MENTAL HEALTH REVIEW TRIBUNAL

MENTAL HEALTH REVIEW

FROM 1993 TO THE YEAR

2000

INCLUDING THE ANNUAL REPORTS FOR

1997 AND 1998

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MENTAL HEALTH REVIEW TRIBUNAL ANNUAL REPORT 1997 AND 1998

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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 (both civil and forensic), and long-term voluntary psychiatric patients; hearing appeals against a medical superintendent's refusal to discharge; 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 or other disability.

In performing its role the Tribunal actively seeks to pursue the objectives of the Mental Health Act, including delivery of the best and least restrictive possible kind of care to each patient in the least restrictive possible 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. INTRODUCTION

1991 was the Tribunal's first full year of operation following implementation of the Mental Health Act 1990 (hereafter MHA) in September 1990, and by 1993, it was in full stride. This Report examines the six years 1993-1998, and asks what has changed, and what has stayed the same. Observations, particularly germane to the work of the Tribunal, are made about the 1999 mental health scene. Some forecasts about aspects of the likely picture at the start of the new millennium, and some details of the Tribunal's planned response, are also given.

This Report was written in the latter part of 1999. The MHA requires the Tribunal to report, and provide statistical data relating to persons taken to hospital under MHA Part 2 of Chapter 4, in relation to each previous calendar year. This Report meets the reporting requirements of the MHA in relation to the calendar years 1997 and 1998.

It is not an aim of this Report to describe the New South Wales mental health care system and its legal regulation. The Report follows the format for previous years, and it is to AR93-96 that users must turn for the meaning of commonly used terms and abbreviations, for background, and for context.

2. PAST, PRESENT AND FUTURE

2.1 GENERAL OBSERVATIONS ABOUT THE TRIBUNAL'S ACHIEVEMENTS TO DATE.

A cursory examination of all of the annual reports produced by the Tribunal since its first full year of operation would reveal an almost continuous increase in the number of hearings. In 1991 the Tribunal conducted 2232 hearings. In 1998 the Tribunal conducted 5396, representing a 140% increase (see Table A).

Table A

Total number of hearings (including adjournments, reports on emergency ECT and surgery for eight year period 1991 – 1998)

	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% decrease
8 YEAR TOTAL	**27,654**	**1138**	**2295**	**31,087**	**(involving 7851 persons)**

During this period the number of registry staff used to support the Tribunal and enable it to function effectively and efficiently has only increased from 11 to 15. There has been a growing reliance on high technology systems, telephone and video conferencing, and computerisation of the Tribunal's hearing scheduling system, with panel members performing associated administrative tasks.

The Tribunal now has a regular schedule of 47 Tribunal panels per month to conduct reviews at health facilities of all types and at the Tribunal premises. The Tribunal continues to organise additional panels at short notice to deal with emergency applications such as for permission to perform ECT.

The Tribunal has not sought to meet extra demand by applying for significant increases in staff and budget. For each of the past eight years the Tribunal has operated essentially on the level of funding originally provided to meet expected demand in 1991.

Since proclamation of the MHA, demand placed on the Tribunal to provide education and training to staff in major psychiatric hospitals, public hospital mental health units, prisons, and community mental health facilities, has continued to increase. In order to improve the capacity of the Tribunal to meet a growing, and increasingly complex and diverse level of demand, the Tribunal in 1998 implemented an interim restructure of its organisation and revised its policies with a view to performing a wider range of tasks more efficiently and effectively without seeking to increase the number of staff above the present level, and without requiring additional financial resources.

2.2 DETAILS OF ACTIVITY IN 1997 - 1998

The past two years were in many respects a watershed for the New South Wales mental health system. Changes, made through the Mental Health Legislation Amendment Act 1997, came into effect on 19 September 1997 and had an immediate and direct impact on the Tribunal's workload. Some significant developments, achievements, and observations of the period from the Tribunal's perspective need to be recorded:

- In the financial year of July 1997 – June 1998, the Tribunal achieved a small budget surplus of $104,551 (5.1%) which was carried over into the Tribunal's 1998/1999 budget allocation.

- Important matters, including budget and financial requirements, are now dealt with by a high level liaison committee, comprising the President and Registrar of the Tribunal, and a Deputy Director-General, and senior representatives from Finance, Human Resources, and the Centre for Mental Health, from the Department of Health. Matters of vital concern to the Tribunal requiring decision-making and cooperation by the Department are now being expedited in an informed and appropriate manner, with maintenance of the Tribunal's independence remaining paramount.

- The Tribunal continues to maintain its programme of active involvement with and support for consumers and carers and their organisations. The Tribunal continues periodically to poll consumer and carer groups, both formally and informally, seeking feedback about the Tribunal's approach to the exercise of its jurisdiction.

- The Tribunal maintains a strong policy of ensuring that reviewing panels are constituted to reflect an appropriate gender balance, and provide a sympathetic, culturally sensitive response.

- The main focus of the New South Wales mental health system, and of the Tribunal, is upon community treatment, with a growing proportion of the population of people with mental illnesses in the State having their illnesses managed under community treatment orders (CTOs) made and reviewed by the Tribunal. The Tribunal's experience continues to conform with the research findings of P. Power, and D. McKenzie, of the Department of Psychological Medicine, Monash University, reported to the Royal Australian and New Zealand College of Psychiatrists' 33rd Congress ("Psychiatry at the Interface", *Australian and New Zealand Journal of Psychiatry, Vol. 32, May 1998, Supplement*), that patients when placed under CTOs have significantly better outcomes than involuntary patients discharged from hospital without CTOs. More recent but as yet unpublished research available to the Tribunal continues to support these findings.

- In Section 10 of previous reports, the New South Wales forensic mental health system was described. This system is reflected in various forms, and with variations, generally throughout Australia and elsewhere in Western societies. It is a system whereby people with mental disorders or conditions, whether they be:

    1. people convicted of crimes, and found to be mentally ill once in prison (transferees);

2. people who, because of some mental or intellectual condition or disability, will probably remain insufficiently mentally fit to allow a fair trial in the foreseeable future; or

3. people whose disabling mental state at the time of committing an alleged crime was so overwhelming a factor as to demand their acquittal “by reason of mental illness”

may be diverted from corrections and punishment, and treated as “forensic patients” under the MHA. Treatment and rehabilitation of forensic patients in New South Wales generally takes place in a prison hospital, in an outside psychiatric hospital, under community management, or in some other appropriately therapeutic setting.

Boundaries for treatment are set for each of the above categories respectively by:

1. the parameters of the transferee’s sentence (supplemented in a growing number of cases by the Tribunal’s exercise of its power to bring the transferee under a CTO near the end of sentence);

2. the “limiting term” set after a “qualified finding of guilt” made at a “special hearing”; and

3. an “indeterminate sentence” previously known as - at the “governor’s pleasure”.

During such periods of forensic status, treatment and management are mandated and monitored by the Tribunal, which provides ongoing scrutiny and review of progress.

It is important to record the Tribunal’s experience in 1997-1998, and ongoing in 1999, that on the information available to the Tribunal the recidivism rate in relation to the first of the abovementioned categories (transferees) is considerably less than that for ordinary prisoners leaving prison on the completion of their terms, that the recidivism rate for the second category (persons unfit to be tried) is minimal, and that the recidivism rate for the third category (mental illness acquittees) is nil.

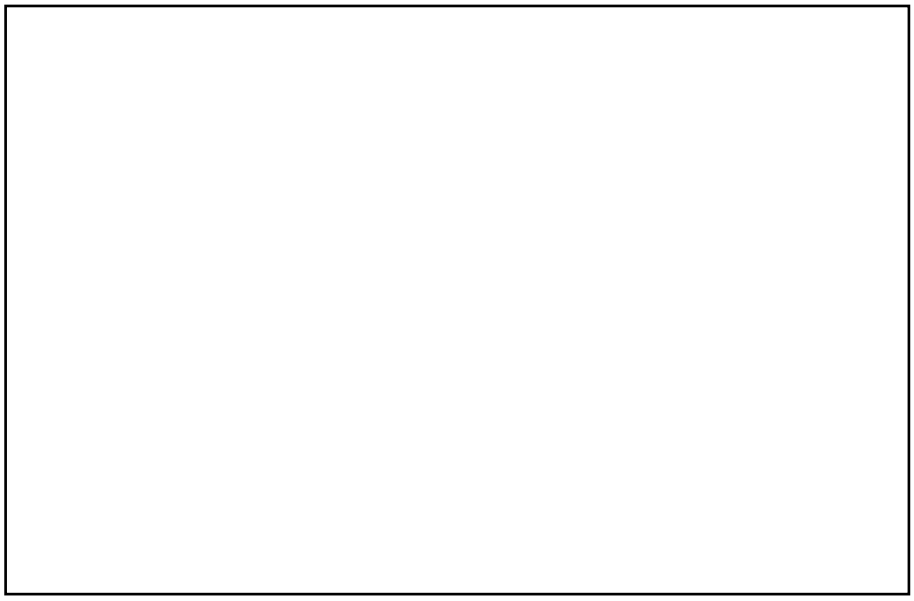
The Tribunal, in 1998, conducted:

- 4657 civil patient case reviews. (For details see table 4)
- 364 forensic patient case reviews. (For details see table 32)
- 250 reviews under the Protected Estates Act 1983. (For details see table 31)

Panels were convened on 2040 occasions at 150 different venues across New South Wales.

In 1998, there was continuing:

- involvement of mental health consumers and carers in development of Tribunal policies and procedures.
- involvement by the Tribunal in the specialist rehabilitation programmes, which it orchestrated, through the auspices of the Central Sydney Area Health Service, and the Hunter Area Health Service, for those forensic patients who have both a mental illness and a coexisting drug or alcohol dependency problem.
- use of video conferencing in the medico-legal field, through the establishment and maintenance of a Tribunal Telemedicine Programme. The programme commenced in February 1997 and by the end of December 1997 over 193 Tribunal meetings or hearings in rural areas had been conducted by video conferencing. In 1998, the Tribunal conducted 326 hearings via video conference with 26 venues (see Table B). Working in cooperation with the NSW Health Telemedicine Project, the Tribunal has established video links with most of the 17 video conferencing sites established in rural psychiatric services. The Tribunal has also used video conferencing facilities in a TAFE college and a University when facilities were not available in the local health service. A formal evaluation, funded by the Commonwealth Government, has now been completed. It compared the cost and effectiveness of video, telephone and standard (all participants physically present) Tribunal hearings. The results showed that video conference hearings are perceived to be at least equivalent to standard hearings by participants (patients, carers, health care workers and legal representatives) and Tribunal members. A higher proportion of patients and carers attended video conference hearings then telephone conference or standard hearings. The cost analysis showed that video conference hearings cost the Tribunal an additional $12,000 per annum. The cost of the equipment and the cost of video conference calls were the main additional costs for the Tribunal. The greatest savings for the Tribunal occurred where video conference hearings replaced standard hearings. Further efficiencies in the organisation of Tribunal panels will occur as video conferencing equipment becomes available at other psychiatric inpatient units outside Sydney, such as Newcastle, Morisset, Maitland, Wollongong and Shellharbour. There was strong consumer involvement and consultation in relation to this project. Policies and procedures for the use of Telemedicine have been developed, and training for Tribunal members and staff is an ongoing process.



Susan Johnston, social worker, researcher, and consultant, who evaluated Telemedicine for the Tribunal, Dr. Andy Campbell, consultant psychiatrist, who chaired the Steering Committee, and Sue Cripps, Director, Charmian Clift Cottages, an outside user of the Tribunal's telemedicine facilities, at the launch of *Telemedicine and Justice*, MHRT, June 1998. Ms. Johnston and Dr. Campbell are part-time members of the Tribunal.

Table B

Tribunal hearings using video conferencing – 1997-1998

	1997	1998
Albury	7	20
Armidale	5	1
Bankstown	-	1
Barwon	-	1
Bloomfield	64	76
Bowral	-	1
Broken Hill	5	6
Campbelltown	-	1
Coffs Harbour	-	1
Deniliquin	-	1
Dubbo	19	20
Forbes	2	2
Forster	1	-
Gosford	3	1
Goulburn	-	1
Grafton	1	-
Griffith	-	1
Katoomba	-	1
Kenmore	28	66
Lismore	1	-
Moree	3	1
Muswellbrook	-	1
Nowra	-	1
Port Macquarie	-	2
Queanbeyan	6	5
Shellharbour	1	-
Tamworth	35	61
Rozelle	-	1
Sutherland	-	1
Wagga Wagga	12	52
TOTAL	**193**	**326**

In 1997, the Tribunal abandoned its practice of organising hearings for the public psychiatric facilities on an ad hoc basis and instead, developed a regular schedule for hospital hearings as outlined in Table 1. It remains the case however that the Tribunal is frequently obliged to organise extra hearings at venues all over the State at short notice, for emergency matters.

Table 1

MONTHLY HEARING SCHEDULE FOR 1998

	FIRST WEEK	*SECOND WEEK*	*THIRD WEEK*	*FOURTH WEEK*
MON	Port Kembla + Shellharbour	Sutherland + St. George	Port Kembla + Shellharbour	Sutherland + St. George
	Blacktown + Nepean	St. Vincents + Prince of Wales	Blacktown + Nepean	St. Vincents + Prince of Wales
	Phone hearings	Phone hearings	Phone hearings	Phone hearings
TUES	Rozelle	Rozelle/RPAH (pm)	Rozelle	Rozelle/RPAH (pm)
	James Fletcher	James Fletcher	Kenmore	James Fletcher
	Phone hearings	Phone hearings	Phone hearings	Phone hearings
			Maitland	
			Gosford Hospital	
			Cumberland (forensics)	
WED	Morisset	Bloomfield (2 day - once every 3 mths)	Morisset	
	Cumberland + Westmead	Cumberland	Cumberland + Westmead	Cumberland
	Liverpool/Campbelltown	Auburn CHC (once every 3 months)	Liverpool + Campbelltown	Merrylands CHC (once every 3 months
		Priory (community forensics)	St. Joseph's + Concord	
THURS	RNSH + Ryde CHC	Macquarie	RNSH + Manly	Macquarie
	Manly +Hornsby + Queenscliff CHC (once a month)	Bankstown	Hornsby	Bankstown + Fairfield CHC (once a month)
	Phone/Video	Phone/Video	Phone/Video	Phone/Video
(forensics)	Long Bay Prison Hosp.			
FRI	Phone/Video	Phone/Video	Phone/Video	Phone/Video

2.3 FROM 1993 TO 1998 - WHAT HAS CHANGED AND WHAT HAS STAYED THE SAME

By 1993 the Mental Health Review Tribunal was fully functioning and had been operating for two complete calendar years. Six years later the work in some areas of the Tribunal's jurisdiction had increased significantly while work in other areas stayed the same or decreased marginally. The total number of reviews conducted by the Tribunal was 2,844 in 1993 and 5,271 in 1998, an increase of 85% (see table A). Amendments to the MHA in 1997 led to an increase in the number of reviews for ECT and a decrease in the number of reviews for CTOs.

Involuntary admissions. The Tribunal's jurisdiction does not include reviews of involuntary admissions to hospital or the making of initial Temporary Orders, this being the responsibility of magistrates. However, section 261 of the MHA requires the Tribunal to collect statistical data on involuntary admissions and magistrates' orders.

The number of involuntary admissions was 5,473 in 1993 and 8,759 in 1998. This represents a 60% increase. There was an 11% increase in the number of involuntary admissions between 1997 (n=7,912) and 1998 (n=8,759) which may be partly due to the legislative change in the definition of a mentally ill person in 1997. However, the biggest change in the number of involuntary admissions occurred between 1996 (n=6,445) and 1997 (n=7,912), an increase of 23%.

The number of patients reclassified from informal to involuntary status was 930 in 1993 and 1,321 in 1998, an increase of 41%.

Of the total number of involuntary admissions in New South Wales the proportion occurring in major psychiatric hospitals decreased from half to one third from 1993 to 1998. This reflects federal and state mental health policy to mainstream psychiatric inpatient services by reducing acute inpatient beds in major psychiatric hospitals and establishing psychiatric wards in public hospital units.

A recent example of implementation of this policy is the closure of acute inpatient beds at Kenmore Hospital and the opening of the Chisholm Ross Centre at Goulburn District Hospital in December 1997. The Department of Health and the respective Area Health Services are currently planning the establishment of public hospital psychiatric units in the Blue Mountains and Dubbo which in turn should have the effect of reducing acute admissions to Cumberland Hospital (Parramatta) and Bloomfield Hospital (Orange) respectively.

This trend is further reflected in changes in the number of involuntary admissions in major psychiatric hospitals compared to public hospital units. The number of involuntary admissions to major psychiatric hospitals changed from 2,720 in 1993 to 3,162 in 1998, an increase of 16%. In contrast there was a major change in the number of involuntary admissions to public hospital units, from 2,753 in 1993 to 5,597 in 1998, an increase of 103%.

Temporary Orders made by Magistrates (section 41). The number of reviews by a magistrate for a Temporary Order was 2,978 in 1993 and 4,240 in 1998, an increase of 42%. Interestingly, however the number of Temporary Orders made by a magistrates following these reviews decreased marginally from

2,075 to 2,002. This means that while 70% of those presented to the magistrate in 1993 were given Temporary Orders, only 47% of patients presented to a magistrate in 1998 were given a Temporary Order. The difference reflects an increased number of CTOs being made by magistrates (166 in 1993 compared to 746 in 1998) and an increased number of adjourned magistrates' inquiries not being resumed (440 in 1993 and 1161 in 1998). While an "adjourned not resumed" inquiry means that patients avoid having an involuntary admission recorded, it is important to note that they have no right of appeal to the Tribunal against a medical superintendent's refusal to discharge during an adjournment.

Temporary Orders made by the Tribunal (section 56). The number of reviews by the Tribunal for an extension of a Temporary Order was 450 in 1993 and 785 in 1998, an increase of 74%. The number of different patient cases reviewed was 385 in 1993 and 645 in 1998, an increase of 68%.

The number of orders made following section 56 reviews was 320 in 1993 and 497 in 1998, an increase of 55%. This means that in 1993, 71% of Tribunal reviews led to a continuation of a temporary order and in 1998, 63% of Tribunal reviews led to the continuation of such an order. The lower proportion of orders made was due mainly to an increase in the number of adjournments from 97 in 1993 to 261 in 1998. The main reason for an adjournment of section 56 reviews is to provide the hospital with additional time for discharge arrangements and preparation of treatment plans for patients being discharged on a community order.

The proportion of female patients increased slightly from 41% in 1993 to 45% in 1998. In 1998 the median age group for men was 30-39 years while the median age group for women was 40-49 years.

Review of Temporary Orders (section 58). The number of Temporary Orders reviewed by the Tribunal was 90 in 1993 and 162 in 1998, an increase of 90%. These reviews involved 86 patients in 1993 and 143 patients in 1998, an increase of 66%. The number of orders made was 61 in 1993 and 111 in 1998, an increase of 82%.

Continued Treatment Reviews (section 62). The number of Continued Treatment Reviews was similar in 1993 (501) and 1998 (521). The proportion of female patients was similar in 1993 (42%) and in 1998 (40%). In 1993 and 1998 the median age group for both women and men was 40-49 years.

Appeals (section 69). The number of appeals against a medical superintendent's refusal to discharge were similar in 1993 (n=121) and 1998 (n=122). The number of patients discharged following an appeal decreased from 18 in 1993 to 4 in 1998. The number of adjournments was similar in 1993 (n=18) and 1998 (n=14).

Informal reviews (section 63). The number of Informal Reviews was 388 in 1993 and 225 in 1998, a decrease of 42%. The proportion of female patients was similar in 1993 (42%) and in 1998 (45%). In 1993 the median age group for both women and men was 60-69 years. In 1998 the median age group for women was 50-59 and the median age group for men was 60-69 years.

Electro-convulsive therapy (sections 185 and 188). Since October 1997 the Tribunal has conducted all ECT reviews. Prior to this date the medical superintendent approved emergency ECT and provided the Tribunal with a report. The number of reviews for ECT conducted by the Tribunal was 167 in 1993 and 316 in 1998, an increase of 90%.

The total number of reviews for ECT, plus reports of emergency ECT in 1993, was 200 in 1993 and 316 in 1998, an increase of 58%. The increase in the number of ECT reviews may reflect increased community acceptance of ECT as a safe and effective form of treatment.

The number of approvals (including reports of emergency ECT) for ECT was 163 in 1993 and 279 in 1998, an increase of 71%. The proportion of approvals following a review was similar in 1993 (82%) and 1998 (88%).

The proportion of female patients was similar in 1993 (66%) and in 1998 (67%). In 1993 the median age group for women was 60-69 years and the median age for men was 50-59 years. In 1998 the median age group for women was 50-59 and the median age group for men was 40-49 years.

Surgical procedures (sections 201-203 and 205-207). The Tribunal approved seven surgical procedures for patients in both 1993 and 1998. The Tribunal received 10 reports about surgery proceeding under the emergency provisions of the MHA in 1993 and 7 reports in 1998.

Community Treatment Orders (section 131). The number of CTOs made by the Tribunal was 544 in 1993 and 2,059 in 1998, an increase of 272%. The number of CTOs increased an average of 51% per year from 1993 to 1997 and then decreased by 28% from 1997 to 1998 as a result of a change in the legislation on 19 September 1997 which extended the possible length of a CTO from three months to six months.

The number of CTOs made by magistrates was 166 in 1993 and 747 in 1998, an increase of 349%. The number of CTOs increased an average of 50% per year from 1993 to 1997 and then remained the same in 1997 and 1998. The impact of legislative change in the possible length of CTOs would have had a negligible effect on the number of CTOs made by magistrates. While magistrates can make further CTOs they are usually involved in only the initial CTO following a hospital admission.

The majority of people receiving CTOs in 1998 were under 50 (78%) and were male (60%).

Community Counselling Orders (section 118). There was little change in the number of CCOs between 1993 (n=52) and 1998 (n=82). However there was an increase in CCOs each year from 1993 to 1997 and then a decrease from 1997 (n=178) to 1998 (n=82). It appears the increase in the length of CTOs from three to six months may have reduced the demand for CCOs. However, the total number of CCOs each year is small, and thus confidence about the significance of any changes is limited.

The number of CCOs made by Magistrates was less than 10 each year from 1993 to 1998.

Protected Estates Orders (Protected Estates Act). The number of reviews by the Tribunal for PEOs was 119 in 1993 and 250 in 1998, an increase of 110%. The number of orders made was 60 in 1993 and 105 in 1998, an increase of 75%. There were 20 interim orders made in 1993 and 46 in 1998. The proportion of total orders made following a review was similar in 1993 (67%) and 1998 (60%).

The number of PEOs for forensic patients was eight in 1993 and one in 1998. The majority of PEOs have legal representation, 69% in 1993 and 79% in 1998. The proportion of females presenting for PEO reviews

has increased from 29% in 1993 to 43% in 1998. As with CCOs the number of PEO reviews each year is relatively small limiting meaningful comparison of the data.

Forensic reviews (ch. 5 of MHA and Mental Health (Criminal Procedure) Act). The number of forensic reviews by the Tribunal was 253 in 1993 and 346 in 1998, an increase of 37%. The number of six monthly reviews was 203 in 1993 and 273 in 1998, an increase of 34%. There were 17 approvals for conditional release in 1993 and 13 in 1998. There were two approvals for unconditional release in 1993 and eight in 1998.

Most forensic patients are male, 88% in 1993 and 90% in 1998.

Summary. Most of the increase in the work of the Tribunal from 1993 and 1998 flows from an increase in the number of involuntary admissions and the increasing use of CTOs. In 1998 there were over 3,000 more involuntary admissions than in 1993 which may be the reason for the 335 additional reviews by the Tribunal for Temporary Orders (section 56) and 72 additional reviews of Temporary Orders (section 58).

The number of CTOs increased by over 1,500 between 1993 and 1998. This large increase over five years occurred despite a decrease in the number of orders between 1997 and 1998 as a result of a legislative change which increased the possible length of orders from three months to six months.

In contrast to these increases, there were 163 fewer reviews of informal patients in 1998, compared to 1993.

2.4 NEW MILLENNIUM: PERTINENT OBSERVATIONS AND FURTHER PLANS AS THE SCENE UNFOLDS

2.4.1 "DUAL DIAGNOSIS" AND COMPOUND NEED

2.4.1.1 Strain on Mental Health Services

The presence of severe behavioural or psychiatric disorders in people with intellectual disabilities has been referred to as "dual diagnosis". The term is also increasingly being used to describe people with other combinations of problems, for example, mental illness and substance abuse, or mental illness and personality disorder (no space can be devoted here to the scientific debate about whether this dichotomy has any validity). Such people have a "compound need", and it is better to focus on meeting that, rather than using technical arguments about the predominant medical diagnosis in order to allow one service-provider or another to escape responsibility.

In addition, there is an increasing awareness of the proportion of people coming before the Tribunal, particularly in its forensic jurisdiction, who have experienced family breakdown, disintegration or dysfunction; serious and ongoing sexual abuse; serious and ongoing physical abuse; or care from natural, step or foster parents who are affected themselves by serious and unmanaged disorders of one kind or another. There is a growing awareness of the number of cases where patients are affected by a combination of most or all of the foregoing.

The combinations in particular of mental illness and personality disorder, mental illness and substance abuse, and mental illness, personality disorder and substance abuse, can significantly increase the risk of violence associated with a mental illness.

The emerging phenomenon of a growing "dual diagnosis" clientele in prison hospitals, in hospitals generally, and under mental health team management in the community, imposes a considerable strain upon the mental health care system and forensic programme in New South Wales. Dual diagnosis increases the amount of ongoing assistance, support, advice and guidance which the Tribunal must provide in order to ensure that management of patients remains safe, appropriate, and within the terms of the patients' current treatment and management orders.

2.4.1.2 Brief Versus Specialist Intervention Trials

The Tribunal's experience over the past ten years of people with co-occurring drug and alcohol problems and mental disorders is that better results are achieved where the mental health case managers of dual diagnosis patients have developed the competence to manage both aspects of the patient’s condition rather then referring them to specialist services for drug and alcohol counselling. The availability of a training programme for mental health case managers which would instill competence and confidence in using the intervention along with motivational therapy and long-term non-confrontational supportive counselling, on a state-wide basis would seem justified.

2.4.2 MENTAL HEALTH CARE IN THE LIVES OF PEOPLE WITH OTHER NEEDS

The Tribunal deals predominantly with consumer, carer, and clinical groups, and mental health administrators, clinicians, and workers. But there is a vast army of people and organisations concerned with services, care and support for an ageing population, and for people with disabilities other than mental illness - particularly, intellectual disabilities, and brain injury - where mental illness issues, and in particular, the availability of services for people with a "dual diagnosis" (2.4.1) is of major concern. The Tribunal's jurisdiction routinely involves it in matters concerning people with a dual diagnosis, or whose mental disability is entirely one other than a mental illness.

From the outset, due to the qualifications and experience of key members, the Tribunal has been perceived by carer, support, clinical and respite groups in areas other than mental illness as providing a strong resource, particularly for education and training. Key Tribunal members are routinely involved in education and training programmes for such groups. This includes in particular the programmes of government departments and NGOs concerned with securing employment and providing activity and accommodation for people with disabilities other than mental illness, and for organisations providing respite care. In this way, the Tribunal not only performs a valuable function as a useful resource outside the mainstream of experience of such organisations, but in addition, the activity serves as a conduit through which members and staff might be infused with a greater knowledge and appreciation of broader disability issues impacting upon the world inhabited by people with mental illness and their care providers.

The Tribunal's opinion is that services across the board fail to coordinate well and provide adequate care and support for people with "dual diagnosis". The unfortunate situation thus too frequently arises whereby people with compound need can be shuttled between services and end up receiving none.

Members and staff, in order to be able to perform appropriately their functions as they enter the new millennium, must remain well acquainted with disability issues outside the realm of mental illness, and steps will be taken to ensure that the Tribunal's professional development programmes adequately address them.

2.4.3 NEW DIMENSION FOR CTOS IN THE NEW MILLENNIUM

The experience, to date in 1999, not yet reflected in published data, is of an increasing incidence of people breaching, or being found too unwell to continue in the community under their CTOs, and as a consequence, being brought back into hospital, increasingly with police assistance, for further treatment. The growing experience of the Tribunal is that people breaching CTOs have compound need (2.4.1), in particular, a substance abuse problem. Confusion in community and hospital circles regarding the status of a patient on return to hospital following breach of a CTO, and the hospital's power to recommence involuntary hospital treatment, was addressed in 1999 by the Tribunal's publication of two further procedural notes, available in the *Mental Health Review*, Vol. 8, No. 1 (1999).

On current trends, the new millennium will see an increasing proportion of people with compound need posing an increased risk of violence when unwell, for whom compulsory community treatment mandated by Tribunal order and delivered under the aegis of a community mental health care agency is the only currently available option for the protection of society and the rehabilitation of the patient. In the population

under mandated community mental health care, there will also be an increase in the proportion of people with compound need who have recently been in prison, and who will almost certainly return if the CTO fails.

A person may well be able to return to a relatively normal life if he or she can be kept on anti-psychotic medication, off drugs and alcohol, away from a particular area where the company and associations are bad and corrosive, and in another area where the supports are positive and strong, and in some instances as well, controlled in his or her sexual activity. This provides a very big challenge indeed for the concept of the CTO, and those who in the new millennium will be asked to make, implement and enforce them. Is it too big a challenge, and one which mental health professionals should not be asked to meet? A tentative comment is made on these questions in 12-13.

2.4.4 FORENSIC ISSUES FOR THE NEW MILLENNIUM

2.4.4.1 Forensic Programme and Compound Need

Forensic data from 1999 (to be published in 2000, in AR99) confirms the trend of increasing forensic patient numbers, in particular, within the "unfit to be tried" and "transferee" categories . These categories of patients increasingly pose strong management challenges generated by compound need of the kinds described in 2.4.1. Their cases, which will generally remain before the Tribunal for periods of between 2-10 years, require a high level of liaison and initiative on the Tribunal's part with courts, police, prosecuting authorities, defence teams, judicial administrators, corrections, community services, guardianship, protective office, prison mental health, hospitals, child protection, drug and alcohol, victims, relatives, carers, government departmental officials, and mental health advocates.

The Tribunal, largely by default, has become the principal educator and support in this area. Frequently, in the cases of patients with compound need, including many from the Aboriginal community, the Tribunal has had to step outside any semblance of a traditional quasi-judicial role, and become the instigator of coordinated and integrated programmes for particular forensic patients who would otherwise fall into gaps between services. The Tribunal has had a high success rate in this regard with the Aboriginal forensic patients within its jurisdiction. This facet of the Tribunal's jurisdiction places a high toll on staff resources, including the amount of time that has to be allocated to its liaison and advisory roles.

2.4.4.2 Forensic Problems Extending beyond Areas

Forensic patient numbers and their level of need are increasing rapidly. Public safety is not the only issue involved. The natural anger of victims regarding outcomes in forensic matters, particularly when delivered by the courts, can lead to media inflamed outrage, destabilisation of the community in which the mentally ill population generally must live, and a concomitant increase in the level of stigma which they have always borne. The difficulty in using the concept of Area Health Service in the management of forensic patients throughout the State is illustrated by the fact the forensic patient's offence might have been committed in one Area, he might have been living at the time in another Area, have been itinerant, or have been visiting from overseas or another State, the remnants of his family might be scattered all over the State, he might currently be detained in a prison in yet another Area, and he might need to be placed ultimately in an outside hospital in yet another Area after that.

2.4.4.3 Practical Problems Concerning Clinical Nurse Consultants

2.4.4.3.1 Clinical Nurse Consultants (Forensic and AOD)

A limited level of state-wide service coordination for forensic patients is provided by two key clinical nurse consultants (forensic and AOD) working in conjunction with the Tribunal. An informal arrangement has been reached for them to work with patients outside their Areas.

2.4.4.3.2 Pathology Request Form to Conduct Random Drug Screens for Patients in the Care of CNC - Forensic and AOD

A dual diagnosis (2.4.1) forensic patient's conditional release order might require that random drug screens be conducted. Such patients might be living in a rural or remote community. In particular cases, when requests have been made to a GP to write several pathology request forms for drug screens for forensic patients who are about to be released to remote Aboriginal communities, the request has been declined on the grounds that the GP is ethically bound to see the patient first. The role of the CNC in managing dual diagnosis forensic patients in remote areas is considerably complicated by difficulties associated with the execution of the necessary pathology request forms.

2.4.4.3.3 Inadequate Discharge Planning from Court of Transferee Forensic Patients

Difficulties currently being experienced by the CNCs (forensic and AOD) are illustrated by a recent account to the Tribunal of one:

> The following case example highlights the lack of adequate service planning for transferee forensic patients who are brought before a court and subsequently discharged.
>
> I was called to court urgently regarding the case of Mr. XY. Mr. XY is a man with a mental disorder and intellectual disability who was on remand for 18 months. His previous convictions included serious assaults, aggression and kidnapping of a child. He attended court and was “no billed”, and subsequently released. This man was dressed in prison clothes and was in poor hygiene. He was provided with no money, no residential address to return to and no support services. Mr. XY is on psychotropic medications and has a significant history of substance abuse.
>
> Upon his release, I tried to find suitable accommodation for him and after much effort, I was able to secure a bed at A Hospital. It was appalling that Mr. XY was discharged/released from the court without proper and adequate support. This case example highlights several clinical and service provision issues that need to be addressed.

These matters have been referred by the Tribunal to the appropriate authorities for their attention.

2.4.5 MULTICULTURAL MENTAL HEALTH

A significant number of people from culturally and linguistically diverse backgrounds are to be found in the population under compulsory treatment orders, and in particular, in the forensic patient population. A significant number of women from culturally and linguistically diverse backgrounds become forensic patients having killed or harmed their children because of their untreated or poorly managed mental illnesses.

It is basic to any legal process involving people from culturally and linguistically diverse backgrounds coming before courts and tribunals that interpreter services are fully and effectively used. The Tribunal remains in the vanguard in this regard, particularly through its efforts to train members in the effective use of interpreter services. The Refugee Review Tribunal, *Interpreters Handbook* (1996), is used by all members.

The availability and effective use of interpreter services aside, a major problem for many people from culturally and linguistically diverse backgrounds is the non availability of psychiatric expertise that can recognise and address culturally specific emerging psychotic phenomena in an appropriate way. For example, Sydney's Turkish community has no Turkish speaking psychiatrist steeped in the nuances of Turkish culture and class attitudes. This may explain the significant representation of Turkish women within the New South Wales forensic population.

The Tribunal can hardly be expected or expect to set itself up as a procurer of culturally appropriate expertise from overseas on behalf of each of the numerous NESB groups within NSW society. In order to reinforce the vital need that the Tribunal not operate as a mono-cultural body, and in order, within the context of an inevitably narrowly focused endeavour, to try to gain a broader picture of psychiatric training, and diagnosis and treatment for mental illness in Eastern societies, the Tribunal has embarked upon the project of seeking to move the relevant authorities in the direction of procuring for Sydney's Turkish community, the services of a Turkish trained female psychiatrist. This would be a person currently practising in community psychiatry in Turkey, who might then hold, whether on secondment, or on some other basis, a public sector psychiatry position in the Area of Sydney where most of the members of its Turkish community are to be found.

It has to be reported that because of the enormous obstacles in the path, the Tribunal has made little progress in this endeavour to date.

For the future, the Tribunal will continue in the new millennium to seek to enhance its capacity for appropriate decision-making regarding the rights of people from culturally and linguistically diverse backgrounds, by recruiting to its membership a significantly increased proportion of people form culturally and linguistically diverse backgrounds who are qualified for membership pursuant to the requirements of the MHA.

2.4.6 Women's mental health

One in four women will experience depression at some time in their lives. Unipolar depression will be the second biggest health problem world-wide by the year 2020 and is already one of the highest health burdens for women.

The Tribunal's data indicate that as a group, women are more likely to be identified as suffering from depression and anxiety disorders than men. Several specific issues influence the mental health of women - experiences of childbirth, and experiences in relations and families. Women remain more likely then men to have suffered childhood sexual assault and to be the victims of domestic violence, both of which having serious implications for mental health. There are also concerns about the high rates of eating disorders amongst women.

In order to ensure that its members remain conversant with issues influencing the mental health of women, and by way of a contribution to promotion of women's mental health, the Tribunal initiated a conference on the subject, and organised it conjointly with the New South Wales Institute of Psychiatry, Women and Mental Health Inc. and Charmian Clift Cottages Inc.. The conference was conducted in Parramatta on 29-31 July 1999. Members and staff were encouraged to attend, with members and staff presenting a paper on gender issues in the interface between the legal and mental health systems.

2.4.7 Legal change: Fine-tuning the MHA

The mental health scene in which the MHA operates can change rapidly in a short space of time. Services and programmes vital to implementation of orders might reduce or disappear. Scientific advances, changes in understanding as to the causes and nature of illness, attitudinal change, deterioration in the social fabric, such as that currently being caused by the widespread use of mind-affecting substances, which experience establishes as clear precipitators of psychosis and violence, can combine to change the scene in which legislation must operate, virtually overnight. Furthermore, opinion about the desired paradigm for mental health legislation has radically changed since the "right to protection from treatment" model was developed by civil libertarian lawyers in the 1970s.

Consumers, carers, and clinicians are united in saying to the Tribunal that what they now want is a model based on an enforceable legal right to high quality treatment and services, delivered in a safe and appropriate setting. Of course, there will always be differences of opinion between consumers and clinicians regarding the degree to which the legal system should and can provide ongoing review of the nature and quality of the treatment and services that are being provided.

Legal change needs to parallel the speed of societal change, particularly in mental health. The Tribunal has certain views as to the appropriate mechanism for achieving and shaping legal change, which it will continue to convey to the relevant authorities through appropriate channels.

2.4.8 RAPID AND COMPREHENSIVE EXPANSION OF THE MEDICO-LEGAL VIDEO CONFERENCING NETWORK REQUIRED FOR THE NEW MILLENNIUM

AR96 described how the Tribunal has led the way to widespread video conferencing in the medico-legal field. A high speed and fully informed response is required of the legal system if its efforts to implement human rights charters such as the MHA are actually to work for the benefit of psychiatric patients, rather than, in practical terms, proving simply counterproductive. In the new millennium, video conferencing will be of increasing assistance to the legal system in its efforts to maintain its relevance and accessibility.

In the mental health scene as it will continue to unfold, the courts, the Tribunal, the magistrates, and other decision-makers, will increasingly be required to make informed decisions about accused, convicted, or about to be released, potentially dangerous persons with compound need (2.4.1) who may have been before, or are highly likely to appear in the future before, or come under the jurisdiction or attention of various authorities. These might include the police, prosecuting authorities, defence lawyers, probation and parole authorities, guardianship authorities, protected estates authorities, magistrates, the Tribunal, prison hospital authorities, outside psychiatric hospital authorities, community mental health teams, drug and alcohol authorities, corrections authorities, community services authorities, and child protection authorities. Decision-making in this context will have to be timely, and fully informed.

Because of the sheer inefficiency, cost, and protracted nature of traditional decision-making, traditional modes of communication, and traditional record-keeping, much more active, comprehensive, and thoroughgoing measures than are being taken at present must be pursued to ensure that the increasingly sophisticated video conferencing and information communication technologies are used to the maximum advantage of those caught up in the criminal justice, corrections, mental health care and other related systems. The public needs to be assured that competent, fully informed, timely decision-making is occurring in relation to those in particular with compound need. This is especially so in relation to people who have been dangerous in the past and might become dangerous in the future. Video conferencing and sophisticated information technology can be used to facilitate this. If the traditional legal system fails fully and appropriately to embrace new technology, it is in danger of becoming moribund, and corrosive in this area.

The Tribunal's polling of consumers and carers indicates that video conferencing is as acceptable as face-to-face hearings. With this in mind, the Tribunal is already developing plans aimed at securing a much greater and more effective use of video conferencing in the arena of mental health law, particularly prompted, as well, in the short term, by the potential ramifications for mental health care providers and decision-makers, of the Sydney Olympics, and growing concern about security at magistrates' hearings under the MHA.

The Tribunal recently doubled previous efforts to ensure that all of its instructional, procedural and other material is made available on the internet, and is working towards a state of almost total on-line and video conferencing communication by 2001.

2.4.9 ADVOCACY IN MENTAL HEALTH

2.4.9.1 Consumer Advocacy

Previous reports have highlighted the Tribunal's commitment to and endeavours on behalf of the consumer advocacy movement in New South Wales. These efforts are continuing.

2.4.9.2 Mental Health Advocacy Service

The mental health community in New South Wales is greatly assisted by the work of the Mental Health Advocacy Service. While the impact of the advocacy and interventions of traditional lawyers steeped in the mores of the adversarial system are now widely regarded as corrosive agents in areas where sensitive family, emotional, and psychological issues intersect, such concerns are not being expressed about the work of the specialist lawyers who practice full-time through the Mental Health Advocacy Service. Advocacy on behalf of a people who lack insight into their mental illnesses, and who are unable to give informed consent to treatment, based on their "instructions", is bound to be an activity fraught with potential for harm to a wide range of relationships, and for inhibiting recovery, if pursued from the happy vantage point of ignorance, egocentricity, and insensitivity. Fortunately for consumers, carers, and clinicians in New South Wales, the positive experience over the past ten years of the Mental Health Advocacy Service is that its lawyers represent the opposite of these things.

2.4.10 VICTIMS RIGHTS

Family, friends and acquaintances were most often the victims of those who have become forensic patients, because a feature of the manifestation of the mental illnesses of many people is that it can involve a paranoid change of mood or thinking about their intimates. In many cases too, the assailant was in the prodromal phase of the illness, and legal, clinical, or service limitations were raised to avoid an intervention when, in retrospect, family believe such an intervention might have prevented the tragedy. It can be a vital part of the process of the forensic patient's rehabilitation to draw family into the process, and ultimately, harness them as supports for the patient in the future. The Tribunal has thus from the outset, never allowed a situation to develop whereby victims, and others concerned about the sentencing and disposition of forensic patients, are kept at arms length and treated as irrelevant to, or not entitled to information and involvement in the forensic review process.

Prior to 1998, the Tribunal had relied largely on police and prosecuting authorities to link concerned victims, relatives and friends into its processes where such concerned individuals had not contacted the Tribunal immediately, using their own initiative. The Tribunal had from the outset, always responded immediately to any direct approach from a victim, or from relative or friend of a victim. But it became apparent, prior to 1998, that in some areas of the State, police and prosecuting authorities were unaware of the Tribunal's role and processes, particularly with respect to victims, and in some instances were not even aware of the Tribunal's existence. Accordingly, in 1998, the Tribunal set up its own Victims Register, which works in close collaboration with the Victims Register established pursuant to The Victims Rights Act 1996.

Intensive efforts began in 1998 to educate further police and prosecuting authorities regarding the Tribunal's role generally, and its openness to victims. There will always be gaps and breakdowns in any scheme which relies too heavily on the capacity of police and prosecuting authorities to convey information about the course of a forensic matter following the bequeathing by operation of law, of forensic status. The Tribunal now makes the most active efforts possible within its limited budgetary and staffing resources to initiate appropriate communication with victims who are thought possibly to hold concerns regarding the disposition of particular patients

2.4.11 MEMBER ISSUES

2.4.11.1 Large Pool Required

The Tribunal's membership at December 1998 is set out in Appendix 3. At that date the Tribunal had two full-time members (the President and Deputy President), 28 part-time lawyers, 36 part-time psychiatrists, 42 part-time members with other suitable qualifications or experience, and two part-time members selected from a group of persons who were nominated by consumer organisations (MHA s253(1)(c)). Of the lawyer members, 15 were female, and of the members with other suitable qualifications or experience, 26 were female. As for the psychiatrist members, only 11 were female, but this was an improvement on the general gender imbalance in New South Wales psychiatry. Nineteen members of the Tribunal were from non-English speaking backgrounds, and 4 were members of Aboriginal communities.

The Tribunal maintains a large and diverse membership in order to provide immediately for the exigencies of any given situation, including for: hearings after hours, on public holidays, and at weekends; consumer and carer representation; appropriate gender balance; and for the needs of people from culturally and linguistically diverse backgrounds and from Aboriginal communities.

The membership pool must therefore inevitably be much larger than would be required for a routine jurisdiction with hearings of cases with an uncomplicated background scheduled well in advance in an orderly, routine way. Keeping part-time members currently on reserve involved in and committed to their quasi-judicial role is a major challenge, in the meeting of which, the heads of quasi-judicial bodies receive little outside support. In this hiatus, the mental health review tribunal presidents throughout Australia have moved to set up their own informal association, and their presidents and registrars commenced in 1999 to meet annually for informal discussions regarding membership and other tribunal issues.

2.4.11.2 Challenges for Members and Staff

The Tribunal eschews formal compulsory "training" of members in favour of a high level of ongoing, informal communication, reinforcing the collegiate ethic, adopted by overwhelming consensus, that members should at all times perform their duties in an informal, fair and facilitating way.

In order to remain within budget, part-time members have largely been deprived of clerical assistance and physical support when proceeding to and conducting hearings throughout Sydney and New South Wales, including their conduct of hearings at the Tribunal's headquarters, the Priory, in Gladesville.

While hearings of matters arising in country locations are now largely conducted through the media of either tele or video conferencing, the Tribunal seeks to continue to maintain a strong presence in rural and provincial New South Wales, not only through its maintenance of a core country membership, but also, through the dispatching on circuit at least once per year of Tribunal panels whose endeavours would otherwise be mainly focused around tele and video conferencing at the Priory.

These country circuits also provide an opportunity for registry staff to meet informally and face-to-face with some of the consumers, carers, clinicians, and administrators with whom previous dealings had been mainly by telephone. These country circuits will, annual budget permitting, continue as a regular feature of the Tribunal programme, and will continue to assist in the Tribunal's ongoing educational and liaison endeavours.

2.4.11.3 Aboriginal Mental Health Policy

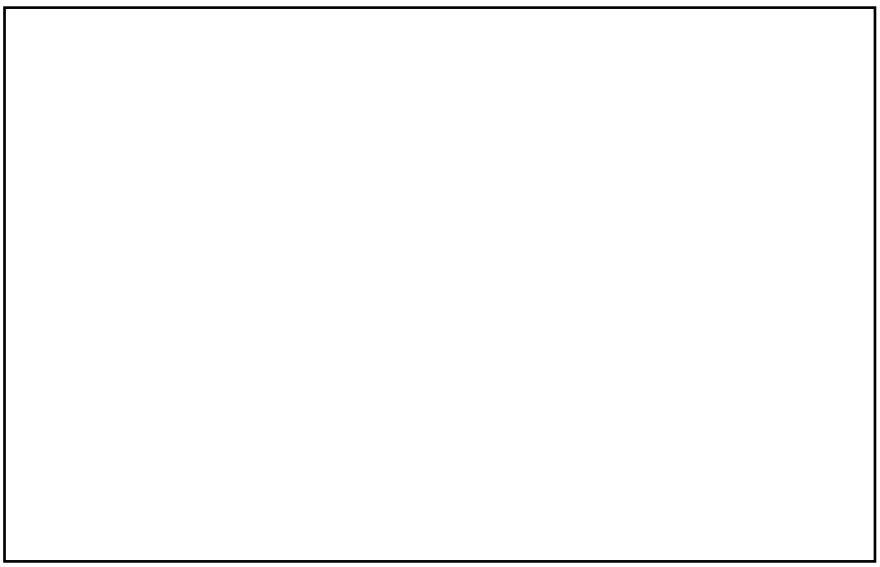
The Tribunal continues to allocate a high level of resources to the advancement of the situations of the growing number of aboriginal forensic patients. It is greatly assisted in this regard by the insight, experience, intimate knowledge and expertise which its four part time members from the Aboriginal community bring to the Tribunal. It is also greatly assisted in this regard by the high level of communication, liaison, and cooperation which it maintains with organisations established and run by Aboriginal people for the advancement of members of the Aboriginal community, particularly those with compound need.

The Tribunal is an active supporter of the NSW Aboriginal Mental Health Policy, and will be seeking in 2000, through the support and cooperative endeavour provided by the Policy, to secure the appointment of additional Aboriginal part-time members.

2.4.12 EMPOWERMENT OF STAFF

The Tribunal has eschewed the traditional staff management hierarchical structure for a team approach. Its experience is that people work better and are happier if they understand and are committed to the goals of an organisation, and understand and appreciate what every worker in the organisation does. Its internal staff training is aimed at achieving the maximum possible multi-skilling and interchangeability.

The Tribunal team is currently investigating, organising and following through on approximately 5,400-5,500 cases per year at an average cost of approximately $360 per case.



The Tribunal Team, clockwise from top left - Michael Sterry, Alan Langley, Sarah Grealy, Mary McDarmont, Yves Stanislas, Carmen Tilley, Karen Tilley, Kellie Gilmour, Kylie Patterson, Robert Hayes, Danielle White, Sarah Ferguson, Chris D'Aeth, Veronica Eldridge.

The Tribunal provides all staff, at all levels, and irrespective of function, with ongoing education about patient rights, and the interests and concerns of carers, with particular regard to legal and ethical constraints regarding privacy and confidentiality. Each year the Tribunal devotes a high level of funding to staff education in areas vital to its needs.

In a small unit responsible for a high volume, high speed jurisdiction, in the sense that the hearing must often take place on the day of the application, with little room for accumulation of applications for set rostered days, it is impossible to keep the various categories of work within fixed sectors, with no movement of staff from sector to sector. All staff must be ready and able to move from sector to sector on

any particular day, depending on the exigencies of the current situation facing the Tribunal. Staff need to be well trained and supported, and committed to a team ethic, in order for this to occur without stress to particular staff members, and to the team as a whole.

Staff are increasingly becoming involved in education and training, not only for staff and members within the Tribunal, but also, for consumer, carer, clinical and other groups. Staff also played a key role, not only in the organisation, but also in the educational, training, and liaison aspects of the recently commenced country circuits, described at 2.4.10.

The Tribunal staff includes consumers of mental health services and staff who are involved outside work hours in consumer advocacy groups and mental health NGOs. The maximum possible support is provided to staff who bring a consumer-oriented dimension to their work with the Tribunal.

Legal, governmental and other requirements and policies for affirmative action and equal employment opportunity, and to prevent harassment, discrimination, and other inappropriate behaviours and practices within the workplace, are strongly inculcated and reinforced through ongoing programmes at the Tribunal.

3. MENTALLY ILL AND MENTALLY DISORDERED PERSONS

A radical change in the definition of "mentally ill person" as the civil and criminal commitment criterion in New South Wales occurred in 1997. The change which, with others, was brought about by the Mental Health Legislation Amendment Act 1997, commenced from 19 September 1997.

The civil commitment criterion of "mentally ill person" is set out in MHA s9. It was thought that its original formulation hindered early intervention for care and treatment, that it was too restrictive, that it was discriminatory in certain respects, and that it did not provide satisfactorily for the situation of a self-neglecting person whose condition would seriously decline over a short period of time if treatment were not provided.

In Tribunal Decision 1/99 - 27 April 1999 - 7911, the Tribunal published an authoritative interpretation of the redefined definition of "mentally ill person", in the context of a case involving a young woman suffering from anorexia nervosa, and this decision is included in a companion document to this report, *Mental Health Review*, Vol. 8, No. 1 (1999), in order to inform the Parliament of the Tribunal's view of the potential scope and application of the amended MHA.

4. ADMISSION TO, and CARE IN, HOSPITALS

4.1. INFORMAL PATIENTS

Since September 1990, and as of 31 December 1998, 187 persons have been referred to the Guardianship Tribunal, and most have been “admitted” to the hospitals in which they reside. Of this number, 18 were referred during the period September to December 1990, a further 123 during 1991, 26 during 1992, 9 during 1993, 2 during 1994, 0 during 1995, 4 during 1996, 5 during 1997 and 0 during 1998.

The following tables provide information about informal patient case reviews in 1998 (Table 2), interpreter needs for informal patients (Appendix 12), and the number of occasions on which long-term informal patients will have had their case reviewed by the end of 1999 (Table 13).

During 1998 the Tribunal conducted a total of 225 reviews of 221 informal patients. These figures for 1998 represent a slight decrease over the figures for 1997 when the Tribunal conducted 249 reviews of 244 patients, which was also a decrease from 1995 when the Tribunal conducted 298 reviews of 287 patients. The demographic data on long-term informal patients whose cases were reviewed by the Tribunal during 1998 is presented in Table 2. To facilitate comparison, the combined total figures for the 1997 calendar year are also provided in the Table.

The age profiles of the informal patients living in the major psychiatric hospitals and reviewed by the Tribunal in 1998 indicate that older patients continue to constitute a significant proportion of that group (see Table 2). At Bloomfield, 76% (78% in 1997) of its informal patients were more than 60 years of age, as were 14% (18% in 1997) of Cumberland patients; 31% (25% in 1997) of Gladesville-Macquarie patients; 87% (91% in 1997) of Kenmore patients; 20% (40% in 1997) of Morisset patients and 68% (71% in 1997) of Rozelle patients.

Shorter, but fewer informal stays in hospitals. There was a slight decrease in the number of informal patient case reviews, from 249 in 1997 to 225 in 1998.

Table 2

Reviews of Informal patient cases during the period January to December 1998 under s63 by hospital, age group, numbers of reviews and patients, and combined totals for 1997

		0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*Combined Total Patients*	*Total Patient Reviews*
Bloomfield	Male	-	-	1	3	5	8	14	11	42	42
	Female	-	-	-	3	5	8	9	3	28	29
	Total	-	-	1	6	10	16	23	14	70	71
Cumberland	Male	-	2	8	8	5	5	-	-	28	29
	Female	-	1	4	13	8	3	-	-	29	29
	Total	-	3	12	21	13	8	-	-	57	58
Gladesville-	Male	-	-	3	3	4	4	1	2	17	17
Macquarie	Female	-	3	1	3	5	1	1	1	15	15
	Total	-	3	4	6	9	5	2	3	32	32
Kenmore	Male	-	-	-	-	2	5	4	2	13	13
	Female	-	-	-	-	1	2	4	3	10	10
	Total	-	-	-	-	3	7	8	5	23	23
Morisset	Male	-	-	1	5	2	-	2	1	11	13
	Female	-	-	1	2	1	-	-	-	4	4
	Total	-	-	2	7	3	-	2	1	15	17
Prince Henry	Male	-	-	-	-	-	-	-	-	0	0
	Female	-	-	-	-	-	1	-	-	1	1
	Total	-	-	-	-	-	1	-	-	1	1
Rozelle	Male	-	1	1	2	1	1	3	1	10	10
	Female	-	-	-	2	-	3	5	2	12	12
	Total	-	1	1	4	1	4	8	3	22	22
Shellharbour	Male	-	-	1	-	-	-	-	-	1	1
	Female	-	-	-	-	-	-	-	-	0	0
	Total	-	-	1	-	-	-	-	-	1	1
COMBINED	**Male**	**-**	**3**	**15**	**21**	**19**	**23**	**24**	**17**	**122**	**125**
TOTALS ALL	**Female**	**-**	**4**	**6**	**23**	**20**	**18**	**19**	**9**	**99**	**100**
HOSPITALS 1998	**Total**	**-**	**7**	**21**	**44**	**39**	**41**	**43**	**26**	**221**	**225**
Combined	*Male*	*-*	*4*	*13*	*22*	*28*	*34*	*31*	*18*	*150*	*154*
Totals All	*Female*	*-*	*3*	*8*	*23*	*19*	*13*	*15*	*13*	*94*	*95*
Hospitals 1997	*Total*	*-*	*7*	*21*	*45*	*47*	*47*	*46*	*31*	*244*	*249*

4.2. DETAINED MENTALLY ILL PERSONS

Table 3 charts the progress of involuntary patients through the various stages of the civil commitment process during the period January to December 1998.

There was an increase in the number of continued treatment patient case reviews, from 513 in 1997 to 522 in 1998. The number of applications to the Tribunal regarding temporary patients (sections 56 and 58) has again shown a significant increase, from 882 in 1997 to 947 in 1998. In 1991, after the first full year of operation of the MHA, there were 371 temporary patient case reviews at the eight major psychiatric hospitals, compared with 74 reviews at the general hospital units. In 1998, there were 458 temporary patient case reviews at the major psychiatric hospitals, and 489 at the general hospital units, representing a sixfold increase in activity at general hospital units during this period. In 1997 there occurred a significant increase of 16% in temporary patient reviews over the 1996 total (724 in 1996, 882 in 1997), and in 1998 there was a further increase of 7% over the 1997 total (882 in 1997, 947 in 1998).

- ***Increasing reviews.*** The Tribunal's civil (ie. non-forensic) patient jurisdiction under the MHA provides it with its greatest workload. This is summarised in Table 4, which provides an overview of civil reviews under the MHA conducted during 1998. Excluded from this table are details of the Tribunal's exercise of its jurisdiction under the Protected Estates Act 1983, and of its forensic jurisdiction under the MHA and the Mental Health (Criminal Procedure) Act 1990, henceforth MHCPA. The number of civil patient case reviews under the MHA has risen dramatically since 1991, with the total number of MHA civil patient reviews in 1991 having been 1986, and the total number in 1998, being 4782, making an increase from 1991 of 2796, or a 58.4% increase (see Table A).

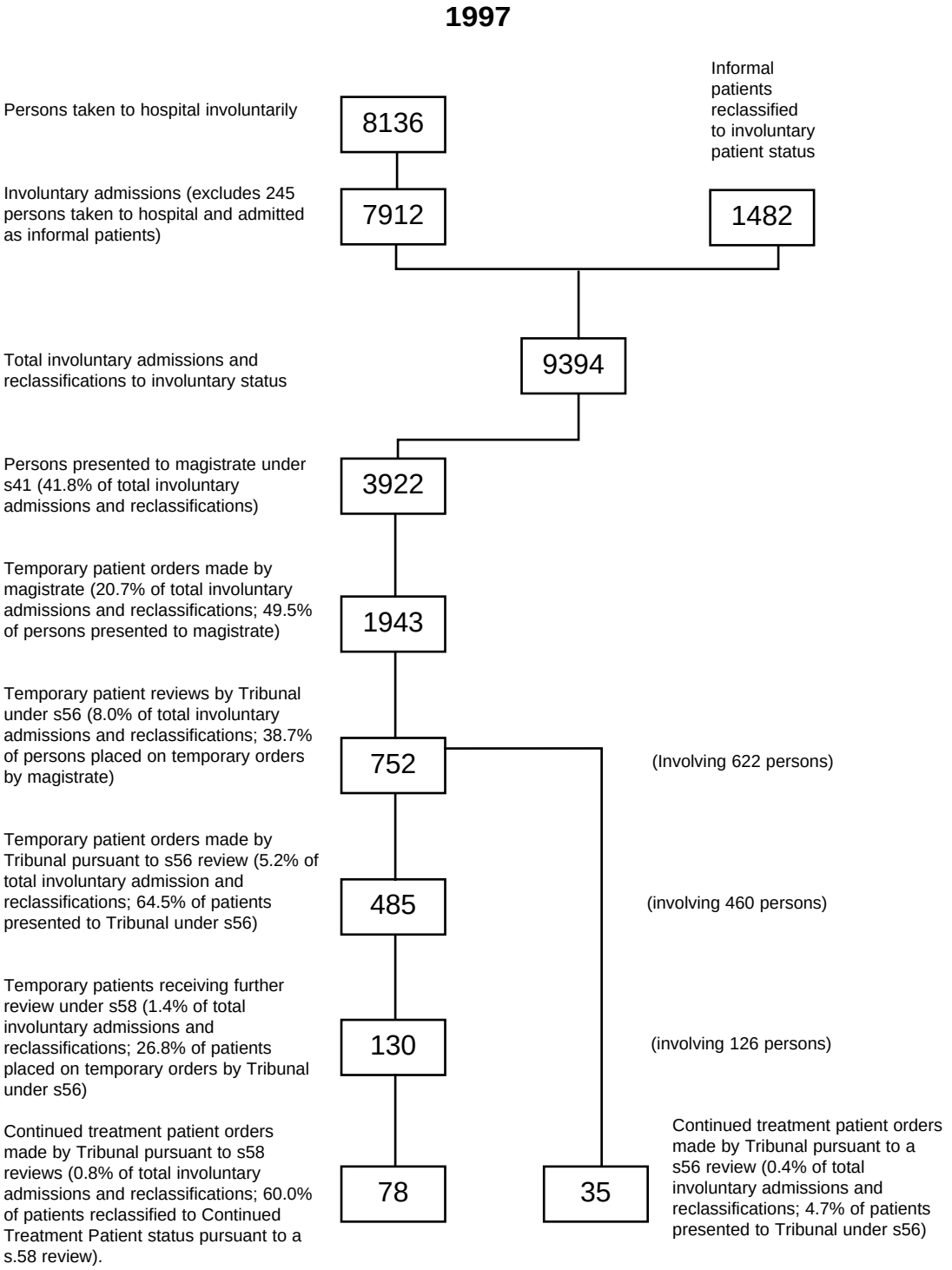
- ***Interpreters and legal representation.*** The proportion of patients requiring interpreters remains fairly constant, but the percentage of persons with legal representation in hearings held under the civil provisions has decreased, from 26.8% in 1992, to 21.8% in 1998.

- ***Women before the Tribunal.*** The percentage of women coming before the Tribunal during 1998 again decreased slightly from previous years and is now about 42%. This is primarily because of the continuing increase in the number of community treatment order reviews where males represent more than 60% of the clientele.

- ***Few appeals.*** The number of appeals against a medical superintendent's refusals to discharge an involuntary patient has remained fairly stable, with 105 appeals in 1997 and 122 appeals in 1998.

Table 3 (1997)

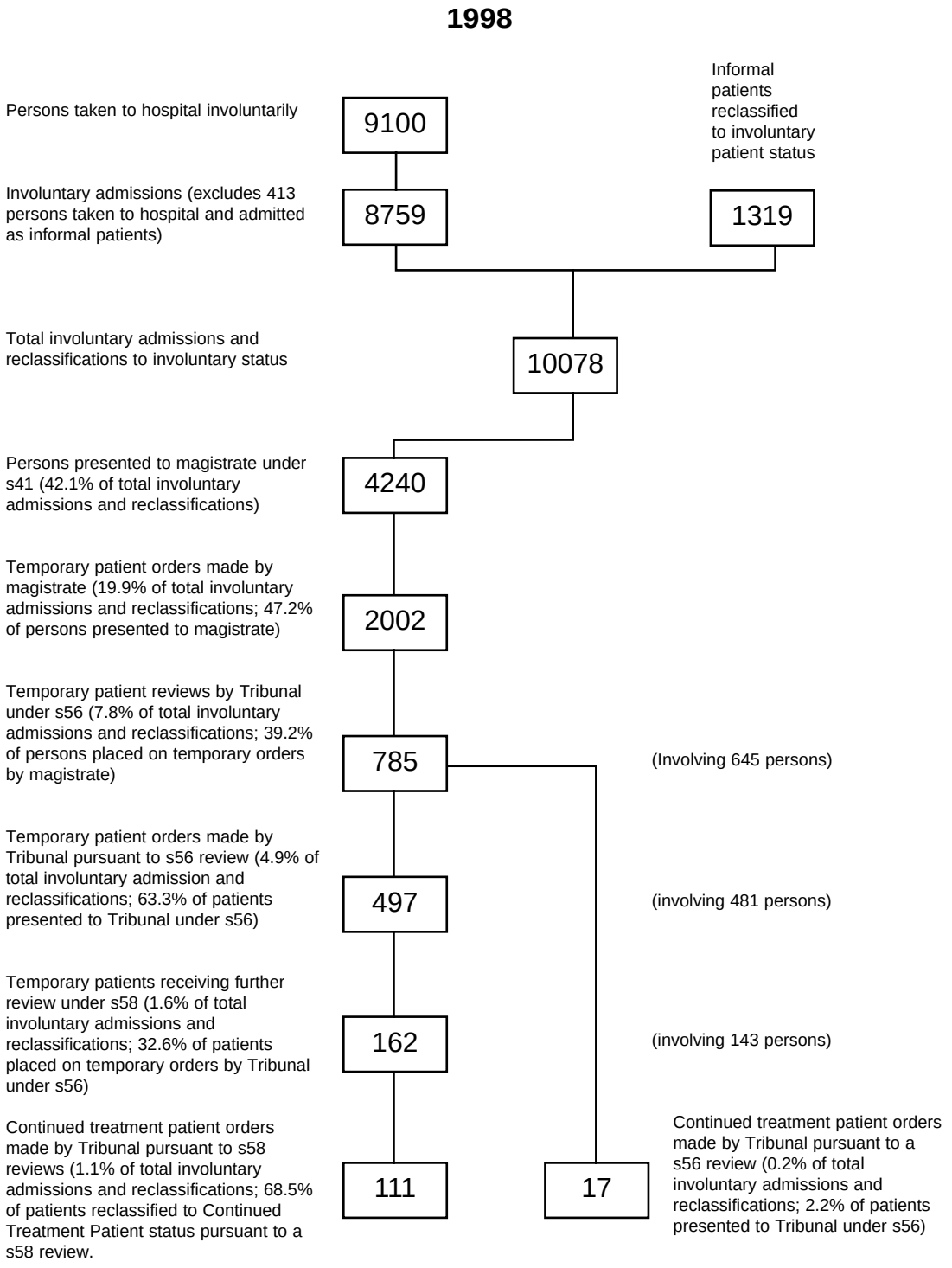
Flow chart showing progress of involuntary patients admitted during the period January to December 1997.



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

Table 3 (1998)

Flow chart showing progress of involuntary patients admitted during the period January to December 1998.



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

Table 4

Summary of statistics relating to the Tribunal's civil jurisdiction under the Mental Health Act 1990 for the period January to December 1998 and combined totals for 1997

Section of Act	*Description of Review*	*Reviews (Including Adjournments)*			*% Reviewed by Sex*		*Number Requiring Interpreters*	*Number Legally Represented*	*% Legally Represented*
		M	*F*	*Total*	*M*	*F*			
s56	Review prior to expiry of magistrate's order for temporary patient status	418	367	785	53.2	46.8	46	600	76.4
s58	Review prior to expiry of Tribunal order for temporary patient status	105	57	162	64.8	35.2	11	137	84.6
s62	Continued treatment patient	314	208	522	60.2	39.8	26	34	6.5
s63	Informal patient	125	100	225	55.6	44.4	7	2	0.9
s69	Appeal against refusal to discharge by medical superintendent	81	41	122	66.4	33.6	4	93	76.2
s118	Community counselling order	55	33	88	62.5	37.5	1	1	1.1
s131	Community treatment order	1380	883	2263	61.0	39.0	104	112	4.9
s143A	Detained person under CTO	0	0	0	0.0	0.0	0	0	0
s148	Variation or revocation of a CCO or CTO	109	48	157	69.4	30.6	0	4	2.5
s151(2)	Appeal against magistrate's CCO or CTO	1	1	2	50.0	50.0	0	1	50.0
s185	ECT application – Informal patient	0	1	1	0.0	100.0	0	0	0.0
s188	ECT application – involuntary patient	102	213	315	32.4	67.6	14	31	9.8
s203	Notice to Tribunal of performance of surgical operation	4	3	7	57.1	42.9	0	0	0.0
s207(i)	Application and Determination for surgical operation	2	5	7	28.6	71.4	0	0	0.0
s207(ii)	Application and Determination for special medical treatment	1	0	1	100.0	0.0	0	0	0.0
TOTALS 1998		**2697**	**1960**	**4657**	**57.9**	**42.1**	**213**	**1015**	**21.8**
TOTALS 1997		*3220*	*2264*	*5484*	*58.7*	*41.3*	*245*	*921*	*16.8*

Table 5 (1997)

Involuntary admissions and magistrate's inquiries held under s41 of the Mental Health Act 1990 from January to December 1997 and combined totals for 1996 (Hospitals and Units)

Major Psychiatric Hospitals	*Persons taken Invol.*	*No. of Invol. Admiss.*	*Number Reclass. Invol.*	*Magist. Inquiry Started*	*Adjourned Not Resumed*	*Magist. Inquiry Completed*	*Discharged or Reclass.*	*CCO* or CTO*	*Temp. Patient Order*
Bloomfield	425	425	54	185	46	139	1	47	91
Cumberland	718	655	292	318	43	275	14	13	248
Gladesville-Macquarie	155	155	14	62	15	47	3	18	26
James Fletcher	578	575	365	443	67	376	29	38	309
Kenmore	263	263	21	96	4	92	5	2	85
Rozelle	913	849	112	366	126	240	30	74	136
SUB-TOTALS 1997	**3052**	**2922**	**858**	**1470**	**301**	**1169**	**82**	**192**	**895**
Sub-Totals 1996	*2755*	*2665*	*615*	*1403*	*256*	*1137*	*56*	*125*	*956*
Public Hospital Units									
Albury	61	60	31	25	-	25	2	-	23
Bankstown	28	28	62	87	6	81	17	23	41
Blacktown	181	181	77	153	52	101	15	36	50
Broken Hill	21	21	9	6	-	6	-	6	-
Campbelltown	167	167	5	111	16	95	5	11	79
Coffs Harbour	170	170	21	79	14	65	6	44	15
Dubbo	3	3	1	1	-	1	-	-	1
Gosford	207	207	2	138	23	115	2	48	65
Hornsby	271	271	9	127	24	103	23	52	28
Lismore	392	384	88	183	69	114	18	75	21
LIverpool	357	357	2	202	14	188	74	64	50
Manly	222	222	3	118	34	84	27	19	38
Nepean	98	98	13	87	18	69	1	19	49
Port Kembla	44	44	32	19	8	11	1	1	9
Prince Henry	173	173	9	111	32	79	3	5	71
Prince of Wales	372	305	141	169	59	110	4	9	97
Royal North Shore	299	299	-	85	22	63	3	10	50
RPA Missenden Unit	286	269	2	104	40	64	2	31	31
Shellharbour	654	654	53	142	42	100	10	24	66
St. George	96	96	13	63	14	49	2	10	37
St. Josephs	9	9	17	25	2	23	-	5	18
St. Vincents	215	214	-	63	4	59	11	16	32
Sutherland	273	273	2	129	24	105	20	22	63
Tamworth	266	266	6	113	47	66	5	15	46
Wagga Wagga	175	175	18	60	14	46	2	8	36
Westmead Acute Adol.	29	29	1	30	8	22	1	6	15
Westmead Adult Psych.	1	1	2	3	-	3	-	-	3
Westmead Psychogeriatric	14	14	5	19	-	19	1	4	14
SUB-TOTALS 1997	**5084**	**4990**	**624**	**2452**	**586**	**1866**	**255**	**563**	**1048**
SUB-TOTALS 1996	*3824*	*3780*	*541*	*1956*	*552*	*1401*	*101*	*285*	*1015*
TOTALS 1997	**8136**	**7912**	**1482**	**3922**	**887**	**3035**	**337**	**755**	**1943**
Totals 1996	*6579*	*6445*	*1156*	*3359*	*808*	*2538*	*157*	*410*	*1971*

* Community counselling or community treatment orders

Table 5 (1998)

Involuntary admissions and magistrate's inquiries held under s41 of the Mental Health Act 1990 from January to December 1998 (Hospitals and Units)

Major Psychiatric Hospitals	*Persons taken Invol.*	*No. of Invol. Admiss.*	*Number Reclass. Invol.*	*Magist. Inquiry Started*	*Adjourned Not Resumed*	*Magist. Inquiry Completed*	*Discharged or Reclass.*	*CCO* or CTO*	*Temp. Patient Order*
Bloomfield	471	469	58	207	61	146	0	49	97
Cumberland	976	834	279	321	48	273	17	19	237
Gladesville-Macquarie	136	135	16	75	9	66	4	16	46
James Fletcher	546	533	270	334	44	290	20	37	233
Kenmore	369	368	5	116	4	112	12	11	89
Rozelle	894	823	109	442	133	309	43	93	173
SUB-TOTALS 1998	**3392**	**3162**	**737**	**1495**	**299**	**1196**	**96**	**225**	**875**
Public Hospital Units									
Albury	93	93	9	35	1	34	5	2	27
Bankstown	115	115	56	171	71	100	11	39	50
Blacktown	285	284	21	146	68	78	10	12	56
Broken Hill	20	20	13	4	0	4	0	4	0
Campbelltown	214	212	8	113	23	90	7	6	77
Coffs Harbour	242	234	12	90	24	67	4	44	19
Concord	1	1	4	1	0	1	0	0	1
Dubbo	12	12	2	1	0	1	0	1	0
Gosford	212	212	3	125	28	97	6	14	77
Hornsby	299	297	19	167	42	125	31	50	44
Lismore	326	317	113	180	81	99	11	73	15
LIverpool	364	364	2	176	37	139	51	60	28
Maitland	180	179	14	61	31	30	4	7	19
Manly	257	256	13	129	60	69	4	15	50
Nepean	119	119	9	85	18	67	1	17	49
Port Kembla	69	69	41	28	16	12	0	4	8
Prince Henry	1	1	0	1	0	1	0	0	1
Prince of Wales	421	339	118	209	81	128	8	13	107
Royal North Shore	259	259	0	59	5	54	15	16	23
RPA Missenden Unit	320	319	5	122	54	68	11	24	33
Shellharbour	639	639	30	210	55	155	7	26	122
St. George	167	166	9	109	33	76	19	23	34
St. Josephs	14	14	26	28	6	22	1	5	16
St. Vincents	267	267	0	83	21	62	9	12	41
Sutherland	253	253	5	126	38	88	8	29	51
Tamworth	316	313	1	142	40	102	2	17	83
Wagga Wagga	144	144	44	85	11	74	2	11	61
Westmead Acute Adol.	43	43	1	29	10	19	0	0	19
Westmead Adult Psych.	29	29	3	12	3	9	1	2	6
Westmead Psychogeriatric	27	27	1	18	5	13	2	0	11
SUB-TOTALS 1998	**5708**	**5597**	**582**	**2746**	**862**	**1884**	**230**	**526**	**1128**
TOTALS 1998	**9100**	**8759**	**1319**	**4241**	**1161**	**3080**	**326**	**751**	**2003**

* Community counselling or community treatment orders

4.2.1. Temporary patient cases brought before the Tribunal prior to the expiry of a magistrate's order (MHA s56)

In 1998, 785 cases were presented to the Tribunal by hospitals seeking a further order. Details of such reviews by the Tribunal are presented in Table 6 which shows the number of persons whose cases were reviewed under this provision during 1998 are evenly split between residents of the larger "stand alone" hospitals and residents of gazetted units within general hospitals. In 1991 following commencement of the new Act only 19% of such reviews were held in general hospital units.

The trend of all previous years except 1995 towards an increasing number of cases being brought before the Tribunal under MHA s56 continues. The Tribunal made further temporary orders on 497 occasions and made continued treatment patient orders on 17 occasions in 1998.

In 1993, the number of patients whose cases were reviewed by the Tribunal under s56, prior to the expiry of the magistrate's initial temporary patient order was 385, in 1994, it was 440, in 1995, it was 411, in 1996, it was 538, in 1997, it was 622 and in 1998 it was 645. The number of reviews conducted under s56 was 450 in 1993, 520 in 1994, 499 in 1995, 651 in 1996, 752 in 1997 and 786 in 1998. An increasing proportion of reviews under MHA s56 are being conducted in general hospital units rather than in major psychiatric hospitals. Thus, in the major psychiatric hospitals, in 1993, there were 302 of such reviews, in 1994, there were 314, in 1995, there were 289, in 1996, there were 368, in 1997, there were 377, and in 1998 there were 349, while in the general hospital units, in 1993, there were 148, in 1994, there were 206, in 1995, there were 210, in 1996, there were 283, in 1997 there were 375 and in 1998 there were 436 .

There were 261 adjourned hearings in 1998 (223 in 1997). Of these 78 were resumed under this section and concluded. The determinations made at these resumed hearings were 2 discharged (1 in 1997), 70 decisions to further detain the patient as a temporary patient (71 in 1997), and 6 decisions to classify the patient as a continued treatment patient (2 in 1997).

Table 6

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 1998 and combined totals for 1997

Major Psychiatric Hospitals	*No. of persons reviewed under section 56*			*Tribunal Reviews under section 56*			***Tribunal Determinations***			
	M	*F*	*T*	*M*	*F*	*T*	*Adjourn*	*Disch. or Reclassify to Informal*	*Extend Magist. Temp. Order*	*Reclassify to Continued Treatment Patient*
Bloomfield	6	15	21	6	19	25	5	-	19	1
Cumberland	46	30	76	52	36	88	15	4	67	2
Gladesville-Macquarie	13	7	20	13	10	23	7	-	13	3
James Fletcher	31	34	65	31	44	75	22	1	52	-
Kenmore/Chisholm Ross	11	10	21	13	13	26	10	-	16	-
Morisset	17	4	21	22	5	27	10	-	15	2
Rozelle	47	29	76	52	33	85	32	-	52	1
SUB-TOTALS 1998	**171**	**129**	**300**	**189**	**160**	**349**	**101**	**5**	**234**	**9**
Sub-Total 1997	*192*	*128*	*320*	*224*	*153*	*377*	*84*	*4*	*262*	*27*
Public Hospital Units										
Albury	3	4	7	3	4	7	2	-	5	-
Bankstown	6	9	15	11	9	20	5	-	14	1
Blacktown	8	5	13	10	7	17	7	-	9	1
Campbelltown	9	8	17	9	11	20	7	-	13	-
Gosford	2	7	9	2	8	10	2	-	8	-
Greenwich	1	5	6	1	6	7	-	-	5	2
Hornsby	8	5	13	10	6	16	5	-	11	-
Lismore	1	1	2	1	2	3	1	-	2	-
Liverpool	5	3	8	9	3	12	5	-	6	1
Maitland	4	2	6	4	2	6	2	-	4	-
Manly	8	7	15	11	8	19	9	-	9	1
Nepean	12	13	25	16	15	31	10	-	20	1
Port Kembla	1	2	3	1	2	3	3	-	-	-
Prince Henry	-	1	1	-	1	1	-	-	1	-
Prince of Wales	19	21	40	24	31	55	25	-	29	1
Royal North Shore	9	7	16	11	10	21	9	1	11	-
RPA Missenden Unit	9	9	18	11	13	24	12	-	12	-
Shellharbour	21	11	32	25	13	38	12	1	25	-
St. George	7	8	15	7	12	19	12	-	7	-
St. Joseph's	4	4	8	5	6	11	2	-	9	-
St. Vincent's	16	9	25	21	11	32	11	-	21	-
Sutherland	8	5	13	12	7	19	9	2	8	-
Tamworth	7	5	12	9	7	16	5	-	11	-
Wagga Wagga	9	5	14	11	5	16*	4	-	11	-
Westmead AA Unit	4	4	8	4	5	9	1	-	8	-
Westmead AP Unit	1	2	3	1	2	3	-	-	3	-
Westmead PG Unit	-	1	1	-	1	1	-	-	1	-
SUBTOTALS 1998	**182**	**163**	**345**	**229**	**207**	**436**	**160**	**4**	**263**	**8**
SUB-TOTALS 1997	*160*	*142*	*302*	*195*	*180*	*375*	*139*	*4*	*223*	*8*
COMBINED TOTALS 1998	**353**	**292**	**645**	**418**	**367**	**785**	**261**	**9**	**497**	**17**
COMBINED TOTALS 1997	*352*	*270*	*622*	*419*	*333*	*752*	*223*	*8*	*485*	*35*

* Includes 1 review where the Tribunal determined it had no jurisdiction

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

Table 7

Demographic profile of temporary patients reviewed under section 56 during 1998

	0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs	PATIENT TOTAL
Male	28	124	82	56	33	15	8	3	349
Female	21	48	65	59	36	26	20	13	288
TOTALS 1998	**49**	**172**	**147**	**115**	**69**	**41**	**28**	**16**	**637**
TOTALS 1997	*42*	*158*	*157*	*92*	*81*	*42*	*31*	*8*	*611*

Demographic Profile

The demographic profile is based on individual patients irrespective of the number of admissions at one or more hospitals each patient may have had during the year.

4.2.2. TEMPORARY PATIENTS WHOSE CASES WERE AGAIN BROUGHT BEFORE THE TRIBUNAL, WHERE THE PATIENT HAD ALREADY BEEN DETAINED UNDER A PREVIOUS TRIBUNAL TEMPORARY PATIENT ORDER (MHA S58)

There was an increase for 1998 in the number of reviews conducted by the Tribunal under this section. It continues to be the case that medium-term patients (i.e., patients whose involuntary hospital detention may proceed through a magistrate's order, and a further temporary patient order - hereafter referred to as a TPO), are on the whole, staying in hospital for less than the maximum periods than could be imposed under the legislation. Thus, in 1995, the number of patients whose cases were reviewed by the Tribunal after a magistrate's TPO, and a further Tribunal TPO, was 89, in 1996 the number was 112, in 1997 the number was 130 and in 1998 there was 162. Of the 89 in 1995, 67 were classified as continued treatment patients with 26 of these patients being ordered to be further reviewed at an earlier date than the standard six monthly review required by the legislation. In 1996, of the 112 reviews, 83 were classified as continued treatment patients with 25 of these patients ordered to be further reviewed at an earlier date than the standard six monthly review required by the legislation. In 1997, of the 130 reviews, 78 were classified as continued treatment patients with 26 of these patients ordered to be further reviewed at an earlier date than the normal six monthly review period required by the legislation. In 1998, of the 162 reviews, 111 were classified as continued treatment patients with 46 of these patients order to be further reviewed at an earlier date than the normal six monthly review period required by the legislation.

Table 8

Temporary patients whose cases were further reviewed under s58 during the period January to December 1998 and combined totals for 1997

Major Psychiatric Hospitals	*No. of persons reviewed under section 58*			*Tribunal Reviews under section 58*			***Tribunal Determinations***		
	M	*F*	*T*	*M*	*F*	*T*	*Adjourned*	*Discharge or Reclassify to Informal*	*Reclassified as CTP**
Bloomfield	2	3	5	3	3	6	2	-	4
Cumberland	18	13	31	21	15	36	10	2	24
Gladesville-Macquarie	5	4	9	7	4	11	4	-	7
James Fletcher	2	7	9	2	8	10	1	-	9
Kenmore	3	2	5	3	3	6	2	-	4
Morisset	15	2	17	17	2	19	3	-	16
Rozelle	15	5	20	16	5	21	8	-	13
SUB-TOTALS 1998	**60**	**36**	**96**	**69**	**40**	**109**	**30**	**2**	**77**
SUB-TOTALS 1997	*43*	*23*	*66*	*50*	*25*	*75*	*21*	*1*	*53*
Public Hospital Units									
Bankstown	1	1	2	1	1	2	-	-	2
Blacktown	2	-	2	3	-	3	1	-	2
Campbelltown	-	1	1	-	1	1	-	-	1
Gosford	-	1	1	-	1	1	-	-	1
Greenwich	-	1	1	-	1	1	-	-	1
Hornsby	2	1	3	2	1	3	1	-	2
Liverpool	2	1	3	2	1	3	1	-	2
Manly	-	1	1	-	1	1	-	-	1
Nepean	3	1	4	3	1	4	1	-	3
Prince of Wales	3	2	5	4	3	7	3	1	3
Royal North Shore Hosp.	1	1	2	1	1	2	-	-	2
RPA Missenden Unit	1	-	1	1	-	1	-	-	1
Shellharbour	4	2	6	6	2	8	2	-	6
St. George	1	-	1	1	-	1	-	-	1
St. Josephs	1	2	3	2	2	4	2	-	2
St. Vincents	1	1	2	1	1	2	1	-	1
Sutherland	3	-	3	3	-	3	3	-	-
Tamworth	1	-	1	1	-	1	-	-	1
Wagga Wagga	2	-	2	2	-	2	1	-	1
Westmead - AA Unit	3	-	3	3	-	3	2	-	1
SUB-TOTALS 1998	**31**	**16**	**47**	**36**	**17**	**53**	**18**	**1**	**34**
SUB-TOTALS 1997	*28*	*18*	*46*	*33*	*22*	*55*	*30*	*-*	*25*
COMBINED TOTALS ALL HOSPITALS 1998	**91**	**52**	**143**	**105**	**57**	**162**	**48**	**3**	**111**
COMBINED TOTALS ALL HOSPITALS 1997	*71*	*41*	*112*	*83*	*47*	*130*	*51*	*1*	*78*

* Continued treatment patient

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

Demographic Profile

The following table provides a demographic profile of medium-stay involuntary patients in the psychiatric hospitals and units throughout New South Wales.

Table 9

Demographic profile of temporary patients reviewed under section 58 for the period January to December 1998

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*PATIENT TOTAL*
Male	7	35	16	16	11	3	3	-	91
Female	3	6	14	17	7	4	-	1	52
TOTALS 1998	**10**	**41**	**30**	**33**	**18**	**7**	**3**	**1**	**143**
Totals 1997	*3*	*43*	*18*	*21*	*16*	*7*	*3*	*1*	*112*

4.3. REVIEW, DISCHARGE, LEAVE, AND TRANSFER OF PERSONS IN HOSPITALS (MHA CHAPTER 4, PART 3)

The Tribunal pays particular attention to the cases of long-term continued treatment and informal patients. Its processes are aimed at securing intensive, ongoing analysis of each patient's situation, effective communication with the patient's relatives and friends where appropriate, effective liaison with hospital staff, and ongoing discussion with hospital review and drug review committees.

4.3.1. REVIEWS OF CONTINUED TREATMENT PATIENT CASES BY THE TRIBUNAL (MHA s62)

As shown in Tables 4, 10 and 11, the Tribunal conducted a total of 513 reviews in 1997 and 522 reviews in 1998 of continued treatment patients' cases, the great majority of patients being residents of the major psychiatric hospitals. The Tribunal discharged 3 patients at its reviews of continued treatment patients during 1998. It should be noted that a continued treatment patient might have ceased to present symptoms of active mental illness, but may, because of his or her continuing condition (MHA s9(2)), continue to require involuntary patient status.

Table 10

Outcome of Tribunal reviews under s62 for the calendar years 1997 and 1998

Tribunal Determinations	*1997 Reviews*	*1998 Reviews*
Continue to be detained as a continued treatment patient	489	502
Adjournment	22	16
Discharge and deferred discharge	2	3
TOTAL ORDERS MADE	**513**	**521***

* Does not include one matter where the Tribunal determined it had no jurisdiction.

Table 11

Reviews of the cases of continued treatment patients during the period January to December 1998 under s62 by hospital, age group, numbers of reviews and patients and combined totals for 1997

		0-19 yrs.	*20-29 yrs.*	*30-39 yrs.*	*40-49 yrs.*	*50-59 yrs.*	*60-69 yrs.*	*70-79 yrs.*	*80+ yrs.*	*Combined Total Patients*	*Total Patient Reviews*
Bloomfield	Male	-	-	-	1	4	-	1	1	7	12
	Female	-	2	1	2	2	1	1	3	12	21
	Total	-	2	1	3	6	1	2	4	19	33
Cumberland	Male	-	9	10	8	6	2	-	-	35	55
	Female	-	4	7	8	4	2	-	-	25	42
	Total	-	13	17	16	10	4	-	-	60	97
Gladesville-Macquarie	Male	-	4	9	15	20	12	1	-	61	116
	Female	-	-	6	18	8	7	3	1	43	76
	Total	-	4	15	33	28	19	4	1	104	192*
Greenwich	Male	-	-	-	-	-	-	-	-	0	0
	Female	-	-	-	-	-	1	1	-	2	4
	Total	-	-	-	-	-	1	1	-	2	4
James Fletcher	Male	-	-	-	-	-	-	-	-	0	0
	Female	1	1	-	1	1	-	1	2	7	7
	Total	1	1	-	1	1	-	1	2	7	7
Kenmore	Male	-	-	-	-	2	5	4	2	13	25
	Female	-	-	-	1	3	-	1	-	5	10
	Total	-	-	-	1	5	5	5	2	18	35
Liverpool	Male	-	-	-	1	-	-	-	-	1	1
	Female	-	-	-	-	-	-	-	-	0	0
	Total	-	-	-	1	-	-	-	-	1	1
Manly	Male	-	-	2	-	-	-	-	-	2	3
	Female	-	-	-	-	-	-	-	-	0	0
	Total	-	-	2	-	-	-	-	-	2	3
Morisset	Male	-	17	7	9	7	1	3	-	44	74
	Female	1	1	1	3	3	2	1	-	12	18
	Total	1	18	8	12	10	3	4	-	56	92
Nepean	Male	-	-	-	-	-	-	-	-	0	0
	Female	-	-	1	-	-	-	-	-	1	1
	Total	-	-	1	-	-	-	-	-	1	1
Prince Henry/	Male	-	-	-	-	1	1	-	-	2	2
Prince of Wales	Female	-	-	-	-	-	1	-	-	1	1
	Total	-	-	-	-	1	2	-	-	3	3
Royal Prince Alfred	Male	-	-	-	-	-	-	-	-	0	0
	Female	-	-	1	-	-	-	-	-	1	1
	Total	-	-	1	-	-	-	-	-	1	1
Rozelle	Male	-	8	2	1	-	2	2	-	15	21
	Female	-	1	3	-	1	1	7	1	14	25
	Total	-	9	5	1	1	3	9	1	29	46
Shellharbour	Male	-	-	2	-	1	-	-	-	3	4
	Female	-	-	1	-	-	-	-	-	1	2
	Total	-	-	3	-	1	-	-	-	4	6
St. George	Male	-	1	-	-	-	-	-	-	1	1
	Female	-	-	-	-	-	-	-	-	0	0
	Total	-	1	-	-	-	-	-	-	1	1
COMBINED	**Male**	**-**	**39**	**32**	**35**	**41**	**23**	**11**	**3**	**184**	**314**
TOTALS ALL	**Female**	**2**	**9**	**21**	**33**	**22**	**15**	**15**	**7**	**124**	**208**
HOSPITALS 1998	**Total**	**2**	**48**	**53**	**68**	**63**	**38**	**26**	**10**	**308**	**522***
Combined	*Male*	*2*	*36*	*41*	*37*	*29*	*26*	*9*	*3*	*183*	*315*
Totals All	*Female*	*-*	*11*	*15*	*37*	*18*	*14*	*14*	*6*	*115*	*198*
Hospitals 1997	*Total*	*2*	*47*	*56*	*74*	*47*	*40*	*23*	*9*	*298*	*513*

* Includes one matter where the Tribunal determined it had no jurisdiction

The number of reviews of continued treatment patients' cases slightly increased in 1998: 501 in 1993, 470 in 1994, 515 in 1995, 468 in 1996, 513 in 1997, and 522 in 1998.

Data regarding long-term patients

Tables 12 and 13 provide a history of appearances of continued treatment and long-term informal patients who have been listed for the next regular scheduled review in 1999.

Table 12

Continued treatment patient cases scheduled for Tribunal review under s62 to be held between January and June 1999

Hospital	**0 prior reviews*	*1-2 prior reviews*	*3-4 prior reviews*	*5-6 prior reviews*	*7-8 prior reviews*	*9 or more prior reviews*	*Patients*
Blacktown	1	-	-	-	-	-	1
Bloomfield	1	2	-	1	1	3	8
Cumberland	10	14	4	3	2	6	39
Gladesville-Macquarie	4	14	28	17	21	1	85
Greenwich	2	2	-	-	-	-	4
James Fletcher	2	1	-	-	-	-	3
Kenmore	3	1	1	1	1	6	13
Liverpool	-	1	-	-	-	-	1
Manly	1	1	1	-	-	-	3
Morisset	6	12	3	3	4	5	33
Nepean	1	-	-	-	-	-	1
Prince of Wales	1	1	-	-	-	-	2
Royal North Shore	1	-	-	-	-	-	1
Rozelle	6	7	7	1	2	1	24
Shellharbour	2	2	-	-	-	-	4
Tamworth	1	-	-	-	-	-	1
TOTALS 1998	**42**	**58**	**44**	**26**	**31**	**22**	**223**
TOTALS 1997	*36*	*63*	*45*	*17*	*18*	*21*	*200*

* Column headed "0 prior reviews" refers to patients who have been reclassified to CT status following a s56 or s58 review.

4.3.2. REVIEWS OF LONG TERM INFORMAL PATIENT CASES BY THE TRIBUNAL (MHA S63)

As shown in Tables 2 and 4 the Tribunal conducted a total of 249 reviews in 1997 and 225 reviews in 1998 of long term informal patients' cases.

Table 13

Long-term informal patient cases scheduled for Tribunal review under s63 to be held between January and December 1999

Hospital	*1 prior review*	*2 prior reviews*	*3 prior reviews*	*4 prior reviews*	*5 prior reviews*	*6-prior reviews*	*7 or more prior reviews*	*Patients*
Bloomfield	2	3	3	1	5	9	30	53
Cumberland	8	12	4	6	10	6	7	53
Gladesville-Macquarie	6	9	4	6	3	1	2	31
Kenmore	5	4	2	3	3	-	5	22
Morisset	-	-	-	2	2	5	1	10
Prince Henry	-	1	-	-	-	-	-	1
Rozelle	14	3	1	-	2	-	1	21
Shellharbour	1	-	-	-	-	-	-	1
TOTALS 1999	**36**	**32**	**14**	**18**	**25**	**21**	**46**	**192**
TOTALS 1998	*55*	*19*	*29*	*32*	*24*	*39*	*40*	*238*

4.3.3. APPEALS AGAINST MEDICAL SUPERINTENDENT'S REFUSAL TO DISCHARGE (MHA S69)

In 1998, the Tribunal conducted 122 reviews under this provision, ordered the discharge of 4 patients, and dismissed 103 such appeals. The Tribunal's exercise of this jurisdiction is summarised in Table 14 below. Of the 14 adjournments, only 2 of these matters were resumed and concluded. The Tribunal's determinations at these resumed hearings were to dismiss the appeals.

Table 14

Outcome of s69 appeals by patients against a medical superintendent's refusal of a request for discharge during the period January to December 1998 and combined totals for 1997

	No. of persons reviewed under s69			*Tribunal reviews under s69*			***Determination by Tribunal***			
Major Psychiatric Hospitals	*M*	*F*	*T*	*M*	*F*	*T*	*Discharged*	*Adjourned*	*Appeal Dismissed*	*Dismissed and no further Appeal to be heard prior to next scheduled review*
Bloomfield	-	-	-	-	-	-	-	-	-	-
Cumberland	8	7	15	8	7	15	2	-	11	2
Gladesville-Macquarie	2	1	3	3	1	4	-	-	3	1
James Fletcher	8	3	11	10	3	13	-	4	8	1
Kenmore	4	2	6	4	2	6	-	1	5	-
Morisset	4	-	4	7	-	7	-	3	-	4
Rozelle	11	4	15	14	5	19	1	1	12	5
SUB-TOTALS 1998	**37**	**17**	**54**	**46**	**18**	**64**	**3**	**9**	**39**	**13**
Sub-Total 1997	*34*	*14*	*48*	*37*	*14*	*51*	*5*	*4*	*29*	*14*
Public Hospital Units										
Bankstown	-	1	1	-	1	1	-	1	-	-
Campbelltown	4	2	6	4	2	6	-	1	5	-
Coffs Harbour	2	-	2	2	-	2	-	1	1	-
Gosford	-	2	2	-	2	2	-	-	2	-
Hornsby	4	2	6	7	3	*10	1	-	6	2
Liverpool	1	-	1	1	-	1	-	-	1	-
Manly	2	-	2	2	-	2	-	-	2	-
Nepean	3	2	5	3	2	5	-	-	4	1
Prince of Wales	1	-	1	1	-	1	-	-	1	-
Royal North Shore	2	2	4	2	2	4	-	1	2	1
RPA Missenden Unit	1	1	2	1	1	2	-	-	2	-
St. Josephs	2	1	3	2	1	3	-	-	2	1
St. Vincents	1	-	1	1	-	1	-	-	1	-
Sutherland	1	-	1	1	-	1	-	-	1	-
Tamworth	4	8	12	4	9	13	-	-	11	2
Wagga Wagga	2	-	2	2	-	2	-	-	1	1
Westmead - AP Unit	2	-	2	2	-	2	-	1	1	-
SUB-TOTALS 1998	**32**	**21**	**53**	**35**	**23**	**58**	**1**	**5**	**43**	**8**
SUB-TOTALS 1997	*25*	*21*	*46*	*31*	*23*	*54*	*1*	*8*	*28*	*18*
COMBINED TOTALS 1998	**69**	**38**	**107**	**81**	**41**	**122**	**4**	**14**	**82**	**21**
COMBINED TOTALS 1997	*59*	*35*	*94*	*68*	*37*	*105*	*6*	*12*	*57*	*32*

* Includes 1 review where the Tribunal determined it had no jurisdiction

The MHA requires that as soon as practicable after a person has been involuntarily detained, the receiving hospital must give to the person so detained an oral explanation and a written statement (Form 1 under the 1995 regulations) of the person's legal rights and entitlements. Compliance with this provision would have involved hospital staff advising more than 10,078 involuntarily detained persons of their legal rights during 1998. However, during 1998 only about 1% of involuntary patients from all hospitals appealed to the Tribunal against a medical superintendent's refusal to discharge.

The overall rate for appeals made against a medical superintendent's refusal to discharge when compared against all involuntary admissions/reclassifications in New South Wales hospitals is about 1.3%. However, it is interesting to note that of the 28 public hospital units three of these units, Campbelltown, Hornsby and Tamworth generate 50% of the appeals at these hospitals although they only have about 14% of the total number of involuntary admissions and reclassifications (see Table 5 for 1998). This pattern has remained fairly consistent since the proclamation of the Act in 1990.

Table 15

Demographic profile of temporary patients and continued treatment patients who appealed under section 69 during the period January to December 1998

	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	23	15	15	4	2	2	2	68
Female	2	6	11	8	6	1	1	3	38
TOTALS 1998	**7**	**29**	**26**	**23**	**10**	**3**	**3**	**5**	**106**
TOTALS 1997	*1*	*31*	*44*	*27*	*16*	*8*	*12*	*-*	*139*

4.4. COMPARISON OF INVOLUNTARY ADMISSIONS TO ALL ADMISSIONS

For the twelve month period July 1997 to June 1998 there were 22886 voluntary and involuntary admissions to gazetted general hospital psychiatric units and 6859 to the seven large psychiatric institutions (Table 16). The figures for admissions to all facilities are gathered by the Department of Health and are reported in its Annual Report for each financial year. Involuntary admissions represent approximately 30% of all admissions (excluding those patients who have been reclassified from informal to involuntary status).

Table 16A(1997)

Comparison of involuntary admissions (Jan 1997 - Dec 1997) and total admissions (Jul 1996 - Jun 1997) in public psychiatric facilities and combined totals for 1996

Major Psychiatric Hospitals	*Taken to hospital Involuntarily and Admitted (Jan 1997 to Dec 1997)*	*Total Admissions (Jul 1996 to Jun 1997)*	*Percentage Involuntary Admissions*
Bloomfield	425	685	62.0
Cumberland	655	2166	30.2
Gladesville-Macquarie	155	391	39.6
James Fletcher/Morisset	575	2083	27.6
Kenmore	263	405	64.9
Rozelle	849	2685	31.6
SUB-TOTAL 1997	**2922**	**8415**	**34.7**
SUB-TOTAL 1996	*2964*	*8434*	*35.1*
Public Hospital Units			
Albury	60	349	17.2
Bankstown	28	433	6.5
Blacktown	181	415	43.6
Broken Hill	21	101	20.8
Campbelltown	167	357	46.8
Coffs Harbour	170	471	36.1
Concord	-	451	0.0
Dubbo	3	79	3.8
Gosford	207	714	29.0
Greenwich	-	149	0.0
Hornsby	271	619	43.8
Lismore	384	655	58.6
Liverpool	357	787	45.4
Manly	222	666	33.3
Nepean	98	655	15.0
Port Kembla[5]	44	-	-
Prince Henry	173	504	34.3
Prince of Wales	305	677	45.1
Royal North Shore	299	395	75.7
RPA Missenden	269	572	47.0
Shellharbour	654	1289	50.7
St. George	96	342	28.1
St. Joseph's	9	158	5.7
St. Vincent's	214	619	34.6
Sutherland	273	298	91.6
Tamworth	266	455	58.5
Wagga Wagga	175	404	43.3
Westmead Acute Adolescent Unit	29	270	10.7
Westmead Adult Psychia. Unit	1	209	0.5
Westmead Psychogeriatric Unit	14	103	13.6
SUB-TOTAL 1997	**4990**	**13196**	**37.8**
SUB-TOTALS1996	*3780*	*12559*	*30.1*
COMBINED TOTALS ALL HOSPITALS 1997	**7912[1]**	**21611[3]**	**36.6**
COMBINED TOTALS ALL HOSPITALS 1996	*6445[2]*	*21227[4]*	*30.4*

[1] Total includes 181 persons admitted as informal patients.

[2] Total includes 246 persons admitted as informal patients

[3] Source: Department of Health Annual Report 1996/97

[4] Source: Department of Health Annual Report 1995/96

[5] Port Kembla commenced after June 1997

Table 16B (1998)

Comparison of involuntary admissions (Jan 1998 - Dec 1998) and total admissions (Jul 1997 - Jun 1998) in public psychiatric facilities

Major Psychiatric Hospitals	*Taken to hospital Involuntarily and Admitted (Jan 1998 to Dec 1998)*	*Total Admissions (Jul 1997 to Jun 1998)*	*Percentage Involuntary Admissions*
Bloomfield	469	751	62.4
Cumberland	834	1403	59.4
Gladesville-Macquarie	135	361	37.4
James Fletcher/Morisset	533	2593	20.5
Kenmore (including Chisholm Ross)	368	400	92.0
Rozelle	823	1385	59.3
SUB-TOTAL 1998	**3162**	**6859**	**46.1**
Public Hospital Units			
Albury	93	366	25.4
Bankstown	115	583	19.4
Blacktown	284	648	43.9
Broken Hill	20	76	26.3
Campbelltown	212	557	38.1
Coffs Harbour	234	466	50.0
Concord	1	467	0.2
Dubbo	12	91	13.2
Gosford	212	650	32.6
Greenwich	0	210	0.0
Hornsby	297	592	50.2
Lismore	317	1044	30.4
Liverpool	364	789	46.1
Manly	256	743	34.4
Maitland	179	184	97.3
Nepean	119	701	16.9
Port Kembla	69	356	19.4
Prince Henry	1	225	0.04
Prince of Wales	339	958	35.4
Royal North Shore	259	528	49.1
RPA Missenden	319	896	32.6
Shellharbour	639	1369	46.7
St. George	166	383	43.3
St. Joseph's	14	139	10.1
St. Vincent's	267	600	44.5
Sutherland	253	459	55.1
Tamworth	313	522	59.8
Wagga Wagga	144	385	37.4
Westmead Acute Adolescent Unit	43	258	16.6
Westmead Adult Psychia. Unit	29	196	14.8
Westmead Psychogeriatric Unit	27	86	31.4
SUB-TOTAL 1998	**5597**	**22886**	**24.4**
COMBINED TOTALS ALL HOSPITALS 1998	**8759**[1]	**29745**[2]	**29.4**

[1] Total includes 413 persons admitted as informal patients.

[2] Source: Department of Health Annual Report 1997/98

5. COMMUNITY TREATMENT OF MENTAL ILLNESS

Details of community treatment and counselling orders made in 1998 are set out in Tables 17 – 23, which follow, and in Appendix 12. The following are some general observations based upon the data set out in these tables.

- In 1998, the Tribunal made 2059 CTOs, but only 82 CCOs.

- An examination of Tables 18 and 20 shows that the number of CCOs approved by the Tribunal has decreased, and CCOs as a proportion of community orders made by the Tribunal continued to decline, from 12.8% in 1994 to 3.9% in 1998.

- An examination of Table 20 shows that the number of CTOs approved by the Tribunal in 1998 decreased by 27.5% compared to 1997 (2840 in 1997 and 2059 in 1998). This was because, effective from September 1997, mental health legislation was amended to extend the maximum duration of a CTO from three to six months.

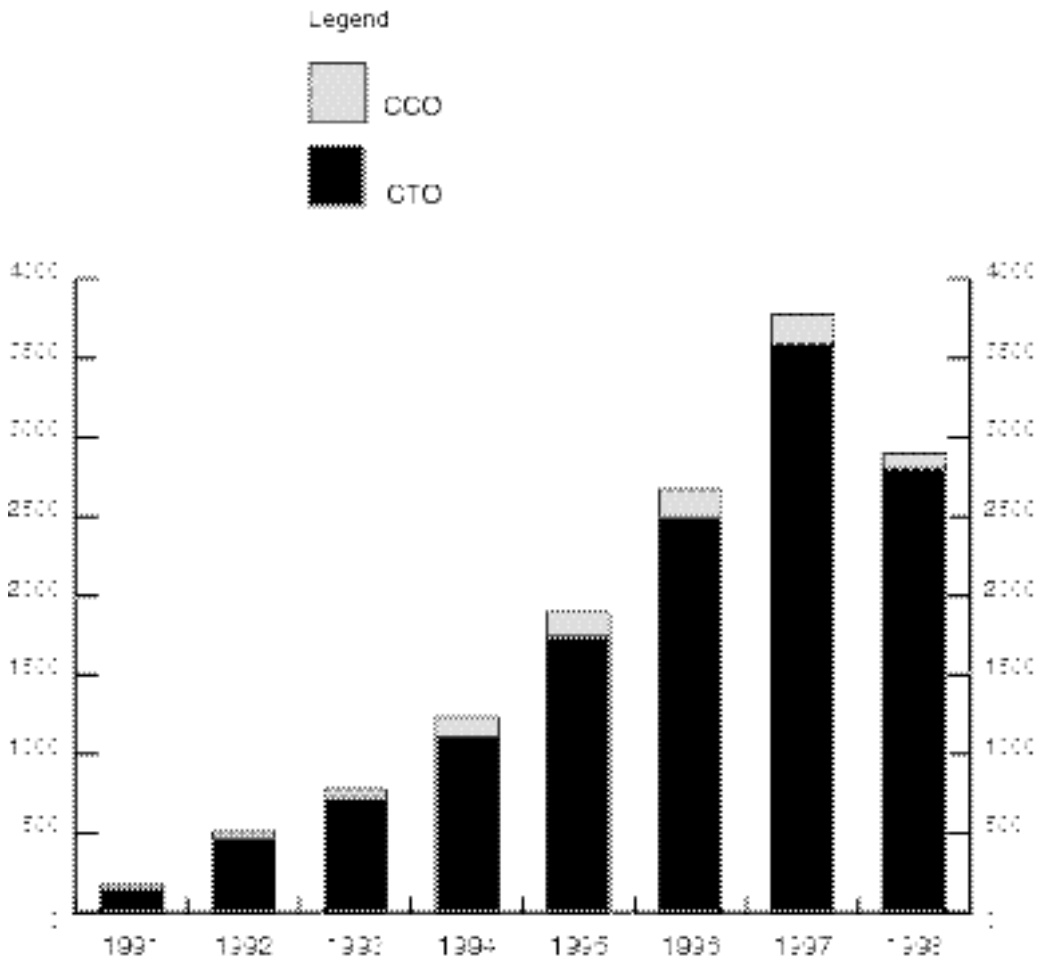
- Of the 82 community counselling orders made by the Tribunal in 1998, 81 exceeded three months in duration, and the Director General of the Department of Health was informed by the Tribunal as required by MHA s118(3).

- Table 24 shows the frequency per person of community counselling and community treatment orders made for patients in the eight years since the first determination for such an order was made by the Tribunal in January 1991. About 1% of persons have spent the majority of this eight year period being managed under a community treatment order, and only approximately 36% of patients have had more than two orders during this period. As shown in Table 24, in the eight year period 1991 – 1998, of the 3500 persons who had been brought under a CTO by the Tribunal, about 64% had received fewer than three CTOs during this period.

- There was a decrease in the number of community counselling orders made by the Tribunal, from 178 in 1997 to 82 in 1998.

Table 17

Number of community counselling orders and community treatment orders made by the Tribunal and by Magistrates for the eight year period 1991 to 1998



Total Orders	Total Orders	Total Orders	Total Orders	Total Orders	Total Orders	Total Orders	Total Orders
179	511	752	1200	1901	2672	3774	2996

TOTAL number of CCOs and CTOs made by the TRIBUNAL for this period is: 11,995

TOTAL number of CCOs and CTOs made by MAGISTRATES for this period is: 3,351

Table 18

Community counselling orders for gazetted health care agencies made by the Tribunal for the two calendar years 1997 and 1998

Health Care Agency	*1997 Total CCOs*	*1998 Total CCOs*	*Health Care Agency*	*1997 Total CCOs*	*1998 Total CCOs*
Albury CMHS	2	1	Lismore MHOPS	-	-
Armidale & New England Hosp. & CMHS	-	-	Lithgow MHS	2	2
Ashfield CMHS	12	2	Liverpool MHS	7	1
Auburn CHC	1	2	Lower Hunter MHC	-	-
Bankstown-Lidcombe MHS	5	1	Macquarie Area MHS	8	3
Barwon MHS	-	-	Manly Hospital and CMHS	9	2
Batemans Bay DHC & MHS	-	-	Marrickville CMHS	3	1
Bega Valley Counselling & MHS	-	-	Merrylands CHS	15	4
Blacktown and Mt. Druitt PS	2	1	Mudgee MHS	-	-
Blue Mountains MHS	3	2	New England Dist. (Glen Innes) MHS	1	-
Bondi Junction CHC	4	5	New England Dist. (Inverell) MHS	-	-
Botany CHC	5	-	Newcastle MHS	4	1
Bowral CHS	-	-	Orana MHS - Dubbo Base Hospital	-	-
Campbelltown MHS	1	3	Orange CHC	2	-
Canterbury CMHS	4	-	Orange Comm. Res/Rehab. Service	1	-
Central Coast AMHS	2	-	Pambula District Hospital MHS	-	-
Cessnock Northumberland MHS	-	-	Parramatta CHS	-	-
Clarence District HS	-	-	Penrith MHS	1	-
Coffs Harbour MHOPS	-	-	Port Macquarie CMHS	1	1
Cooma MHS	-	-	Port Stephens MHS	-	-
Cootamundra MHS	-	-	Queanbeyan MHS	1	-
Deniliquin District MHS	-	-	Redfern/Newtown CMHS	2	1
Dundas CHC	-	-	Royal North Shore H & CMHS	5	2
Eastgardens General HC	-	-	Ryde Hospital and CMHS	5	2
Fairfield MHS	9	3	Shoalhaven MHS	-	1
Far West MHS	1	-	St George Comm. Adult & Fam. MHS	-	-
Glebe CMHS	7	2	St. George Div. of Psych. & MH Comm.	31	21
Goulburn CMHS	-	-	St. Joseph's Hospital	-	2
Griffith (Murrumbidgee) MHS	-	-	Sutherland Comm. Adult & Fam. MHS	3	2
Hills CMHC	-	-	Sutherland Hospital	-	-
Hornsby Ku-ring-gai H & CMHS	1	3	Tamworth CMHS	1	-
Hunter Valley HCA	3	2	Taree CMHS	5	-
Illawarra PS	5	3	Upper Hunter MHS	-	-
Inner City MHS	2	4	Wagga Wagga CMHS	2	2
Lake Macquarie MHS	-	-	Young MHS	-	-

TOTAL NUMBER OF COMMUNITY COUNSELLING ORDERS 1998 **82** **INVOLVING** **64** **PERSONS**

Total number of Community Counselling Orders 1997 178 *involving* 132 *persons*

Table 19

Demographic profile of persons whose cases were reviewed under section 118 (community counselling order applications) during the period January to December 1998

	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	10	15	11	3	1	2	-	43
Female	-	1	3	6	5	8	1	-	24
TOTALS 1998	**1**	**11**	**18**	**17**	**8**	**9**	**3**	**-**	**67**
TOTALS 1997	*1*	*31*	*44*	*27*	*16*	*9*	*12*	*-*	*140*

Table 20

Community treatment orders for gazetted health care agencies made by the Tribunal for the two calendar years 1997 and 1998

Health Care Agency	*1997 Total CTOs*	*1998 Total CTOs*	*Health Care Agency*	*1997 Total CTOs*	*1998 Total CTOs*
Albury CMHS	6	7	Lismore MHOPS	12	9
Armidale & New England Hosp. & CMHS	-	1	Lithgow MHS	7	-
Ashfield CMHS	149	102	Liverpool MHS	65	43
Auburn CHC	60	42	Lower Hunter MHC	-	-
Bankstown-Lidcombe MHS	161	93	Macquarie Area MHS	31	28
Barwon MHS	9	3	Manly Hospital and CMHS	113	48
Batemans Bay DHC & MHS	14	11	Marrickville CMHS	95	51
Bega Valley Counselling & MHS	-	1	Merrylands CHS	99	96
Blacktown and Mt. Druitt PS	83	79	Mid Western Comm. MHS	-	8
Blue Mountains MHS	93	67	Mudgee	3	2
Bondi Junction CHC	114	76	New England Dist. (Glen Innes) MHS	12	14
Botany CHC	37	15	New England Dist. (Inverell) MHS	2	5
Bowral CHS	6	13	Newcastle MHS	53	56
Campbelltown MHS	49	65	Orana MHS - Dubbo Base Hospital	-	1
Canterbury CMHS	92	45	Orange CHC	32	20
Central Coast AMHS	88	82	Orange Comm. Res/Rehab Service	1	11
Cessnock Northumberland MHS	-	-	Pambula District Hospital MHS	1	-
Clarence District HS	10	8	Parramatta CHS	16	16
Coffs Harbour MHOPS	33	16	Penrith MHS	-	6
Cooma MHS	8	3	Penrith/Hawkesbury MHS	48	31
Cootamundra MHS	8	5	Port Macquarie CMHS	39	25
Deniliquin District MHS	4	5	Port Stephens MHS	-	-
Dundas CHC	10	6	Queanbeyan MHS	18	11
Eastgardens General HC	-	-	Redfern/Newtown CMHS	29	27
Fairfield MHS	117	59	Royal North Shore H & CMHS	95	50
Far West MHS	16	6	Ryde Hospital and CMHS	51	42
Glebe CMHS	52	33	Shoalhaven MHS	10	7
Goulburn CMHS	27	18	St. George Comm Adult & Fam MHS	-	-
Griffith (Murrumbidgee) MHS	-	4	St. George Hospital	120	81
Hills CMHC	9	7	St. Joseph's Hospital CMACPU	-	-
Hornsby Ku-ring-gai H & CMHS	159	80	Sutherland Comm. Adult & Fam MHSl	130	91
Hunter Valley HCA	34	28	Sutherland Hospital	-	-
Illawarra Psychiatric Services	57	62	Tamworth CMHS	21	33
Inner City MHS	126	93	Taree CMHS	46	31
Kempsey	-	2	Upper Hunter MHS	-	-
Lake Macquarie	40	37	Wagga Wagga CMHS	17	37
Leeton/Narrandera CHC	-	2	Young MHS	3	3

TOTAL NUMBER OF COMMUNITY TREATMENT ORDERS 1998 **2059** **INVOLVING** **1440** **PERSONS**

Total number of Community Treatment Orders 1997 *2840* *involving* *1380* *persons*

Table 21

Demographic profile of persons reviewed under section 131 (community treatment order applications) during the period January to December 1998

	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	45	316	261	136	78	35	12	7	890
Female	15	92	127	148	97	54	31	6	570
TOTALS 1998	**60**	**408**	**388**	**284**	**175**	**89**	**43**	**13**	**1460**
Totals 1997	*57*	*382*	*411*	*272*	*152*	*86*	*43*	*5*	*1408*

Table 22

Community treatment orders/community counselling orders made by Magistrates for the calendar years 1996, 1997 and 1998

Area Health Service/Region	*1996 CCOs*	*1997 CCOs*	*1998 CCOs*	*1996 CTOs*	*1997 CTOs*	*1998 CTOs*
Albury (Nolan House)	-	-	-	-	-	2
Bankstown (Banks House)	1	-	-	13	23	39
Blacktown (Bungarribee House)	-	-	-	3	36	12
Bloomfield	-	-	-	24	47	49
Broken Hill (Special Care Suite)	-	-	-	2	6	4
Campbelltown (Waratah House)	-	-	-	-	11	6
Coffs Harbour (Psychiatric Unit)	-	-	-	27	44	44
Dubbo	-	-	-	-	-	1
Cumberland	-	1	-	8	12	18
Gladesville-Macquarie	-	-	-	15	18	16
Gosford (Mandala Clinic)	1	-	-	10	48	14
Hornsby (Palmerston Unit)	2	-	-	30	52	50
James Fletcher	-	-	-	15	38	37
Kenmore	-	-	-	3	2	11
Lismore (Richmond Clinic)	-	-	-	32	75	73
Liverpool Hospital	1	-	-	37	64	60
Maitland	-	-	-	-	-	7
Manly (East Wing)	-	-	-	12	19	15
Nepean (Pialla Unit)	-	-	-	3	19	17
Port Kembla	-	-	-	-	1	4
Prince Henry (Psychiatric Unit)	-	-	-	8	5	-
Prince of Wales (Psychiatric Unit)	-	-	-	6	9	13
Royal North Shore (Cummins Unit)	-	-	-	11	10	16
Royal Prince Alfred (Missenden Unit)	-	-	1	4	31	23
Rozelle	-	2	-	41	72	93
Shellharbour (Psych Unit/Rehab. Unit)	-	-	-	11	24	26
St. George (Pacific House)	1	1	-	1	9	23
St. Josephs (Psychogeriatric Unit)	-	-	-	1	5	5
St. Vincents (Caritas Centre)	1	1	-	18	15	12
Sutherland (Psychiatric Unit)	-	2	2	19	20	28
Tamworth (Banksia Unit)	-	1	1	6	14	16
Wagga Wagga (Gissing House)	-	-	-	6	8	11
Westmead (Adult Psychiatry)	-	-	-	-	6	2
Westmead (Psychogeriatric Unit)	-	-	-	-	4	-
TOTALS	**7**	**8**	**4**	**365**	**747**	**747**

EXPLANATORY NOTE ABOUT THE NUMBERING OF TABLES:

In order to enable ready comparison with previous annual reports, the number of the table for the relevant set of data for each year has been kept the same. Thus, Table 25 at page 35 of AR95 relates to “Tribunal determinations on ECT applications for involuntary patients”, as does Table 25 in this year’s report. However, from 1995, there is no equivalent table to Table 23, which last appeared in AR94. Hence the jump in table numbers for AR95 to AR98 from Table 22 to Table 24.

Table 24

Frequency of community counselling and community treatment orders made by the Tribunal for the eight year period January 1991 to December 1998

CCOs made per patient	*Patients*			*Total No. of CCOs made*	*CTOs made per patient*	*Patients*			*Total No of CTOs made*
	M	*F*	*Total*			*M*	*F*	*Total*	
1	170	123	293	293	1	929	684	1613	1613
2	42	28	70	140	2	380	247	626	1254
3	21	18	39	117	3	224	151	375	1125
4	13	6	19	76	4	153	84	237	948
5	6	2	8	40	5	91	64	154	775
6	2	3	5	30	6	78	56	135	804
7	2	4	6	42	7	49	33	82	574
8	0	2	2	16	8	41	31	72	576
9	0	0	0	0	9	28	18	46	414
10	1	0	1	10	10	27	17	44	440
11	0	1	1	11	11	20	10	30	330
12	0	1	1	12	12	10	9	19	228
13	0	0	0	0	13	10	5	15	195
14	1	0	1	14	14	8	6	14	196
					15	6	4	10	150
					16	6	4	10	160
					17	3	3	6	102
					18	2	3	5	90
					19	1	2	3	57
					20	2	1	3	60
					21	1	2	3	63
					22	1	2	3	66
					23	-	-	-	-
					24	1	-	1	24
					25	-	1	1	25
					26	1	-	1	26
TOTALS	**258**	**188**	**446**	**801**		**2072**	**1437**	**3509**	**10295**

During 1998, the Tribunal heard 152 applications to vary community counselling or community treatment orders and approved all of them. Five applications to revoke a community counselling or treatment order were received during 1998 and 4 were declined by the Tribunal.

6. TREATMENT FOR MENTAL ILLNESS, AND MEDICAL TREATMENT FOR PEOPLE IN PSYCHIATRIC HOSPITAL

Section 6 of the report again relates to MHA, chapter 7.

The following data emerged:

- The Tribunal conducted 316 reviews of applications to perform ECT on involuntary patients during 1998 and approved 279 of them. The power of hospitals to proceed with ECT on an emergency basis, without prior approval by the Tribunal, was removed by the Mental Health Legislation Amendment Act 1997, effective from 19 September 1997. The main instigators for this change were hospital medical superintendents. From that date, the Tribunal began to deal with cases involving patients regarded by clinicians as needing emergency ECT, through its ordinary hearing processes, involving a panel of three members: a lawyer, a psychiatrist, and a member with other suitable qualifications.

- In the 316 concluded hearings of applications to administer ECT to an involuntary patient brought before the Tribunal in 1998, 27 of such patients were determined by the Tribunal to be capable of giving informed consent. Of the 288 remaining cases, 274 were determined by the Tribunal to be incapable of giving informed consent. The Tribunal granted 272 applications to administer ECT and refused 2 applications.

- There were 27 occasions on which no determination was required by the Tribunal once it had satisfied itself that an involuntary patient was capable of giving informed consent and had given consent to ECT.

- As in all previous years, about twice as many women as men received ECT as involuntary patients. About 50% of ECT was given to involuntary patients over 55 years of age.

- In relation to persons of non-English speaking background when compared with persons of English speaking background, the situation is as follows:

  Of the 316 applications to the Tribunal to approve the administration of ECT in 1998, 44 (i.e. 13.9%) were of non-English speaking background, and an interpreter was needed at 12 of these reviews.

- The Tribunal concluded 7 applications during 1998 to perform surgical procedures and approved all of them.

- The Tribunal received 7 reports during 1998 concerning surgical procedures carried out on patients under the emergency provisions (MHA ss 201, 203).

Table 25

Tribunal determinations on ECT applications for involuntary patients for the period January to December 1998

Capacity of Patient to give Informed Consent	*Approved*	*Determination or Opinion Not Required*	*Not Approved*	*Total*
Capable and has consented	-	27	-	27
Capable but has neither consented nor refused	4	-	-	4
Capable but has refused	3	-	-	3
Incapable of giving informed consent	272	-	2	274
Incapable of informed consent – has consented	-	-	-	-
Incapable of – has neither consented nor refused	-	-	-	-
Incapable of informed consent – has refused	-	-	-	-
Adjourned	-	7	-	7
No jurisdiction	-	-	-	-
TOTALS 1998	**279**	**34**	**2**	**315**
Totals 1997	*231*	*20*	*7*	*258*

Note: Excludes 1 review under s185 where the Tribunal determined an informal patient to be incapable of giving informed consent.

Table 26

Demographic profile of detained persons receiving ECT following Tribunal approvals (total 279) to perform the procedure for the period January to December 1998

	0-19	*20-29*	*30-39*	*40-49*	*50-59*	*60-69*	*70-79*	*80+*	*Total*
Male	3	9	17	16	14	12	5	4	80
Female	8	14	26	19	17	27	35	17	163
TOTALS 1998	**11**	**23**	**43**	**35**	**31**	**39**	**40**	**21**	**243**
TOTALS 1997	*7*	*35*	*29*	*29*	*36*	*36*	*43*	*20*	*235*

Table 27A (1997)

Breakdown of age groups of detained persons receiving ECT during the period January to December 1997 by number and percentage

	0-19 yrs	*20-29 yrs*	*30-39 yrs*	*49-49 yrs*	*50-59 yrs*	*60-69 yrs*	*70-79 yrs*	*80+ yrs*	*Total*
Persons receiving ECT	7	35	29	29	36	36	43	20	235
Persons admitted involuntarily and inpatients reclassified to involuntary	651	2405	2133	1250	698	356	225	94	7812
PERCENTAGE BY AGE GROUP 1997	**1.1 %**	**1.5 %**	**1.4 %**	**2.3 %**	**5.2 %**	**10.1 %**	**19.0 %**	**21.3 %**	**3.0 %**
***PERCENTAGE BY AGE GROUP** 1996*	*1.2 %*	*1.4 %*	*1.3 %*	*2.0 %*	*5.5 %*	*12.2 %*	*18.7 %*	*27.1 %*	*3.5 %*

* This total is by individual irrespective of the number of admissions/reclassifications particular individuals may have experienced during 1997

Table 27B (1998)

Breakdown of age groups of detained persons receiving ECT during the period January to December 1998 by number and percentage

	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 receiving ECT	11	23	43	35	31	39	40	21	243
Persons admitted involuntarily and inpatients reclassified to involuntary	660	2404	2184	1299	698	343	221	91	7900
PERCENTAGE BY AGE GROUP 1998	**1.7 %**	**0.1 %**	**2.0 %**	**2.7 %**	**4.4 %**	**11.4 %**	**18.1 %**	**23.1 %**	**3.1 %**

* This total is by individual irrespective of the number of admissions/reclassifications particular individuals may have experienced during 1998

Table 28

Results of Tribunal ECT hearings by hospital for the period January to December 1998 and combined totals for 1997

Major Psychiatric Hospitals	*Reports of emergency ECT under s186***	*Tribunal reviews under ss185, and 188*	*Adjourn-ments*	*ECT approved by Tribunal*	*ECT not approved*
Bloomfield	-	18	-	14	-
Cumberland	-	26	1	20	-
Gladesville-Macquarie	-	14	-	13	-
James Fletcher-Morisset	-	44	2	38	1
Kenmore	-	14	1	12	-
Rozelle	-	13	-	13	-
SUB-TOTALS 1998	**-**	**129**	**4**	**110**	**1**
Sub-Totals 1997	*14*	*114*	*2*	*110*	*2*
Public Hospital Units					
Albury	-	2	-	2	-
Bankstown	-	9	-	7	-
Blacktown	-	9	-	9	-
Broken Hill	-	-	-	-	-
Campbelltown	-	4	-	4	-
Coffs Harbour	-	4	-	3	1
Concord	-	2	-	2	-
Dubbo	-	-	-	-	-
Gosford	-	8	-	7	-
Greenwich	-	13	-	13	-
Hornsby	-	14	-	13	-
Lismore	-	17	-	15	-
Liverpool	-	1	-	1	-
Maitland	-	1	-	1	-
Manly	-	5	-	5	-
Nepean	-	9	1	8	-
Port Kembla	-	1	-	1	-
Prince Henry	-	2	-	2	-
Prince of Wales	-	18	-	17	-
Royal North Shore	-	4	-	3	-
RPA Missenden Unit	-	4	-	4	-
Shellharbour	-	10	-	9	-
St. George	-	12	-	12	-
St. Josephs	-	-	-	-	-
St. Vincents (Caritas)	-	3	-	3	-
Sutherland	-	11	1	9	-
Tamworth	-	11	1	6	-
Wagga Wagga	-	3	-	3	-
Westmead	-	10	-	10	-
SUB-TOTALS 1998	**-**	**187**	**3**	**169**	**1**
Sub-Totals 1997	*17*	*145**	*1*	*138*	*5*
COMBINED TOTAL ALL HOSPITALS 1998	**-**	**316**	**7**	**279**	**2**
Combined Total All Hospitals 1997	*31*	*259**	*3*	*248*	*7*

* Includes one review where the Tribunal determined it had no jurisdiction
** The emergency ECT provision was repealed effective from 19 September 1997

Table 29

Breakdown of Tribunal approvals of surgical procedures (MHA ss205 – 207) during the period January to December 1998.

Patient	*Surgical Procedure*
1	Colonoscopy
2	Cytoscopy
3	Biopsy
4	Cytoscopy
5	Hysteroscopy
6	Cytoscopy
7	Colonoscopy

Table 30

Surgery under the emergency provisions (ss 201 – 203) during the period January to December 1998

Patient	*Surgical Procedure*
1	Axillary lymph node excision
2	Excision of basal cell carcinomas and skin grafts
3	Remove breast tumour
4	Removal of squamous cell carcinomas
5	Endometnal carcinomas biopsy
6	Excision of lesion
7	Debridement of burn and skin graft

7. & 8. PRIVATE (AUTHORISED) HOSPITALS, OFFICIAL VISITORS AND OTHER OFFICERS

The background explanatory material, and comments made in this context in previous Annual Reports, continue to apply.

The main external protective agency operating in the context of private hospitals is the Official Visitor scheme. It continues to be the case that no data is available to allow external evaluation of the effectiveness of the official visitors in protecting consumer interests in private hospitals.

The Tribunal's role in private hospitals is effectively limited to the inspection of their ECT Registers.

9. MANAGEMENT OF THE INCOME AND PROPERTY OF PATIENTS, PAST AND PRESENT

Table 31

Summary of statistics relating to the Tribunal's jurisdiction under the Protected Estates Act 1983 for the period January to December 1998 and combined totals for 1997

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	13	10	23	1	2	15	5	N/A	N/A	21
s.18	Order made on Forensic Patient	1	-	1	-	1	-	-	N/A	N/A	1
s.19	On application to Tribunal for Order	100	77	177	14	102	20	41	N/A	N/A	159
s.36	Revocation of Order	28	21	49	15	-	-	-	17	17	17
TOTALS 1998		**142**	**108**	**250**	**30**	**105**	**35**	**46**	**17**	**17**	**198**
TOTALS 1997		*128*	*55*	*183*	*14*	*76*	*26*	*32*	*7*	*14*	*138*

The following emerges from the available data:

- In 1998, the Tribunal concluded 34 hearings in respect of 49 applications for revocation of Protected Estates Orders under section 36 of the Protected Estates Act 1983. Of the 34 concluded hearings under this provision, 17 were successful.

- During 1998, the Tribunal made 1 order for management under section 18 of the Protected Estates Act 1983, 104 orders and 46 interim orders under sections 17 and 19 of the Act, for the person's estate to be managed by the Protective Commissioner.

10. FORENSIC PATIENTS

Table 32

Summary of statistics relating to the Tribunal's forensic jurisdiction for the periods January to December 1997 and 1998 for forensic patient case reviews under the Mental Health Act 1990

Act and Section	*Description of Review*	**1997** *Reviews*			**1998** *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	1	-	1	1	0	1
81(1)(a) MHA	Following special hearing on being found not guilty by reason of mental illness	3	-	3	4	1	5
81(1)(b) MHA	Following trial or appeal on being found not guilty by reason of mental illness	9	2	11	8	1	9
82 MHA	Regular six monthly review	250	20	270	248	25	273
82 MHA	Following reinvestigation under s94(s) of person apprehended under s93	-	-	-	-	-	-
82 MHA	Following request under s96(2) for transfer to prison	-	-	-	1	-	1
86(1) MHA	Review of transferees' cases	33	10	43	50	7	57
86(2)	Monthly review – trial incomplete or patient unfit to be tried	1	-	1	-	-	-
87	Informal review of person awaiting transfer from prison to hospital	1	-	1	-	-	-
TOTAL		**298**	**32**	**330**	**312**	**34**	**346**
	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	12	-	12	16	2	18
24 MHCPA	Determination of mental state following making of a limiting term after a special hearing	4	-	4	-	-	-
TOTAL		**16**	**-**	**16**	**16**	**2**	**18**

Table 33

Outcomes of reviews held under the forensic provisions of the Mental Health Act 1990 from January to December 1998, Tribunal recommendations, and responses of the Executive Government

		Reviews			*Approvals*			*Rejections*			*Pending*			*Not Applicable*		
		M	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*	*M*	*F*	*T*
A)	No change in conditions of detention	133	7	140	133	7	140	-	-	-	-	-	-	-	-	-
B)	Less restrictive conditions of detention	68	11	79	56	9	65	7	-	7	5	2	7	-	-	-
C)	More restrictive conditions of detention	7	1	8	7	1	8	-	-	-	-	-	-	-	-	-
D)	Conditional release	26	3	29	11	2	13	6	1	7	9	-	9	-	-	-
E)	No change in conditions of release	19	3	22	19	3	22	-	-	-	-	-	-	-	-	-
F)	Less restrictive conditional release	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
G)	More restrictive conditional release	2	-	2	2	-	2	-	-	-	-	-	-	-	-	-
H)	Unconditional release	7	1	8	7	1	8	-	-	-	-	-	-	-	-	-
	Adjournment	*3*	*2*	*5*										*3*	*2*	*5*
Not forwarded or acted upon due to changed circumstances		*34*	*-*	*34*										*34*	*-*	*34*
	DETERMINED under s82(3):															
	if patient has become fit to be tried notify Attorney General	*-*	*-*	*-*										*-*	*-*	*-*
	DETERMINED under s89(1):															
	that patient be reclassified to continued treatment patient status	*13*	*5*	*18*										*13*	*5*	*18*
	that patient be NOT reclassified to continued treatment patient status	*-*	*-*	*-*										*-*	*-*	*-*
TOTAL Recommendations and Outcomes 1998		**312**	**34**	**346**	**235**	**24**	**259**	**13**	**1**	**14**	**14**	**2**	**16**	**50**	**7**	**57**
TOTAL Recommendations and Outcomes 1997		*299*	*32*	*331*	*238*	*23*	*261*	*2*	*-*	*2*	*5*	*-*	*5*	*54*	*9*	*63*

Includes 3 reviews where both a recommendation and a determination were made under the same section of the Mental Health Act 1990.

The data provided in Tables 33 and 34 at page 60 of AR94 have been combined into the one table, number 33 in the 1995, 1996 , 1997 and 1998 Annual Reports.

Table 35A

Location of forensic patient case reviews held between January and December 1998

COMMUNITY	70
CUMBERLAND HOSPITAL	47
GLADESVILLE-MACQUARIE HOSPITAL	8
GOULBURN – PMS	2
KIRKCONNELL CORRECTIONAL CENTRE	1
LONG BAY PRISON HOSPITAL	149
MORISSET HOSPITAL	69
MULAWA TRAINING CENTRE	2
ROZELLE HOSPITAL	12
SILVERWATER – PMS	2
SHELLHARBOUR	5
TOTAL	**367**

(Includes 2 reviews held under the civil provisions of the Mental Health Act and 1 review held under the Protected Estates Act. The total of 367 reviews involves 198 individual patients)

Table 35B

Location of Current Forensic Patients

COMMUNITY	34
CUMBERLAND HOSPITAL, PARRAMATTA	24
GRAFTON CORRECTIONAL CENTRE	1
KIRKCONNELL CORRECTIONAL CENTRE	1
LONG BAY (G) - PMS	80
LONG BAY - SPECIAL PURPOSE UNIT	1
MACQUARIE HOSPITAL, NORTH RYDE	3
MORISSET HOSPITAL	26
MULAWA - PMS	3
ROZELLE HOSPITAL, LEICHARDT	6
SHELLHARBOUR LAKEVIEW HOUSE	2
SILVERWATER - PMS	2
TOTAL	**183**

The following details emerge from the 1998 data:

- As at December 1998 there were 176 forensic patients (160 male, 16 female) in New South Wales. (In December 1997 there were 144.)

- Table 32 shows that 18 reviews were carried out by the Tribunal in relation to persons referred to it by courts for determination of fitness to be tried. In relation to these 18 persons, it determined that all 18 probably would not, during the period of twelve months after the finding of unfitness, become fit to be tried.

- The Tribunal conducted initial reviews of 57 forensic patients' cases following their transfer to hospital, pursuant to MHA s86(1).

- Of the 198 forensic patients whose cases were reviewed during 1998, 47 were transferees, with 3 transferees being female.

- The Tribunal made 18 orders under MHA s89 for classification as continued treatment patients, of forensic patients whose sentences would have expired within six months of the review.

- In the year ending 31 December 1998, the Tribunal reviewed the cases of 14 forensic patients who were found either at their criminal trial or at a special hearing to be not guilty by reason of mental illness of the offences with which they had been charged.

- In the year ending 31 December 1998, the Tribunal undertook 14 "first reviews", pursuant to MHA s81, and in relation to one of such patients, it recommended immediate conditional release. No recommendations were made for immediate unconditional release following a review under this section.

- Under MHA s82, in 1998 the Tribunal concluded 273 regular six monthly reviews of the cases of the 144 long-term forensic patients, and in relation to those patients, it made recommendations for conditional release with respect to 29, 13 of which were then approved. Eight patients were recommended for unconditional release, with 4 then being approved. In relation to the recommendations which were not then approved, further inquiries took place, with the outcome of any renewed recommendations to be provided in AR99.

- Locations where the 367 forensic patient case reviews were conducted in 1998 are set out in table 35.

- In November 1999 there were 183 forensic patients, and their locations are set out in Table 35B.

11. ENGLISH AND NON-ENGLISH SPEAKING BACKGROUND PATIENTS

Reference is made to Appendices 8, 9, 10 and 12.

12. – 13. GENERAL OBSERVATIONS AND CONCLUSIONS

The MHA, with the Tribunal as its main instrument, provides a high level of transparency and accountability in the processes whereby people with mental illnesses are provided with mental health care. The Tribunal's ongoing informal and low-key dialogue with all of the key service providers, advocates, watchdogs, and supports, encourages a therapeutic environment whereby the case of each patient is kept under ongoing review, with particular reference to the appropriateness of the environment in which the care is being delivered, and the nature, amount, and combinations of medication on which each patient is being maintained.

Tribunal data continues to show a high success rate in applications for treatment and detention orders. The success rate for patients on appeal to the Tribunal remains low. In the reporting period, no appeal was taken to a court from any decision of the Tribunal. This illustrates the success of the Tribunal in its efforts to maintain a high level of advice, support, and education for consumer and carer groups, and for mental health workers wishing to bring and treat patients under the MHA. There is access to the Tribunal on a twenty-four hour, seven day per week basis. The Tribunal ensures that applications are made on a proper basis, within the framework required by the governing legislation. Consumers are well acquainted with their rights, and a high level of communication is encouraged within the quadrangle of Tribunal, prospective or current treatment team, the consumer, and the consumer's carers and friends. The provision of full information about rights and responsibilities, and the guarantee of open and transparent processes, mean that anger and hostility generated by disappointment regarding outcomes is kept to a minimum.

The Tribunal's current experience indicates that in the new millennium, service providers will be concerned less with those with readily treatable, uncomplicated illnesses, and more, with those with serious mental illnesses and additional problems such as comorbid substance abuse. Many in this group will already have offended, and are likely to do so again. They will be poorly compliant with treatment. Without assertive follow up, they will be particularly prone to losing contact with services.

Psychiatry cannot "cure" criminal behaviour. Nor should it be used to control certain sections of the population. Nevertheless, the population of New South Wales does include a growing proportion of people with compound need, including that for management of their serious mental illnesses. New South Wales law, as administered by the Tribunal, includes mechanisms by which resources might be marshalled so that compound need might be met.

It would of course be entirely inappropriate for the community to expect that psychiatric services should be used as a police force. But there is, however, a subtle but growing pressure that this should occur.

Concerns that psychiatrists in particular should not be co-opted as police, judges, and jailers for the growing numbers in our community with compound need should be placated to a degree by the realisation that the capacity of a society to intervene in and reshape the lives of people with compound need prone to offending will inevitably be controlled by its finite resources. But when a person with compound need who has been lucky (or unlucky) enough to have proceeded down a particular path to a situation wherein a highly structured community management plan, including involuntary psychiatric treatment, and programmes addressing other aspects of the person's compound need, is legislatively authorised, and where the resources for its implementation are available, then the Tribunal will continue to use its authority to intervene.

APPENDICES

PATIENT STATISTICS REQUIRED UNDER MHA s261(2) CONCERNING PEOPLE TAKEN TO HOSPITAL DURING PERIOD JANUARY 1997 TO DECEMBER 1997

(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	6101	60	6161
s23	Request by Relative/Friend	120	-	120
s24	Apprehension by Police	1246	145	1391
s25	Order of Court	52	12	64
s26	Welfare Officer	163	6	172
s21 via s27	Authorised Doctor's Certificate	204	1	205
s142	Breach Community Treatment Order	26	-	26
TOTAL ADMISSIONS		**7912**	**224**	**8139**
RECLASSIFIED FROM INFORMAL TO INVOLUNTARY		1483	-	1483
TOTAL		**9395**	**224**	**9622**

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

Persons were detained as mentally ill persons on 6240 occasions and as mentally disordered persons on 1429 occasions.

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

A total of 3922 magistrate's inquiries under section 41 were commenced and 3039 of these inquiries were concluded.

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

Persons were detained as Temporary Patients at the conclusion of a Magistrate's hearing on 1943 occasions.

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

A total of 882 Temporary Patient reviews were held by the Tribunal under sections 56 and 58. Persons were further detained as temporary patients on 485 occasions and were classified as Continued Treatment Patients on 113 occasions.

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

APPENDIX 1 (1998)

PATIENT STATISTICS REQUIRED UNDER MHA s261(2) CONCERNING PEOPLE TAKEN TO HOSPITAL DURING PERIOD JANUARY 1998 TO DECEMBER 1998

(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	6223	74	6295
s23	Request by Relative/Friend	146	-	146
s24	Apprehension by Police	1623	228	1851
s25	Order of Court	95	19	114
s26	Welfare Officer	257	2	259
s21 via s27	Authorised Doctor's Certificate	352	1	353
s142	Breach Community Treatment Order	63	6	69
TOTAL ADMISSIONS		**8759**	**330**	**9087**
RECLASSIFIED FROM INFORMAL TO INVOLUNTARY		1319	-	1319
TOTAL		**10078**	**330**	**10408**

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

Persons were detained as mentally ill persons on 6708 occasions and as mentally disordered persons on 1631 occasions.

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

A total of 4240 magistrate's inquiries under section 41 were commenced and 3080 of these inquiries were concluded.

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

Persons were detained as Temporary Patients at the conclusion of a Magistrate's hearing on 2002 occasions.

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

A total of 947 Temporary Patient reviews were held by the Tribunal under sections 56 and 58. Persons were further detained as temporary patients on 497 occasions and were classified as Continued Treatment Patients on 128 occasions.

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

TRIBUNAL'S JURISDICTION

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

MENTAL HEALTH ACT 1990 MATTERS

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

PROTECTED ESTATES ACT 1983 MATTERS

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

MENTAL HEALTH (CRIMINAL PROCEDURE) ACT 1990 MATTERS

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

APPENDIX 3

MENTAL HEALTH REVIEW TRIBUNAL

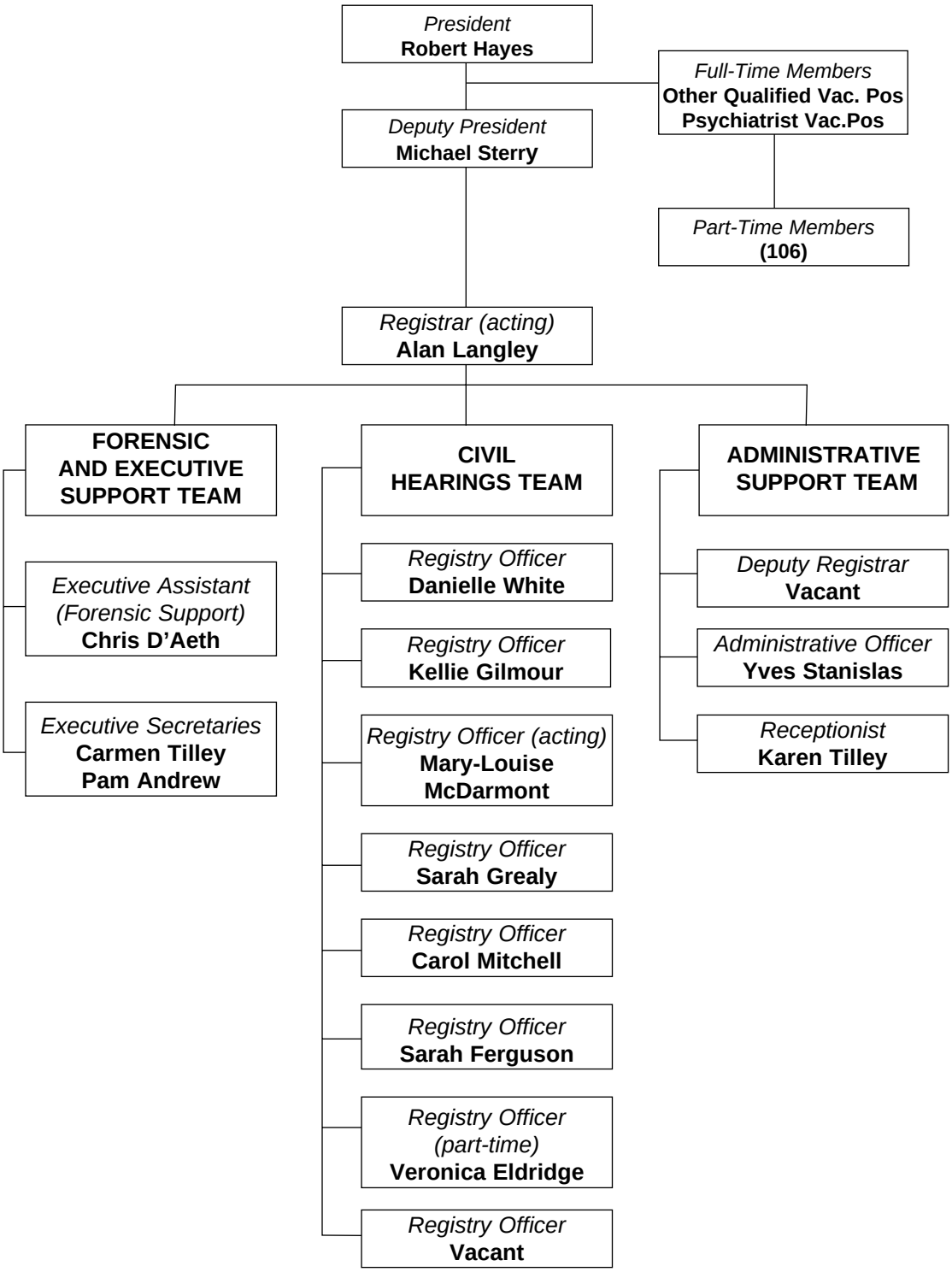
Members as at December 1998

	Lawyers	***Psychiatrists***	***Other***
FULL-TIME MEMBERS	Dr. R. Hayes *(President)* Mr. M. Sterry *(Deputy President)*		
PART-TIME MEMBERS	Mrs. C. Abela Mr. H. L. Ayling Mrs. D. Barnetson Ms. M. M. Bisogni Ms. H. M. Boyton Mrs. H. Brennan Mr. B. Bromberger Mr. P. R. Coffey Mr. G. M. Cumes Mr. E. A. L. de Sousa Mrs. M. Dewdney Ms. L. J. Emery Ms. A. Finlay Ms. G. C. Fleming Mr. P. Gibney Mr. K. W. Hale Mr. J. F. Hookey Mr. T. J. Kelly Mr. J. A. Kernick Ms. H. L. Kramer Ms. V. L. Marcellos Ms. C. McCaskie Mr. J. H. McMillan Ms. L. Re Professor N. R. Rees Ms. D. J. Robinson Ms. R. R. Squirchuk Mr. R. C. Thompson	Professor M. Bashir, AO Dr. B. Boettcher Dr. N. Brinkley Dr. S. Chaturvedi Dr. J. A. Campbell Dr. P. Corrigan Dr. M. J. R. Cullen Dr. J. Donsworth Dr. C. P. Doutney Dr. J. Ellard, AM Dr. C. H. Greenway Dr. J. L. M. Greenwood Dr. D. Kral Dr. L. Lambeth Dr. W. E. Lucas Dr. T. C. M. Lonie Dr. F. Lumley Professor N. McConaghy Dr. S. M. Messner Dr. J. Miller Dr. E. M. O'Brien Dr. M. G. F. Pasfield Dr. C. Pollock Dr. G. A. Rickarby Dr. M.J. Sainsbury, AM,RFD Dr. R. Sandig Dr. R. Schureck Dr. D. Scott-Orr Dr. Y. Skinner Dr. P. W. Thiering Dr. J. A. Thompson Dr. L. C. K. Tsang Dr. N. Waddy, AC,MBE Dr. J. Westerink Dr. R. Wilcox Dr. A. T. Williams Dr. J. Woodforde	Mr. S. C. Alchin, OAM Mr. B. A. J. Arens Mrs. S. Ashton Ms. E. Barry Mr. R. J. Brown Mr. G. Y. L. Cheung Dr. L. Craze Ms. G. P. Duffy Ms. B. Gilling Mr. J. Haigh Professor R. D. Harris Ms. S. Heilpern Mr. C. Hennessy Ms. L. M. Houlahan Ms. S. Johnston Mr. F. Kong Mrs. C. I. Leung Dr. C. MacLeod Ms. L. Manns Ms. L. Norton Mrs. H. Opie Ms. L. Osborn Ms. F. T. Ovadia Mr. A. Owen Mr. E. S. Ozols Ms. J. A. Parham Ms. E. R. Pettigrew Mr. V. Ponzio Mr. A. F. Puckett Ms. B. K. Ramsden Mr. A. Robertson, PSM Ms. J. M. Said, AM Ms. R. H. Shields Dr. S. Srinivasan Ms. V. L. Stanton Dr. J. Sutton Mrs. P. Swan Ms. N. Watt Ms. M. Wilson Dr. R. A. Witton Mr. M. K. Yau Ms. J. A. Zetler

APPENDIX 4

MENTAL HEALTH REVIEW TRIBUNAL

Structure as at December 1998



FINANCIAL SUMMARY

Budget Allocation and Expenditure 1997/1998

The Tribunal ended the 1997/98 financial year with a budget surplus of $104,551 Expenditure during the year was directed to the following areas:

	Budget $	***Actual $***
Salaries and Wages	929,392	829,278
Goods and Services*	850,000	868,489
Cleaning Services	22,000	21,881
Communications/Telephone Services	40,000	36,571
Air Travel	5,000	4,842
New Equipment	75.000	69,955
Printing	15,000	10,733
Travel, Subsistence and Mileage	50,000	50,443
Motor Vehicles	20,000	17,150
Equipment Repairs/Maintenance	5,000	4,704
Subscriptions/Library Services	10,000	7,235
Minor Stores	17,000	16,435
Postage	8,000	5,670
Staff Training	8,000	6,455
TOTAL	**2,054,392**	**1,949,841**

* including fees for services paid to part-time members of the Tribunal

Presentation of oral evidence at Tribunal hearings by health professionals for the 1998 calendar year

Major Psychiatric Hospitals	*No. of Patient Reviews*	*Psychiatrist*	*Psychiatric Registrar or Medical Officer*	*Social/ Welfare Worker*	*Nurse*	*Other Health Professional*	*Friend or Relative*
Bloomfield	242	15	58	91	192	22	25
Cumberland	505	88	306	219	376	39	101
Gladesville-Macquarie	344	139	154	222	234	33	65
James Fletcher	343	73	134	134	161	25	93
Kenmore	185	18	114	15	141	18	21
Morisset	191	45	140	84	122	33	33
Rozelle	530	149	192	267	328	62	106
SUB-TOTALS	**2340**	**527**	**1098**	**1032**	**1554**	**232**	**444**
% OF HEARINGS 1998	**-**	**22.5 %**	**46.9 %**	**44.1 %**	**66.4 %**	**9.9 %**	**19.0 %**
% OF HEARINGS 1997	*-*	*9.9 %*	*54.0 %*	*42.7 %*	*68.8 %*	*10.1 %*	*18.4 %*
Public Hospital Units							
Albury	27	6	18	1	26	1	7
Bankstown	164	35	26	41	85	25	29
Blacktown	126	38	41	47	55	34	24
Broken Hill	5	2	-	1	4	-	1
Campbelltown	98	19	40	40	62	3	26
Coffs Harbour	22	5	7	6	13	1	6
Concord	4	2	1	1	-	1	1
Dubbo	14	-	-	5	10	1	-
Gosford	122	18	48	22	65	10	22
Greenwich	28	6	20	5	3	4	9
Hornsby	160	23	53	66	90	16	36
Lismore	44	5	13	5	15	4	7
Liverpool	130	11	38	50	51	10	34
Long Bay	8	3	1	3	3	1	-
Maitland	23	7	11	8	8	3	13
Manly	90	16	26	30	36	14	18
Nepean	174	25	61	34	78	12	23
Port Kembla	41	2	4	10	37	2	7
Prince Henry	40	2	5	16	16	3	7
Prince of Wales	153	19	86	28	60	14	24
Queanbeyan	1	-	-	1	-	-	1
Royal North Shore	105	18	38	27	24	14	17
RPA Missenden Unit	115	27	41	51	57	18	9
Shellharbour	113	28	64	15	56	7	21
St. George	141	10	34	35	68	8	21
St. Josephs	52	33	3	29	15	12	16
St. Vincents	167	15	59	44	70	14	15
Sutherland	147	13	55	52	38	18	27
Tamworth	106	4	69	66	88	16	19
Wagga Wagga	77	2	43	13	64	11	16
Westmead Acute Adoles.	26	9	13	9	13	1	9
Westmead Adult Psychiatric	25	8	11	8	10	1	10
Westmead Psychoger.	12	1	4	4	6	1	4
SUB-TOTALS	**2560**	**412**	**933**	**773**	**1226**	**280**	**479**
% of Hearings 1998	**-**	**16.1 %**	**36.4 %**	**30.2 %**	**47.9 %**	**10.9 %**	**18.7 %**
% OF HEARINGS 1997	*-*	*7.8 %*	*31.0 %*	*18.8 %*	*58.2 %*	*11.6 %*	*16.3 %*
COMBINED TOTALS	**4900**	**939**	**2031**	**1805**	**2780**	**512**	**923**
% OF ALL HEARINGS 1998	**-**	**19.2 %**	**41.4 %**	**36.8 %**	**56.7 %**	**10.4 %**	**18.8%**
% OF ALL HEARINGS 1997	*-*	*8.8 %*	*41.5 %*	*29.8 %*	*63.1 %*	*10.9 %*	*17.3%*

Note: This table includes hearings held at health care agencies associated with the hospitals listed but excludes hospitals where no patient reviews were held during 1998

APPENDIX 7

PUBLICATIONS AND OCCASIONAL PAPERS

The Tribunal has, since the passage of the Mental Health Act 1990, prepared a wide range of publications for use in the performance of its public and professional educational roles. A list of currently available publications and other material is available from the Registrar.

New publications include:
Telemedicine and Justice, June 1998.
Mental Health Review, Volume 7, Number 1, January 1998.
Mental Health Review, Volume 8, Number 1, November 1999.

Comparison of methods of referral for persons taken to a hospital, or reclassified 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 1997

ESB	*Male*	*Female*	*Total Admissions/ Reclassifications*	*Needing Interpreter*
Breach community treatment order	13	7	20	-
Certificate of doctor	3065	2357	5422	8
Request by relative/friend	55	41	96	-
Apprehension by police	681	372	1053	1
Order under Crimes Act	37	10	47	-
Welfare officer	63	78	141	-
Authorised person's order	81	58	139	-
TOTAL ESB ADMITTED	**3995**	**2923**	**6918**	**9**
ESB RECLASSIFIED TO INVOLUNTARY	**708**	**578**	**1286**	**2**
GRAND TOTAL ESB 1997	**4703**	**3501**	**8204**	**11**
GRAND TOTAL ESB 1996	*3756*	*2827*	*6583*	*4*

NESB	*Male*	*Female*	*Total Admissions/ Reclassfications*	*Needing Interpreter*
Breach community treatment order	4	2	6	1
Certificate of doctor	367	312	679	134
Request by relative/friend	8	16	24	6
Apprehension by police	119	74	193	41
Order under Crimes Act	5	10	5	1
Welfare officer	9	16	25	10
Authorised person's order	41	24	65	30
TOTAL NESB ADMITTED	**553**	**454**	**997**	**223**
NESB RECLASSIFIED TO INVOLUNTARY	**100**	**97**	**197**	**50**
GRAND TOTAL NESB 1997	**653**	**551**	**1194**	**273**
GRAND TOTAL NESB 1996	*580*	*450*	*1018*	*201*

Comparison of methods of referral for persons taken to a hospital, or reclassified 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 1998

ESB	*Male*	*Female*	*Total Admissions/ Reclassifications*	*Needing Interpreter*
Breach community treatment order	32	21	53	-
Certificate of doctor	3035	2450	5485	7
Request by relative/friend	56	58	114	-
Apprehension by police	879	497	1376	3
Order under Crimes Act	67	13	80	-
Welfare officer	117	111	228	1
Authorised person's order	151	135	286	3
TOTAL ESB ADMITTED	**4337**	**3285**	**7619**	**14**
ESB RECLASSIFIED TO INVOLUNTARY	**629**	**520**	**1149**	**1**
GRAND TOTAL ESB 1998	**4966**	**3805**	**8771**	**15**

NESB	*Male*	*Female*	*Total Admissions/ Reclassfications*	*Needing Interpreter*
Breach community treatment order	6	4	10	2
Certificate of doctor	397	339	736	170
Request by relative/friend	15	17	32	14
Apprehension by police	161	86	247	38
Order under Crimes Act	11	4	15	2
Welfare officer	11	18	29	9
Authorised person's order	37	29	66	35
TOTAL NESB ADMITTED	**638**	**497**	**1135**	**270**
NESB RECLASSIFIED TO INVOLUNTARY	**98**	**74**	**172**	**52**
GRAND TOTAL NESB 1998	**736**	**571**	**1307**	**332**

Interpreter needs for involuntary patient admissions and reclassifications for the period January to December 1997 for magistrates' inquiries held under MHA s41

English Speaking Background

ESB Country	*ESB Needing Interpreter*		*ESB NOT Needing Interpreter*		*ESB Combined Totals*			
	Admiss/ Reclass.	*s41 Inquiry Started*	*Admiss/ Reclass.*	*s41 Inquiry Started*	*M*	*F*	*T*	*s41 Inquiry Started*
Australia	9	7	7821	3138	4497	3333	7830	3145
Bermuda	-	-	1	-	1	-	1	-
Canada	-	-	2	2	1	1	2	2
Ireland	-	-	31	12	21	10	31	12
Jamaica	2	1	1	-	2	1	3	1
New Zealand	-	-	106	42	66	40	106	42
South Africa	-	-	31	10	9	22	31	10
United Kingdom	-	-	169	71	85	84	169	71
United States	-	-	29	11	19	10	29	11
TOTAL ESB 1997	**11**	**8**	**8191**	**3286**	**4701**	**3401**	**8202**	**3294**
TOTAL ESB 1996	*4*	*4*	*6579*	*2798*	*3756*	*2827*	*6583*	*2802*

Non English Speaking Background

NESB Geographical Group	*NESB Needing Interpreter*		*NESB NOT Needing Interpreter*		*NESB Combined Totals*			
	Admiss/ Reclass.	*s41 Inquiry Started*	*Admiss/ Reclass.*	*s41 Inquiry Started*	*M*	*F*	*T*	*s41 Inquiry Started*
Oceania (excluding Australasia)	5	4	58	26	35	28	63	30
Southern Europe	63	33	258	137	183	138	321	170
Western & Northern Europe	9	9	95	43	54	50	104	46
E. Europe/former USSR/Balt States	15	9	97	61	50	62	112	70
Middle East	37	27	103	55	88	52	140	82
North Africa	2	1	22	12	14	10	24	13
Africa Excl. N. Africa & S. Africa	3	2	25	10	15	13	28	12
South East Asia	90	64	107	59	99	98	197	123
North East Asia	36	18	76	39	58	54	112	57
Southern Asia	3	2	52	11	37	18	55	13
S. & Cent. America & Caribbean	10	6	25	9	17	18	35	15
TOTAL NESB 1997	**273**	**169**	**920**	**462**	**652**	**541**	**1193**	**631**
TOTAL NESB 1996	*201*	*136*	*817*	*421*	*580*	*438*	*1018*	*557*

TOTAL OF ALL ADMISSIONS/RECLASSIFICATIONS ESB and NESB 1997	**284**	**177**	**9111**	**3748**	**5353**	**4042**	**9395**	**3925**
TOTAL OF ALL ADMISSIONS/RECLASSIFICATIONS ESB and NESB 1996	*205*	*140*	*7396*	*3219*	*4336*	*3265*	*7601*	*3359*

Interpreter needs for involuntary patient admissions and reclassifications for the period January to December 1998 for magistrates' inquiries held under MHA s41

English Speaking Background

ESB Country	*ESB Needing Interpreter*		*ESB NOT Needing Interpreter*		*ESB Combined Totals*			
	Admiss/ Reclass.	*s41 Inquiry Started*	*Admiss/ Reclass.*	*s41 Inquiry Started*	*M*	*F*	*T*	*s41 Inquiry Started*
Australia	13	7	8360	3352	4759	3614	8373	3359
Canada	-	-	9	6	2	7	9	6
Ireland	-	-	33	13	20	13	33	13
Jamaica	-	-	1	1	1	-	1	1
New Zealand	1	-	132	63	70	63	133	63
South Africa	-	-	22	8	15	7	22	8
United Kingdom	-	-	184	66	93	91	184	66
United States	1	1	15	11	7	9	16	12
TOTAL ESB 1998	**15**	**8**	**8756**	**3520**	**4967**	**3804**	**8771**	**3528**

Non English Speaking Background

NESB Geographical Group	*NESB Needing Interpreter*		*NESB NOT Needing Interpreter*		*NESB Combined Totals*			
	Admiss/ Reclass.	*s41 Inquiry Started*	*Admiss/ Reclass.*	*s41 Inquiry Started*	*M*	*F*	*T*	*s41 Inquiry Started*
Oceania (excluding Australasia)	6	5	76	41	51	31	82	46
Southern Europe	74	47	243	126	190	127	317	173
Western & Northern Europe	11	5	87	47	48	50	98	52
E. Europe/former USSR/Balt States	23	16	98	47	65	56	121	63
Middle East	47	33	134	65	125	56	181	98
North Africa	5	4	28	18	21	12	33	22
Africa Excl. N. Africa & S. Africa	3	2	21	6	12	12	24	8
South East Asia	85	58	144	65	127	102	229	123
North East Asia	51	34	80	42	50	81	131	76
Southern Asia	7	5	54	25	29	32	61	30
S. & Cent. America & Caribbean	9	7	21	8	19	11	30	15
TOTAL NESB 1998	**321**	**216**	**986**	**490**	**737**	**570**	**1307**	**706**

TOTAL OF ALL ADMISSIONS/RECLASSIFICATIONS ESB and NESB 1998	**336**	**224**	**9742**	**4010**	**5704**	**4374**	**10078**	**4234**

Interpreter needs for civil patient reviews held by the Tribunal under the Mental Health Act for the period January to December 1998

English Speaking Background

ESB Country	*ESB Needing Interpreter*	*ESB NOT Needing Interpreter*	*ESB Tribunal Reviews*			
			M	*F*	*T*	*Legal Representation*
Australia	39	3719	2182	1577	3759	847
Ireland	-	7	5	2	7	3
New Zealand	-	43	26	17	43	12
South Africa	-	12	9	3	12	4
Trinidad	-	2	-	2	2	-
United Kingdom	1	86	46	41	87	13
United States	-	10	7	3	10	1
TOTAL ESB 1998	**40**	**3879**	**2275**	**1645**	**3920**	**880**
TOTAL ESB 1997	*23*	*4394*	*2628*	*1787*	*4417*	*770*

Non English Speaking Background

NESB Geographical Group	*NESB Needing Interpreter*	*NESB NOT Needing Interpreter*	*NESB Tribunal Reviews*			
			M	*F*	*T*	*Legal Representation*
Oceania (excluding Australasia)	4	58	36	26	62	14
Southern Europe	48	184	135	97	232	43
Western & Northern Europe	1	46	21	26	47	12
E. Europe/former USSR/Balt States	13	68	40	41	81	12
Middle East	29	65	67	27	94	15
North Africa	5	21	21	5	26	2
Africa Excl. N. Africa & S. Africa	2	8	3	7	10	1
South East Asia	39	49	59	29	88	11
North East Asia	17	43	22	38	60	18
Southern Asia	3	12	8	7	15	4
S. & Cent. America & Caribbean	12	11	10	13	23	4
TOTAL NESB 1998	**173**	**565**	**422**	**316**	**738**	**136**
TOTAL NESB 1997	*222*	*848*	*593*	*477*	*1070*	*152*

TOTAL OF ALL CIVIL REVIEWS ESB & NESB 1998	**213**	**4444**	**2697**	**1961**	**4658**	**1016**
TOTAL OF ALL CIVIL REVIEWS ESB & NESB 1997	*245*	*5242*	*3221*	*2264*	*5487*	*922*

Demographic breakdown of the number of persons admitted to hospital as involuntary patients for the period January to December 1997

Major Psychiatric Hospitals	No. of Persons Admitted/ Reclassified during 1997	Demographic Breakdown of Persons admitted during 1997							
		0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs
Bloomfield	479	45	97	112	60	31	23	4	5
Cumberland	947	77	254	229	122	68	21	4	-
Gladesville/Macquarie*	169	10	49	29	31	20	10	1	1
James Fletcher/Morisset	940	59	210	190	109	74	47	38	24
Kenmore	284	22	72	61	42	20	17	7	4
Rozelle	961	37	238	207	112	77	42	39	14
SUB-TOTALS 1997	**3780**	**250**	**920**	**828**	**476**	**290**	**160**	**93**	**48**
SUB-TOTALS 1996	*3280*	*183*	*812*	*712*	*433*	*255*	*146*	*126*	*50*
PUBLIC HOSPITAL UNITS									
Albury	91	3	30	23	13	6	2	2	1
Bankstown	90	5	20	22	20	6	5	4	1
Blacktown	258	22	64	59	25	16	5	1	2
Broken Hill	30	2	7	10	2	3	2	-	-
Campbelltown	172	9	41	42	29	15	8	5	-
Coffs Harbour	191	19	50	44	25	9	3	4	1
Dubbo	4	1	1	1	1	-	-	-	-
Gosford	209	11	54	54	32	12	13	4	1
Hornsby	280	26	76	57	31	17	17	5	5
Lismore	472	40	122	119	71	27	14	5	3
Liverpool	359	19	102	88	47	25	10	6	1
Manly	225	23	64	45	25	19	9	11	6
Nepean	111	11	33	23	20	9	6	3	-
Port Kembla	76	7	21	9	12	3	5	6	1
Prince Henry	182	7	45	43	33	16	13	5	4
Prince of Wales	446	15	128	117	57	37	13	10	3
Royal North Shore	299	17	87	73	53	24	4	-	1
Royal Prince Alfred	271	11	76	78	35	31	4	-	-
Shellharbour	707	56	167	149	86	47	21	12	4
St. George	109	1	27	30	15	11	7	5	1
St. Josephs	26	-	-	-	-	1	6	13	4
St. Vincents	214	10	62	70	30	22	5	7	-
Sutherland	275	17	85	50	42	14	7	7	2
Tamworth	272	25	73	64	42	13	6	4	1
Wagga Wagga	193	16	50	35	27	23	6	3	1
Westmead Acute Adol.	30	28	-	-	-	-	-	-	-
Westmead Adult	3	-	-	-	1	2	-	-	-
Westmead Psychoger.	19	-	-	-	-	-	5	10	3
SUB-TOTALS 1997	**1834**	**401**	**1485**	**1305**	**774**	**408**	**196**	**132**	**46**
Sub-Totals 1996	*4321*	*242*	*1140*	*1001*	*615*	*313*	*174*	*141*	*46*
COMBINED TOTALS 1997	**5614**	**651**	**2405**	**2133**	**1250**	**698**	**356**	**225**	**94**
Combined Totals 1996	*7601*	*425*	*1952*	*1713*	*1048*	*568*	*320*	*267*	*96*

Note: The demographic breakdown in the above table is based on individual patients, irrespective of the number of admissions or reclassifications to involuntary status each patient might have had during the 1997 calendar year.

This table excludes hospitals where no involuntary admissions or reclassifications to involuntary status occurred during 1997.

Demographic breakdown of the number of persons admitted to hospital as involuntary patients for the period January to December 1998

Major Psychiatric Hospitals	No. of Persons Admitted/ Reclassified during 1998	Demographic Breakdown of Persons admitted during 1998							
		0-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs	80+ yrs
Bloomfield	527	39	106	132	82	31	12	11	9
Cumberland	1113	88	309	266	133	72	21	2	2
Gladesville/Macquarie*	151	14	32	37	23	25	6	-	-
James Fletcher	803	58	175	182	94	60	29	34	22
Kenmore	373	25	63	78	59	32	27	11	2
Rozelle	932	35	234	184	134	70	52	31	10
SUB-TOTALS 1998	**3899**	**259**	**919**	**879**	**525**	**290**	**147**	**89**	**45**
PUBLIC HOSPITAL UNITS									
Albury	102	14	33	21	11	6	3	2	-
Bankstown	171	13	43	48	25	18	5	2	1
Blacktown	305	23	92	59	33	18	15	4	-
Broken Hill	33	3	6	11	4	2	-	1	-
Campbelltown	220	20	72	55	18	18	3	1	3
Coffs Harbour	246	25	47	51	36	18	5	5	1
Concord	5	2	1	-	-	-	1	-	-
Dubbo	14	5	5	3	1	-	-	-	-
Gosford	215	17	66	45	28	19	8	7	1
Hornsby	316	30	98	58	32	16	14	11	7
Lismore	430	37	108	108	78	23	10	6	2
Liverpool	366	23	112	88	56	25	12	5	-
Maitland	193	17	47	45	27	16	8	6	1
Manly	269	21	79	60	28	24	14	9	5
Nepean	128	10	37	32	23	12	3	1	-
Port Kembla	110	9	23	21	13	10	7	8	3
Prince Henry	1	-	-	1	-	-	-	-	-
Prince of Wales	457	26	120	116	75	38	15	8	2
Royal North Shore	259	20	94	54	36	29	3	-	-
Royal Prince Alfred	324	11	76	78	35	31	4	-	-
Shellharbour	669	56	167	149	86	47	21	12	4
St. George	175	8	50	34	24	19	12	5	1
St. Josephs	40	-	1	-	-	-	12	14	9
St. Vincents	267	8	68	81	63	21	11	3	2
Sutherland	258	12	85	41	36	13	8	8	1
Tamworth	314	33	74	69	46	21	8	4	-
Wagga Wagga	188	15	49	38	25	15	10	3	2
Westmead Acute Adol.	44	5	6	4	4	2	7	1	1
Westmead Adult	32	39	-	-	1	-	-	-	-
Westmead Psychoger.	28	-	1	-	-	-	7	13	6
SUB-TOTALS 1998	**6179**	**401**	**1485**	**1305**	**774**	**408**	**196**	**132**	**46**
COMBINED TOTALS 1998	**10078**	**660**	**2404**	**2184**	**1299**	**698**	**343**	**221**	**91**

Note: The demographic breakdown in the above table is based on individual patients, irrespective of the number of admissions or reclassifications to involuntary status each patient might have had during the 1998 calendar year.

This table excludes hospitals where no involuntary admissions or reclassifications to involuntary status occurred during 1998.

Interpreter needs for Tribunal reviews and outcomes during 1998 for English speaking background and non English speaking background patients

SECTION 56 TEMPORARY PATIENT REVIEWS				Legal	Interpreter Rep.		Adjourn	Discharge	Extend Magistrate Order	Reclassify to Continued Treatment
	M	F	T		Yes	No				
ESB	362	315	677	513	9	668	222	8	433	13
NESB	56	52	108	87	37	71	39	1	64	4
TOTALS	418	367	785	600	46	739	261	9	497	17

SECTION 58 TEMPORARY PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	Discharge	Reclassify to Continued Treatment
	M	F	T		Yes	No			
ESB	93	51	144	122	2	142	42	3	99
NESB	12	6	18	15	9	9	6	-	12
TOTALS	105	57	162	137	11	151	48	3	111

SECTION 62 CONTINUED TREATMENT PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	Discharge or Reclassify Informal	Remain Continued Treatment Patient	Determine NO Less Restrict. Care is Available
	M	F	T		Yes	No				
ESB	260	192	452	31	4	448	12	3	434	159
NESB	54	16	70	3	22	48	4	-	66	26
TOTALS	314	208	522	34	26	496	16	3	500	185

SECTION 63 INFORMAL PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	Discharge	No Order for Discharge	Adj. & ref. to Guardianship. Board
	M	F	T		Yes	No				
ESB	109	85	194	2	-	194	6	2	186	-
NESB	16	15	31	-	7	24	2	-	29	-
TOTALS	125	100	225	2	7	218	8	2	215	-

SECTION 69 INVOLUNTARY PATIENT APPEAL REVIEWS				Legal Rep.	Interpreter		Adjourn	Disch or Reclassify Informal	Appeal Dis-missed	Dismissal No further appeal allowed
	M	F	T		Yes	No				
ESB	71	34	105	81	-	105	11	3	73	17
NESB	10	7	17	12	4	13	3	1	9	4
TOTALS	81	41	122	93	4	118	14	4	82	21

SECTION 118 COMMUNITY COUNSELLING ORDER PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	Application Declined	Application Approved	NO Jurisdiction
	M	F	T		Yes	No				
ESB	41	22	63	1	-	63	3	-	59	1
NESB	14	11	25	-	1	24	2	-	23	-
TOTALS	55	33	88	1	1	87	5	-	82	1

SECTION 131 COMMUNITY TREATMENT ORDER PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	Application Declined	Application Approved	NO Jurisdiction
	M	F	T		Yes	No				
ESB	1155	702	1857	95	23	1834	157	6	1692	2
NESB	225	181	406	17	81	325	37	1	367	1
TOTALS	1380	883	2263	112	104	2159	194	7	2059	3

SECTIONS 185 + 188 ECT PATIENT REVIEWS				Legal Rep.	Interpreter		Adjourn	ECT Approved	ECT Not Approved
	M	F	T		Yes	No			
ESB	80	191	271	29	2	269	7	236	2
NESB	22	22	44	2	12	32	-	43	-
TOTALS	102	214	316	31	14	301	7	279	2

SECTIONS 17, 18, 19, 36 PROTECTED ESTATES ACT 1983				Legal Rep.	Interpreter		Adjourn	Revocation Approved	Revocation Declined	Order Made	Interim Order Made	Order Declined
	M	F	T		Yes	No						
ESB	121	90	211	163	2	209	25	14	16	84	29	43
NESB	20	18	38	34	13	25	5	3	1	20	6	3
TOTALS	141	108	249	197	15	234	30	17	17	104	35	46

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 1996 that related to its administration or policy functions.

In accordance with the FOI Act requirements (s14(1)B and (3)), the Tribunal provided a Summary of Affairs to the Department of Health to be published in the *Government Gazette*. The Summary, which is in the main, reproduced below, provides a description of documents and other records held by the Tribunal.

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

AS AT DECEMBER 1998

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

"The Priory"
Salter Street (Cnr Manning Road)
GLADESVILLE NSW 2111
(PO Box 2019, BORONIA PARK NSW 2111).

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

E-mail: mhrt@mhrt.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 six months.
- The Tribunal can provide a copy of the sound recording, and may provide a transcript of a hearing under certain circumstances, (as outlined in Section 291 of the Mental Health Act 1990) upon payment of the prescribed fee.

COMPUTER DATA BASE

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

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

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

  1. CIVIL PATIENT REGISTER

     Contains details of all civil patients that 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 dealt with by 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.

PATIENT FILES

- The Tribunal currently maintains approximately 8190 patient files for both Civil and Forensic matters. Files are identified by a patient's name and a file number. The file contains details of a patient's clinical history, eg. copies of medical reports and details of each review.

ADMINISTRATIVE FILES

- The Tribunal currently has 485 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, "The Mental Health Review" a regular bulletin of the Mental Health Review Tribunal and Occasional Papers. See separate list for details.

REGISTERS

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

BOOKS

- The Tribunal maintains its own small reference library.

DOCUMENTS AVAILABLE FOR INSPECTION

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

POLICY – Mental Hospitals Assaults

POLICY – *Community Counselling Orders and Community Treatment Orders*

POLICY – *Decisions - MHRT*

POLICY – *ECT*

POLICY – *EEO*

POLICY – *Flexible Work Practices*

POLICY – *FOI*

POLICY – *Forensic Patients*

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

POLICY – *Medication – Psychiatric Institutions*

POLICY – *MHRT – Directives/Orders*

POLICY – *National Mental Health*

POLICY – *Practices – CTOs/CCOs*

POLICY – *Purchasing Procedures*