ms C Carney
Ms J D'Arcy
Ms L J Emery
Ms H Gamble
Mr A Giurissecich
Mr A Glass
Mr R Green
Ms R Gurr
Mr K W Hale
Mr R Handley
Ms D Harvey
Mr H Heilpern
Mr J F Hookey
Ms C Huntsman
Mr T J Kelly
Ms H L Kramer
Mr P Krebs
Ms M MacRae
Ms C McCaskie
Ms L Re
Ass Prof A Rees
Ms K Ross
Ms A Scahill
Ms A Sekar
Mr J Simpson
Ms R R Squirchuk
Ms M White
Mr H Woltring

Psychiatrists

Dr C Allcock
Dr A G G Bennett
Dr B Beottcher
Dr B Burkitt
Dr J A Campbell
Dr J Carne
Dr S Chaturvedi
Dr R Cole
Dr G M DeMoore
Dr J Donsworth
Dr C P Doutney
Dr J Ellard, AM
Prof J Greenwood
Dr J Hollis
Dr R Howard
Dr K Koster
Dr D Kral
Dr L Lampe
Dr W Lucas
Dr R McMurdo
Dr J Miller
Dr G A Rickarby
Dr J Spencer
Dr B Teoh
Dr P W Thiering
Dr L C K Tsang
Dr A Walker
Dr J Wallace
Dr A T Williams
Dr J Woodforde
Dr Yuvarajan

Other

Mr S Alchin
Ms E Barry
Mr P Bazzana
Mr I Beale
Ms D Bell
Mr G Y L Cheung
Ms G Church
Ms L Collins
Dr L Craze
Ms A Deveson AO
Ms M Gardner
Ms B Gilling
Mr J Haigh
Ms S Hong
Ms L M Houlahan
Ms S Johnston
Mr T S Keogh
Ms J Koussa
Ms R Kusama
Mr G Lambert
Ms J Learmont
Ms L Manns
Dr M A Martin
Mr M McDaniel
Mr S J Merritt
Ms F T Ovadia
Mr A Owen
Mr M Ragg
Mr R Ramjan
Ms F Reynolds
Mr A Robertson, PSM
Ms R H Shields
Ms A Shires
Ms M Smith OAM
Dr S Stone
Ms S Taylor
Ms P Verrall
Ms E A Whaite
Dr R A Witton

The terms of following members expired during 2005. Their contribution as members is acknowledged and appreciated.

Mr H Ayling
Mr E de Sousa
Ms M Doudney
Mr J Kernick
Mr J McMillan
Prof N Rees

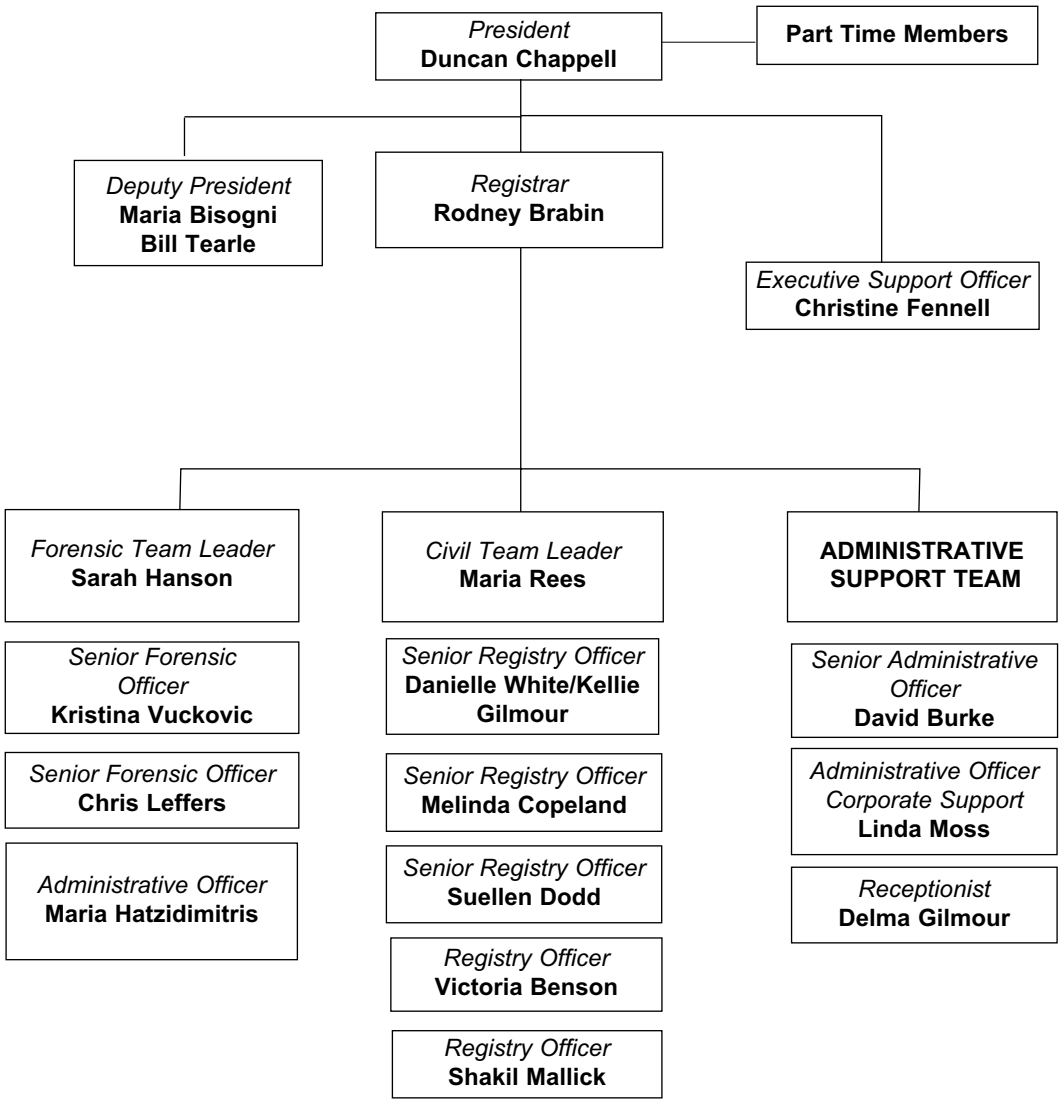
Dr M Cullen
Dr K Mackey
Dr M Pasfield
Dr M Sainsbury
Dr P Sternhell

Prof N NCConaghy (deceased)

Ms S Ashton
Ms G Duffy
Ms C Leung
Ms E Pettigrew
Mr V Ponzio
Ms J Said
Dr S Srinivasan

MENTAL HEALTH REVIEW TRIBUNAL

Structure as at 31 December 2005



FINANCIAL SUMMARY

Budget Allocation and Expenditure 2004/2005

The Tribunal ended the 2004/2005 financial year with a budget surplus of $6,604 Expenditure during the year was directed to the following areas:

	$	$
Tribunal Budget*		**$3,545,026**
Revenue		**14,988**
		3,560,014
Salaries and Wages**	3,061,007	
Goods and Services	438,561	
Equipment, repairs and maintenance	39,412	
Depreciation	14,430	
Expenditure	**3,553,410**	**3,553,410**
Budget Surplus		**-6,604**

* Includes $70,000 supplementation received in May 2005

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

MONTHLY CIVIL HEARING SCHEDULE FOR 2005

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

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 2005 and combined totals for 2004.

ESB	*Male*	*Female*	*Total Admissions/ Reclassifications*	*Needing Interpreter*
Certificate of doctor	5001	4016	9017	10
Apprehension by police	1988	1097	3085	2
Welfare officer	83	78	161	1
Breach of community treatment order	80	49	129	-
Request by relative/friend	304	310	614	-
Order under Crimes Act	177	58	235	-
Authorised person's order	36	24	60	-
TOTAL ESB ADMITTED	**7669**	**5632**	**13301**	**13**
ESB RECLASSIFIED TO INVOLUNTARY	**769**	**588**	**1357**	**-**
GRAND TOTAL ESB 2005	**8438**	**6220**	**14658**	**13**
GRAND TOTAL ESB **2004**	**8066**	**6164**	**14230**	**17**

NESB	*Male*	*Female*	*Total Admissions/ Reclassfications*	*Needing Interpreter*
Certificate of doctor	556	524	1080	166
Apprehension by Police	245	136	381	42
Welfare Officer	15	11	26	15
Breach community treatment order	15	12	27	3
Request by relative/friend	67	65	132	40
Order under Crimes Act	25	1	26	3
Authorised person's order	8	9	17	6
TOTAL NESB ADMITTED	**931**	**758**	**1689**	**275**
NESB RECLASSIFIED TO INVOLUNTARY	**71**	**75**	**146**	**15**
GRAND TOTAL NESB 2005	**1002**	**833**	**1835**	**290**
GRAND TOTAL NESB 2004	**1150**	**988**	**2138**	**355**

FREEDOM OF INFORMATION

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

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

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

FREEDOM OF INFORMATION ACT 1989, SECTION 14(1)B AND (3)
SUMMARY OF AFFAIRS of the MENTAL HEALTH REVIEW TRIBUNAL

AS AT 31 DECEMBER 2005

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, it's goals and objectives may be found in it's Annual Report. The Mental Health Review Tribunal's office is located at

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

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

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

DESCRIPTION OF DOCUMENTS HELD BY TRIBUNAL

SOUND RECORDINGS

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

COMPUTER DATA BASE

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

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

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

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

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 17,775 patient files for both Civil and Forensic matters. Files are identified by a patient's name and a file number. The file contains some information about each patient's clinical history, eg. copies of medical reports and details of each review.

ADMINISTRATIVE FILES

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

PUBLICATIONS

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

REGISTERS

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

BOOKS

- The Tribunal maintains its own small reference library.

DOCUMENTS AVAILABLE FOR INSPECTION

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

POLICY – Mental Hospitals Assaults

POLICY – *Community Counselling Orders and Community Treatment Orders*

POLICY – *Decisions - MHRT*

POLICY – *ECT*

POLICY – *EEO*

POLICY – *FOI*

POLICY – *Forensic Patients*

POLICY – *Medication – Psychiatric Institutions*

POLICY – *National Mental Health*

POLICY – *Purchasing Procedures*

CASE STUDY 1: PROTECTED ESTATES ACT 1983 – NO ORDER MADE AS PATIENT IS CAPABLE

A Magistrate may refer to the Mental Health Review Tribunal the question of a person's capability to manage his or her affairs. Unless the Tribunal is satisfied that the person is capable of managing his or her affairs, the Tribunal must order that the person's estate is subject to management under the Protected Estates Act 1983. If the Tribunal does make such an order, it appoints the Protective Commissioner to manage the person's estate. [Protected Estates Act 1983, sections 16 and 17.]

A Magistrate ordered that Ms A be detained as a temporary patient in a hospital for four weeks. At the same time, the Magistrate referred to this Tribunal the question of Ms A's capability to manage her affairs.

At the hearing, the Tribunal received evidence that Ms A's only income was the Disability Support Pension. After paying her outgoings (rent, electricity, telephone and a credit card debt), Ms A was left with $215 each fortnight for food, fares and clothing. Ms A was strongly opposed to the making of an order under the Protected Estates Act 1983.

The evidence before the Tribunal showed that Ms A was, in fact, managing very well on a very low income. She had successfully negotiated to pay the existing credit card debt by regular fortnightly instalments. She had cancelled a separate credit card account, and there was no outstanding debt in respect of that card.

The Tribunal observed at the hearing that the fact that a person has a very low income, or, indeed, might be living in poverty, does not of itself mean that the person is incapable of managing his or her affairs. While it may have been difficult for Ms A to manage on a very low income, she had demonstrated that she was certainly capable of managing her financial affairs. Further, she displayed a good awareness of her financial situation, and was aware of sources of financial counselling advice.

In these circumstances, the Tribunal decided not to make an order for the management of Ms A's financial affairs.

CASE STUDY 2: COMMUNITY TREATMENT ORDER - EVIDENCE OF NON COMPLIANCE REQUIRED

The Mental Health Act 1990 sets out the criteria that apply to the consideration of an application for a Community Treatment Order. Unless the person has been for the first time diagnosed as suffering from a mental illness by a psychiatrist or a medical practitioner, the following criteria in section 133(2) apply:

(a) the affected person has previously refused to accept appropriate treatment, and

(b) when appropriate treatment has been refused, there has been a relapse into an active phase of mental illness, and

(c) the relapse has been followed by mental or physical deterioration justifying involuntary admission to hospital (whether or not there has been such an admission), and

(d) care and treatment following involuntary admission resulted, or could have resulted, in an amelioration of, or recovery from, the debilitating symptoms of a mental illness or the short-term prevention of deterioration in the mental or physical condition of the affected person.

A health care agency applied for a Community Treatment Order for Mr B. Mr B had previously been subject to a Community Treatment Order, and this was shortly to expire. Before making another Community Treatment Order, the Tribunal would need to receive evidence that Mr B had, in the past, failed to comply with an appropriate treatment regime.

The treating psychiatrist expressed the view that Mr B's recent settled mental state resulted from his prescribed dose of medication. Further, the treating psychiatrist believed that Mr B would not be compliant with his medication if he were not subject to a Community Treatment Order requiring this. However, Mr B's case manager gave quite specific evidence that at no time in the past had Mr B failed to comply with an appropriate treatment regime.

Mr B undertook at the hearing that, if he were no longer subject to a Community Treatment Order, he would consult, and seek the guidance of, a private psychiatrist. He gave the

Tribunal information about steps he had already taken to seek a referral to a private psychiatrist.

In these circumstances, the Tribunal decided not to make a Community Treatment Order, because there was no evidence that Mr B had, in the past, failed to comply with an appropriate treatment regime. On the contrary, the evidence showed that Mr B had complied fully with his treatment regime to date.

CASE STUDY 3 - COMMUNITY TREATMENT ORDER – THE TRIBUNAL MAY NOT PRESCRIBE MEDICATION

Subject to certain conditions the Tribunal may upon application make a Community Treatment Order (CTO) for implementation by a health care agency for a temporary or continued treatment patient in hospital, or for a person currently the subject of a CTO. In making a CTO, the Tribunal must be satisfied that the affected person would benefit from the making of the order as the least restrictive alternative consistent with safe and effective care, and that the health care agency has an appropriate treatment plan for the person and is capable of implementing it.

Mr X was a 24 year old man who had been subject to a number of CTOs. He was said to be non-compliant with medication (Clozapine) and at the time of admission suffering numerous religious paranoid delusions.

A health care agency applied for a community treatment order in relation to Mr X. This application was not opposed by the solicitor who represented Mr X at the hearing. However the representative requested that the Tribunal direct that different medication be prescribed, that is, the patient be given Olanzapine instead of Clozapine.

The Tribunal heard evidence from Mr X, his representative, the treating psychiatrist, the case manager and the Service. After considering all the oral and documentary evidence the Tribunal was satisfied that there was a very strong case for the making a CTO. The Tribunal was satisfied as required under s 131 of the Act that the Community Mental Health Team had a treatment plan that was appropriate to Mr X's needs and was capable of implementation and that Mr X would benefit from the order as the least restrictive alternative consistent with safe and effective care.

The Tribunal also determined that it did not have the power to order the suggested change in medication because the legislature has not in any of the provisions of the Act given the Tribunal the authority to prescribe treatment and care. Decisions of a clinical nature are properly matters for the treating team in the formulation of Treatment Plans and in the ongoing care and treatment of patient.

The Tribunal is an independent review body with relevant multi-disciplinary expertise, but is not to substitute its own clinical judgement nor make directions in relation to the prescription of medication.

CASE STUDY 4: FORENSIC PATIENTS – STAGED PROGRESSION THROUGH THE FORENSIC SYSTEM

The Tribunal is required to review the care, treatment and detention of a forensic patient at least every 6 months and make recommendations to the Minister for Health. The starting point for a large number of forensic patients is detention in a psychiatric hospital with no leave. In response to the patient's improving mental state, greater levels of leave are granted by the Minister based on the Tribunal's recommendation.

Patients may commence their rehabilitation with escorted leave on the grounds of the hospital and progress to escorted outside leave, supervised ground and outside leave, unsupervised outside and overnight leave and eventual placement in a ward on the grounds of the hospital.

In due course, if the Tribunal is satisfied that the patient's release would not seriously endanger the patient or public safety, a recommendation for conditional or unconditional release may be made.

The progression through the various stages of increased leave can take a considerable period of time, however in some cases the progression can be much quicker as evidenced in

the following case study.

Mr M was found not guilty by reason of mental illness on two charges of wounding with intent to murder, and maliciously wounding with intent to cause grievous bodily harm. Mr M has a diagnosis of paranoid schizophrenia and had for some days before the index offence experienced paranoid thoughts, believing that people were following him and wanted to kill him. He also believed that his wife was having an affair. He reported this to his local police station. A psychiatrist was called to his home for the purpose of scheduling Mr M, who then proceeded to attack his wife and police officers at the scene.

At his trial the Court found Mr M not guilty on the grounds of mental illness and ordered him to remain at the medium secure psychiatric hospital where he had been hospitalised for some ten months before the court's finding.

At the Tribunal's first review of Mr M's case, it recommended that Mr M be granted the leave privileges of escorted, supervised and unsupervised ground leave and escorted and supervised outside day leave. These leave privileges were approved by the Minister for Health, and by the time of the Tribunal's next review Mr M had exercised leave on over 100 occasions over a period of three months.

Evidence was presented to the Tribunal at the next hearing that Mr M fell into a category of persons considered to be at low risk for re-offending. His illness was in remission. He had shown a rapid response to treatment and successful use of extensive leave. He had been compliant with all requests made of him. There had been no violations of the hospital unit's rules and Mr M was reported to have demonstrated insight into his illness. He was highly functioning and had the strong support of family members, as evidenced by their sponsorship of supervised leave and support for further leave.

Although Mr M had been granted the first allotment of leave only three months earlier, he had moved through the various levels of leave quickly using it responsibly and without incident.

The Tribunal accepted the evidence that further leave was clinically indicated and necessary to allow Mr M to travel to work independently, to attend TAFE classes and to spend more time with his family. Mr M's family had been involved in discussions about his symptoms and early warning signs and there were a number of safeguards in place to pick up potential signs of relapse.

After considering the evidence the Tribunal was satisfied that the increased leave privileges presented no serious endangerment to Mr M or any members of the public, and recommended to the Minister for Health that Mr M be allowed unsupervised outside day leave. The Minister's consideration of this recommendation is pending.

DATA FROM FORENSIC CENSUS 30 June 2005.

Category of Forensic Patients as at 30 June 2005

CATEGORY	MALE	FEMALE	TOTAL
Not Guilty by Reason of Mental Illness	170	12	182
Fitness	24	3	27
Limiting Term	14	3	17
Transferee	47	11	58
Total	255	29	284

Location of Forensic Patients as at 30 June 2005

BATHURST	1
COMMUNITY	68
CUMBERLAND	34
GOULBURN	1
GRAFTON	1
JUVENILE JUSTICE CENTRE	2
KENMORE HOSPITAL	5
LITHGOW	1
LONG BAY MMTC	10
LONG BAY SPECIAL PURPOSE CENTRE	4
LONG BAY PRISON HOSPITAL	108
MACQUARIE HOSPITAL	2
MORISSET HOSPITAL	18
MULAWA	5
ROZELLE HOSPITAL	7
SHELLHARBOUR	1
SILVERWATER - /MRRC	13
WYONG	2
YASMAR	1
TOTAL	**284**

Number of Forensic Patients 1991 - 30 June 2005

YEAR	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Forensic Patients	77	88	90	102	123	123	126	144	176	193	223	247	279	277	284

NOTE: Figures for 1991 - 2001 taken from MHRT Annual Reports as at 31 December of each year. Figures for 2002, 2003, 2004 and 2005 were taken as at 30 June of these years.