

# The Mental Health Tribunal

## ANNUAL REPORT

### 2019-2020



**Mental  
Health  
Tribunal**

Safeguarding and protecting the rights and dignity  
of people being involuntarily treated for mental  
illness.





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21 September 2020

The Honourable Elise Archer  
Attorney-General  
15 Murray Street  
HOBART, TAS, 7000

Dear Minister,

I am pleased to present the Mental Health Tribunal's Annual Report in accordance with s178 of the *Mental Health Act 2013* for the period 1 July 2019 to 30 June 2020.

Yours Sincerely

A handwritten signature in blue ink that reads "Yvonne Chaperon".

Yvonne Chaperon  
President, Mental Health Tribunal

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## **TERMINOLOGY**

It is acknowledged there are diverse views on terminology used for persons with mental illness and for those who receive treatment. In this report, the terms ‘patient’ ‘involuntary patient’ and ‘forensic patient’ are used when the context concerns specific statutory functions of the Tribunal. This is in accordance with the terminology used in the provisions of the *Mental Health Act 2013*, which defines these terms.

## PRESIDENT'S MESSAGE

I am pleased to present the annual report of the Mental Health Tribunal (the Tribunal) for the 2019-2020 financial year. This report provides an outline of the purpose, key activities, performance and financial reports of the Tribunal during this period.

I trust that this message finds you well and not too affected by the COVID-19 virus that has impacted so many people's lives.

Last year I reported on the review of the operations of the *Mental Health Act 2013* (the Act) mandated for under section 229 of the Act and to take place in the 6<sup>th</sup> year of operation. Under the guidance of a Steering Committee, four reference groups (made up of statutory officers, key stakeholders and others required to work with the Act) were established to provide a forum through which their views on the operation of the Act were to be identified. I was a member of the Statutory Reference Group. The *Mental Health Act 2013: Review of the Act's Operation Outcomes Report* was published in June 2020. The review confirms that the Act has had a positive impact on how people who live with mental illness are assessed and treated in Tasmania.

The review outlines 29 outcomes and the Government response to those review outcomes. The report overall identifies the need to develop and deliver education and training to ensure that consumers and people required to work with the Act are aware of their rights and responsibilities. The Mental Health Tribunal will undertake a role in the development of education and training for stakeholders. The education and training component of the outcomes identified will need to be undertaken statewide and the Government have stated, within the report, that they will consider any funding submissions in relation to the Review Outcomes through future Budget processes.

The Review also identified a number of amendments that should occur and a number of amendments that may need to be considered in the future. Any amendments to be made or considered should be done through consultation with all key stakeholders. A decision on stakeholder engagement to discuss amendments is yet to be made.

Over the past decade, and more recently, the Government have discussed establishing a single Civil and Administrative Tribunal in Tasmania (TasCAT) to streamline services and improve access to justice. In September 2019 the Department of Justice started to hold regular meetings to plan for the amalgamation of nine Tribunals and Boards. The heads of the nine Tribunals and Boards and senior staff formed the Single Tribunal Steering Committee which met fortnightly, working towards amalgamation. The first step towards establishment of TasCAT occurred in July 2020 when the nine Tribunals and Boards co-located into a new office space at 38 Barrack Street, Hobart. This facility has been specially fitted out for the needs of the new single Tribunal and its broad range of clients. In the coming months, legislation will be brought before State Parliament to formalise the single Tribunal arrangement. The new single Tribunal is expected to be in operation sometime in 2021.

In May 2020, the Tribunal was requested by the Disability Royal Commission to provide information relating to the experiences of people with disability who have been found unfit to stand trial and /or not guilty on the ground of insanity. The Tribunal had collated very similar data for a project with the Tasmania Law Reform Institute the previous year. We were able to dedicate a Senior Legal Officer to this project and provide the information the Royal Commission were seeking.

As has been the trend over previous years, aspects of the Tribunal's workload continues to increase. This financial year the Tribunal held 3195 civil hearings, and 89 forensic hearings.

At the civil hearings, 79% of presenting patients were not represented by a lawyer or advocate. Of those who were represented, the Legal Aid Commission represented 15% of patients and Advocacy Tasmania represented 6% of patients.

At the forensic hearings, 62% of presenting patients were not represented by a lawyer or advocate. Of those who were represented, the Legal Aid Commission represented 38% of patients and Advocacy Tasmania did not represent any patients.

The Tribunal's 41 members (three full time including the President and 38 sessional) bring to the Tribunal professional expertise and knowledge and are very committed to the role and impact they have on people's lives. In September 2019, we began a recruitment round as 19 members' terms were due to expire in February 2020. These interviews were held in January 2020 and Her Excellency Professor the Honourable Kate Warner AC, signed the Instruments of Appointment in mid-February 2020. We welcomed back 16 members who re-applied and two new members.

I would like to acknowledge the Tribunal member's dedication to their roles and for the very hard work they do. I would especially like to thank all members for their time and patience this year. The Tribunal continued to hold hearings four days a week throughout the COVID-19 restrictions and I thank all the Tribunal members who continued to make themselves available during a very difficult time this year.

I would especially like to thank Richard Grueber, Deputy President for his ongoing expertise and the support he provides to me, the Tribunal and Registry.

We farewelled the Registrar, Vanessa Fenton in November 2019. Vanessa was with the Tribunal for over 4 ½ years. Vanessa resigned her position as Registrar to take up a senior role at the Legal Aid Commission Tasmania. I would like to thank Vanessa for all her hard work, expertise and management of staff. We wish her all the best. We welcomed the current Registrar, Tegan Dwyer in late January 2020. It did not take Tegan long to settle in and she has been a fabulous asset to the Tribunal team.

The Tribunal's staff members have all worked tirelessly again this year. They did not miss a beat throughout the COVID-19 restrictions and they made the move to our new premises seamless. They all continue to work extremely hard under the pressure of heavy workloads and their continuous enthusiasm for their roles amazes me. I thank them all for their dedication to the Tribunal, their professionalism and constant good humour.

I acknowledge the important work and support of the Legal Order Coordinators statewide, who have the enormous task of coordinating the applications and orders under the Act within their services. They contribute to the streamlined processes of the Registry and I thank them.

Lastly, I would like to thank the Department of Justice for its continued support of the Tribunal, to enable it to meet its statutory functions under the *Mental Health Act 2013*.

I continue to be honoured to hold this position and would like to acknowledge the very significant role we play in so many vulnerable people's lives. The Tribunal will continue to work hard to enable better access to justice for all people subject to the *Mental Health Act 2013*.

Yvonne Chaperon  
PRESIDENT

## REGISTRAR'S REPORT

I commenced as Registrar on 28 January 2020 and joined three other recently appointed staff members (two Senior Legal Officers and Executive Officer) within the Registry office alongside well-established and experienced Registry staff to form a team of eight. We are fortunate to have a team with diverse experience and skills in terms of qualifications and the previous roles held. I am very grateful for the support I have received from Registry staff, the President and various areas within the Department of Justice including Agency Executive, Finance, Information Technology Services, Human Resources and Work Health and Safety.

There have been many highlights since I commenced working at the Mental Health Tribunal (the Tribunal) particularly as we simultaneously faced the challenges of COVID-19 and business continuity planning including the need to find alternative hearing solutions outside of clinical and health settings. The Tribunal chaired all statewide hearings from the South for several months while various options were explored to deliver hearings in the North and North-West. Registry staff worked from home on a rostered basis during April and May. Due to ongoing reliance on paper based files, statutory timeframes and the high level of team communication required it was determined that staff return to working from the office. Ultimately, working from home is not sustainable for Registry staff beyond a few weeks.

Notable achievements for the Registry team include: maintaining all statutory timeframes including hearings, investigations, reviews and single member determinations, progressing an Excellence Framework for Members, chairing all hearings from the South for several months, updates to Registry forms and processes (forensic manual, practice directions, forensic files, updating statistics collection), planning for professional development and implementing flexible work plans for all staff.

A particular achievement was the involvement of Registry staff in planning for the relocation to new premises and eventual amalgamation of several Tribunals and Boards as part of the planned Tasmanian Civil and Administrative Tribunal (TasCAT). All staff engaged with and were involved in planning for the transition and the collaborative manner in which staff approached the preparation for relocation and associated logistics was commendable.

Work Health and Safety issues continued to need ongoing monitoring and review and the Registry responded to the Public Safety and Physical Security audit completed in 2019 with a Corrective Action Plan which continues to be implemented.

Despite the challenges of COVID-19, the continuing trend of increasing workflow and budgetary and staffing limitations, the Tribunal met all statutory timeframes, progressed some policy and project work, and adapted and developed as a team. The team raised funds for the charity Share the Dignity, to help provide vulnerable women with essential sanitary products. Registry staff continued to participate in Department of Justice activities including the Disability Action Plan working group, the Work Health and Safety Committee, the MCMS (case management) governance committee and the Health and Wellbeing committee.

I sincerely thank the Tribunal's staff for their ongoing commitment, professionalism and resilience in maintaining and progressing a high volume output and continuing to liaise with a range of stakeholders and with consumers to deliver the statutory services of the Tribunal.

Tegan Dwyer  
REGISTRAR

## OVERVIEW

### THE LEGISLATIVE FRAMEWORK

The *Mental Health Act 2013* enables individuals with capacity to make their own treatment choices, while facilitating treatment for individuals who lack decision-making capacity and who need treatment for their own health or safety, or for the safety of others. The Act represents a significant improvement in the protection of the rights of mental health consumers in Tasmania to its predecessor. It balances consumer rights with the need for treatment, while also recognising the important role played by carers and family members of people with a mental illness.

Key features of the *Mental Health Act 2013* in relation to the Tribunal are:

- decision-making capacity is a key threshold criterion for determining whether or not the Act will apply. On this basis the legislation does not enable a person with decision-making capacity to be assessed, treated or detained against their will
- establishment of a single independent Tribunal with authority to make decisions about both treatment and treatment setting, in an approved facility (hospital) and/or community
- a streamlined and simplified treatment pathway and clarified protective custody, assessment and treatment pathways
- all Treatment Orders made by the independent Tribunal are required to be regularly reviewed within mandated timeframes

Other important aspects of the *Mental Health Act 2013* include:

- establishment of the statutory office of the Chief Civil Psychiatrist and the Chief Forensic Psychiatrist
- The Chief Civil Psychiatrist and Chief Forensic Psychiatrist are able to intervene directly with respect to the assessment, treatment and care of patients and may issue standing orders and clinical guidelines to guide the Act's interpretation and utilisation
- the responsibilities of clinicians and the rights of consumers and their families/carers are clearly outlined and
- the legislation contains provisions for the appointment, role and function of Official Visitors, for the approval of facilities and statutory officers and the management of forensic patients.

The Act has recently been reviewed with the *Mental Health Act 2013: Review of the Act's Operation: Outcome Report* finalised in June 2020, with 29 recommendations made.

## ABOUT THE MENTAL HEALTH TRIBUNAL

The Mental Health Tribunal (the Tribunal) is an independent statutory body established under the *Mental Health Act 2013*. The Tribunal's primary function is to authorise and review the treatment of people with mental illness, who lack decision-making capacity to provide informed consent for treatment.

The Tribunal provides a vital level of safeguard, protecting the rights and dignity of people being involuntarily treated for mental illness.

The Tribunal commenced operations on 17 February 2014, replacing the previous Mental Health Tribunal and the Forensic Tribunal, which both operated under the *Mental Health Act 1996*.

## OUR VISION

Ensuring the protection of rights, safety, inclusive participation and just outcomes for people with mental illness.

## OUR GOALS

- to promote and enable persons with mental illness to live, work and participate in the community
- to facilitate maximum opportunity for participation of those with mental illness and their support networks in decision making
- to achieve a culture of best practice in the operations of the Tribunal
- to contribute effectively to the development of mental health legislation, policy and practice in Tasmania
- to recognise and be responsive to national and international trends, developments and advances in mental health law.

## OUR VALUES

- Accessible
- Equitable
- Professional
- Inclusive
- Accountable

## COMPOSITION OF THE MENTAL HEALTH TRIBUNAL

The Tribunal consists of at least six persons, including:

- at least one person who is an Australian lawyer with at least five years' experience as such;
- at least one person who is a psychiatrist; and
- at least four other members

The Governor appoints all members, with one member being appointed as President and another as Deputy-President.

The President and Deputy President are appointed for a period of five years, while other members are appointed for a term not exceeding three years.

The Tribunal:

- may sit in divisions;
- acts by majority;
- may adjourn proceedings and make interim orders for the period of any adjournment;
- conducts proceedings with as little formality and as much expedition as appropriate for proper consideration; and
- is not bound by the rules of evidence.

## MEMBERS

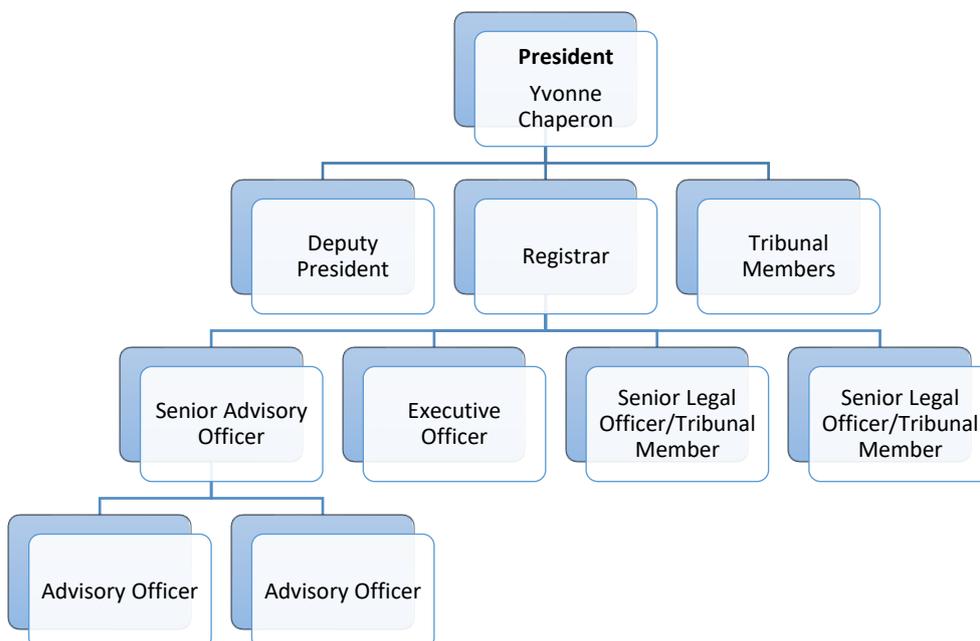
At the end of the financial year, the Tribunal had 41 permanent members who are appointed for a period of up to three years. Of these, nine are psychiatrists, 14 are legal members and 18 are general members.

Of the Tribunal members, the President is appointed on a full-time basis. Two other members are employed full-time by the Department of Justice and provide part-time service as Tribunal members to support the requirements of the Tribunal and the remaining members work on a sessional basis, hearing matters as required.

A list of current members appointed under the Act is at **Appendix A**.

## REGISTRY

The operation of the Tribunal is supported by a Registrar appointed under the Act, two legal officers and four permanent administrative staff.



## 2019-2020 HIGHLIGHTS

### **Aboriginal Cultural Respect**

One of the guiding principles of the Department of Justice is to “[build] inclusion into everything we do, so that diversity becomes part of who we are as an organisation”.

The Department of Justice has a Diversity and Inclusion strategy and Action Plan with relevant material available on the intranet. The commitment is informed by the State Service Diversity and Inclusion Policy and Framework. One of the action areas for the Department is to expand Aboriginal Cultural Respect pilot training across the workforce. The Tribunal is acting on its obligations to provide cultural security in its work spaces and services provided to Aboriginal and Torres Strait Islander peoples by developing and implementing an Aboriginal Cultural Respect Practice Direction.

“Indigenous Australians experience higher rates of mental health issues than other Australians, with deaths from suicide twice as high, hospitalisation rates for intentional self-harm 2.7 times as high, and rates of high/very high psychological distress 2.6 times as high as for other Australians (AHMAC 2017).”

Australia is working towards closing the gap in life expectancy and health and wellbeing outcomes between Indigenous and non-Indigenous Australians; 39% of the gap between Indigenous and non-indigenous can be explained by social determinants. The provision of culturally sensitive services can go some way to minimising the structural disadvantage suffered by the Indigenous community.

The Mental Health Tribunal collects data about Aboriginal and Torres Strait Islander identity in Applications for Treatment Orders as part of its obligation to provide culturally sensitive and inclusive services to indigenous Australians who have historically been directly and indirectly discriminated against in the provision of health services and access to justice.

The Practice Direction is to assist Mental Health Tribunal members with cultural awareness when Aboriginal or Torres Strait Islander peoples should they appear before the Tribunal. The Practice Direction does not cover every scenario and may not apply to individual situations. It is important that members have the awareness to enquire how a patient would like to proceed at hearing if they identify as Aboriginal or Torres Strait Islander.

### **Excellence Framework**

The Tribunal has established an excellence framework to identify the standards by which Tribunal Members are to operate in performing their role, in order to achieve excellence in carrying out the Tribunal’s purpose. This framework outlines the knowledge, skills, behaviours and attitudes that members are expected to demonstrate when performing their duties in order to meet the standard of excellence.

Given the small size of the Mental Health Tribunal and its Members in Tasmania, the Mental Health Tribunal Excellence Framework (MHTEF) does not extend to establishing performance indicators for peer review or performance management. Rather, the MHTEF is an overarching framework for Members to have regard to during their performance of duties associated with their role on the Tribunal.

The MHTEF outlines categories which represent core elements of the role of Tribunal Members. All of these are integrated to produce ‘professional excellence’, which is the highest standard of conduct that the community has a right to expect of Tribunal Members and to which all Members should aspire.

At the heart of these values is the consideration of the parties before the Tribunal, and the Mental Health Service Delivery Principles at Schedule 1 of the Act.

It is expected that Members’ competencies in each area will develop over time and through experience and participation in continued development and training sessions.

Each month we seek articles, information, journals, slide presentations, for example, from members outlining best practice relating to a particular core element. It is the intention, that by collating and circulating this material, members will maintain, improve and broaden their knowledge, expertise and competence, and develop their personal and professional qualities.

### **Training Day**

Each year, we hold a statewide training day in Campbell Town. This is a fabulous opportunity for all the Tribunal members from around the state to come together to train and identify concerns, issues, trends or practices that need to be workshopped. The last training day was held on 7 October 2019 at the Grange. It was a very interesting day with a broad range of topics. The Tribunal members learnt about occupational violence and aggression, what happens when a 'Code Black' is called in an emergency situation in hospitals and were very fortunate to hear from the Honourable Justice Wood who educated members on how to successfully use interpreters at hearings.

# FUNCTIONS & PROCEDURES

## TRIBUNAL FUNCTIONS

The Tribunal's primary functions are established under the *Mental Health Act 2013* and include:

- to make, vary, renew and discharge treatment orders
- to authorise the treatment of forensic patients
- to conduct reviews in relation to certain matters for involuntary and forensic patients
- to authorise special psychiatric treatment
- to determine applications for leave for patients subject to Restriction Orders
- to carry out any further functions given to it under this or any other Act.

Under the *Criminal Justice (Mental Impairment) Act 1999* the Tribunal also has responsibility for the review of Supervision and Restriction Orders.

In some cases an Assessment Order will be the first step towards an application being made to the Tribunal for a Treatment Order.

## MENTAL HEALTH TRIBUNAL ORDERS

The Tribunal's primary functions are making and reviewing treatment orders for involuntary<sup>1</sup> patients (civil) and determining matters for forensic patients.

### CIVIL MATTERS<sup>2</sup>

#### **Assessment Order (AO)**

An Assessment Order is a short-term mechanism for a person to be assessed for mental illness, without informed consent, by an approved medical practitioner to determine whether the assessment and/or treatment criteria are met.

An Approved Medical Practitioner (AMP) may make an assessment order if they believe that a person needs to be assessed against the assessment criteria. The assessment criteria are:

The person has, or appears to have, a mental illness that requires or is likely to require treatment for:

- the person's health or safety; or
- the safety of other person's; and
- cannot be properly assessed with regard to the mental illness or the making of a treatment order except under the authority of the assessment order; and
- does not have the capacity to make decisions regarding assessment for themselves.

In some cases an Assessment Order will be the first step towards an application being made to the Tribunal for a Treatment Order.

An Assessment Order may authorise a patient's admission to and detention in an approved facility for and in connection with the assessment that is authorised by the Order.

An Assessment Order lasts for 24 hours, unless an Approved Medical Practitioner affirms the Assessment Order, in which case the order may be extended once, for a period not exceeding 72 hours.

<sup>1</sup>Involuntary patient means a person who is subject to an assessment order or treatment order', s3 *Mental Health Act 2013*.

<sup>2</sup> The notion of 'civil' is encompassed in s143(4) of the Act where the responsibilities of the Chief Civil Psychiatrist are held to be in relation to patients other than – (i) forensic patients; or (ii) persons who are subject to supervision orders.

## **Treatment Order (TO)**

A Treatment Order is an order made by the Tribunal, which authorises treatment for a person with mental illness, without the person's informed consent. A Treatment Order can be applied for by any Approved Medical Practitioner.

A Treatment Order may follow directly from an Assessment Order or be initiated for a person who is not, at the time of application subject to an Assessment Order.

While a Treatment Order is in operation it provides authority for the patient to be given the treatment, or types of treatment, specified in the Order.

A Treatment Order can operate in the community, or in an approved facility (hospital), or in some combination of treatment settings. An order which operates in the community is authority for any mental health officer or police officer to take the patient under escort to ensure that they present for treatment under the Order.

The Tribunal may also make a Treatment Order which includes a requirement in relation to treatment setting and detention.

The Tribunal may make a treatment order in respect of a person if, and only if it is satisfied that –

- an Approved Medical Practitioner has applied for a Treatment Order in respect of the person; and
- the requirements of s37 of the Act have been met in respect of the application; and
- the person meets the treatment criteria set out in s40 of the Act;
- the person has a mental illness; and
- without treatment, the mental illness will, or is likely to seriously harm –
- the person's health or safety, or
- the safety of other persons; and
- the treatment will be appropriate and effective in terms of the outcomes referred to in s6 (1) of the Act; and
- the treatment cannot be adequately given except under a treatment order; and
- the person does not have decision-making capacity.

A Treatment Order application must be determined within ten days of being lodged with the Tribunal and must be heard by a panel of three Tribunal Members.

See **Appendix C** for a standard Treatment Order workflow.

## **Renewal of an Order**

A Treatment Order will be in effect for the period determined by the Tribunal and be renewed for up to six months on first renewal, and up to twelve months on subsequent renewals. A Treatment Order will automatically expire unless it is renewed through an application by an Approved Medical Practitioner. An application for renewal must be made ten days before the day the current Order is to expire. There is no limit to the number of times a Treatment Order may be renewed.

There are automatic reviews undertaken by the Tribunal built into the life of every order and also opportunities for a person to request a review.

## **Admission of civil patient to a Secure Mental Health Unit (SMHU)**

An involuntary patient may only be admitted to a Secure Mental Health Unit in accordance with the requirements of s63 of the Act, and only if the Chief Civil Psychiatrist has made a formal request to the Chief Forensic Psychiatrist. All admissions are reviewed by the Tribunal.

## FORENSIC MATTERS

### Tribunal Review of Forensic Orders

The Supreme Court may make a person subject to a Forensic Order (Restriction or Supervision Order) if that person has been found unfit to stand trial or found not guilty of an offence by reason of insanity. Forensic Orders may apply to those with mental impairment or other condition or disability, including intellectual/cognitive impairment.

A Restriction Order requires the person subject to the Order to be admitted and detained in a Secure Mental Health Unit (SMHU) until the Order is discharged by that Court. A Supervision Order releases the person subject to the Order to the community under the supervision of the Chief Forensic Psychiatrist and the person is subject to conditions specified in the Order.

Section 37 of the *Criminal Justice (Mental Impairment) Act 1999* mandates that the Tribunal;

- review each Forensic Order under the *Mental Health Act 2013*, within 12 months after the Order was made; and
- at least once every 12 months after that, until the Order is discharged/revoked by the Supreme Court.
- at each review hearing, the Tribunal must apply the principle set out in the *Criminal Justice (Mental Impairment) Act 1999* that restriction on the person's freedom and personal autonomy should be kept to a minimum, consistent with the safety of the community. The Tribunal is also to have regard to:
  - the nature of mental impairment or other condition or disability, and
  - whether the person is, or would if released be, likely to endanger another person or persons generally, and
  - whether there are adequate resources available for the treatment and support of the person in the community, and
  - whether the person is likely to comply with conditions of an Order imposed; and
  - any other relevant matters.
- the Tribunal on review, may determine that;
  - the Order is still warranted and the conditions remain appropriate
  - the Order is no longer warranted, or that the conditions of the order are now inappropriate. If that is the determination, the Tribunal must issue a certificate to that effect. This enables a defendant to apply to the Supreme Court to have the Order discharged, revoked or varied. If a certificate is issued, the Tribunal may recommend to the Supreme Court that another type of Order be made in respect of the defendant and/or conditions on discharge/revocation that may be appropriate.
  - the Supervision Order should be revoked, and instead a Restriction Order should be made. In that event, the Tribunal is to recommend to the Secretary of the Department of Health to apply to the Supreme Court to have the Supervision Order revoked and a Restriction Order be made.

### Authorisation for Detention

Under s31 of the *Criminal Justice (Mental Impairment) Act 1999*, a person subject to a Supervision Order may be apprehended and detained at a SMHU. This can occur if a person prescribed under that Act believes, on reasonable grounds, that the person has breached or is likely to breach the conditions of their Supervision Order, or there has been or is likely to be a serious deterioration in the person's mental health.

Once a person is apprehended for breach of Supervision Order, they are taken to Wilfred Lopes Centre (the only SMHU in Tasmania) and may be detained for up to four days with no oversight of the Tribunal. If the person is required to be held longer than four days, an application for further detention must be made to the Tribunal. One member of the Tribunal can authorise the further detention of the person until the application for extension of detention can be determined by the

Tribunal at hearing. If further periods of detention are required, further application must be made to the Tribunal for extension(s) of the period of detention.

## **Forensic Patients**

In addition to those who have been made subject to Restriction Orders, a forensic patient is defined as any person who has been admitted to a SMHU, and who has not yet been discharged from that unit. This may include:

- persons who have been ordered by a Court to be detained in a SMHU, rather than in prison, while they are awaiting trial, during a trial or pending a sentencing decision (including where a court has ordered a person to be detained in a SMHU for assessment).
- persons subject to a Supervision Order who have breached or who are considered likely to breach the Order and who have been apprehended and admitted to a SMHU (see above).
- sentenced prisoners and remandees who have been admitted from prison.
- sentenced detainees who have been admitted from Ashley Youth Detention Centre.

## **Authorisation of Treatment**

Under s88 of the *Mental Health Act 2013*, an application for Authorisation for Treatment must be made in writing to the Tribunal from an Approved Medical Practitioner (AMP) in order for a forensic patient to receive treatment if the forensic patient:

- has a mental illness, and
- without treatment the mental illness will, or is likely to seriously harm the person's health or safety or the safety of other persons, and
- the treatment will be appropriate and effective, and
- the patient does not have the decision making capacity.

A single Tribunal member can authorise treatment on an interim basis for a maximum of 14 days in relation to the application. A three-member panel hearing must be held within that period to determine the application.

## **Leave of Absence**

Section 78 of the *Mental Health Act 2013* makes provision for leave of absence from a SMHU for a forensic patient subject to a Restriction Order. If leave of absence is granted by the Tribunal, the Tribunal (under s79) may extend or vary the leave.

The Tribunal must notify the Victim Support Service (VSS) of all leave applications. A search of the Eligible Persons Register is conducted by VSS and any persons registered in relation to the offence are notified of the application and are able to make submissions in respect of it. The Tribunal is also required to notify any other person who in the Tribunal's opinion should be notified of the application, and advise of the right to make a written submission regarding the application. The Tribunal must consider these submissions prior to granting or refusing the leave.

## **Admission to SMHU of prisoner or youth detainee**

When a prisoner, a person on remand or youth detainee is transferred to the SMHU the Tribunal must review the admission within seven days of being notified of the admission. At hearing of the review the Tribunal may:

- affirm the admission; or
- recommend consideration be given to returning the patient to prison or detention centre;
- direct the patient be discharged from the SMHU and returned to prison or detention centre.

## REVIEWS

The Tribunal has a wide range of review powers in respect to both involuntary civil and forensic patients. The most frequently heard reviews include:

- 60 day review – The Tribunal must undertake a review of a Treatment Order within 60 days of it being made if it has not been discharged or expires.
- 180 day review – The Tribunal must undertake a review of a Treatment Order within 180 of a Treatment Order being further renewed, and every 180 days thereafter until it is discharged or expires.
- 60 day review – The Tribunal must undertake a review of an Authorisation of Treatment within 60 days of it being made if it has not been discharged.
- 180 day review – The Tribunal must undertake a review of an Authorisation of Treatment within 180 days of it being made, and every 180 days thereafter until it is discharged.
- 3 day review of detention at an approved facility (hospital) – The Tribunal must review a Treatment Order within 3 days after it has been notified of a patient’s detention at an approved facility due to a failure to comply with the Treatment Order or an admission to prevent possible harm.
- 3 day review of involuntary admission to the SMHU – the Tribunal must review the admission (or extension of admission) within 3 days after being notified of the admission (or extension).
- 7 day review of admission of prisoner or detainee to SMHU.
- the Tribunal also has the power to conduct a review on its own motion at any time where the Act does not expressly provide for a review.
- reviews can also be undertaken on the application of any person with the necessary standing.

In undertaking a review the general powers of the Tribunal allow it to combine a mandatory review with a discretionary review; refer any matter concerning the review to the relevant Chief Psychiatrist for possible intervention; issue any related or incidental directions it considers appropriate; and issue recommendations to people it considers appropriate.

A full list of review powers can be found at **Appendix B**.

# MENTAL HEALTH TRIBUNAL HEARINGS

## CONDUCT OF HEARINGS AND PROCEDURE

The Act provides that the Tribunal may sit in divisions. A division consists of one Tribunal member or three or more members to hear and determine matters within the jurisdiction of the Tribunal.

Each three member decision is made up of a legal member (the Chair), a psychiatrist member and a general member.

The Act provides a framework for Tribunal hearing procedures but allows discretion in the manner in which hearings are conducted. The Tribunal ensures that the hearings are informal, inclusive and non-adversarial. The Tribunal considers this is the best way to achieve both fairness and efficiency, balancing the need to ensure that questions of liberty are dealt with appropriately and thoroughly, while remaining mindful of not harming the therapeutic relationship between patients and their treating teams.

Hearings are generally conducted in person either at the approved facility where the patient is being treated or in a meeting room, adhering to safety requirements in the community.

Generally present at hearings, other than the Tribunal members, are the patient and the treating medical practitioner and any representatives including relatives or friends of the patient. Patients in the community may also have a case manager in attendance.

## PRACTICE DIRECTIONS

The President may issue practice directions in relation to the practice and procedure of the Tribunal to complement existing legislation, and to clarify issues that arise in the course of the Tribunal function. There are currently 33 practice directions.

## GUIDELINES

The President may issue guidelines on matters within its jurisdiction. There is currently one guideline.

## REPRESENTATION

### Legal Representation

Some patients may not be able to present their views as well as they would like to due to their illness or reluctance to speak for various reasons. All patients of any proceedings have the right to representation, either by private solicitor or by the Legal Aid Commission of Tasmania. The Registry provides representation information pamphlets with each hearing notification.

If a patient has requested legal representation, the legal representative may write to the Tribunal to request documentation in relation to a matter that is, or has been before it.

The Tribunal may adjourn proceedings if it deems a patient is, or may be unable to make arrangements for representation and is not, or may not be receiving assistance elsewhere. In such cases the Registry will make arrangements for representation on the patient's behalf and the hearing may be rescheduled if necessary to allow adequate time for instructions to be communicated.

### Advocate

Advocacy Tasmania runs the Mental Health Tribunal Representation Scheme. It has trained advocates who assist patients in putting their views to the Tribunal. The services provided by Advocacy Tasmania are free of charge and available to any persons requesting its service.

### Support Person

People, such as a relative, carer, friend or other support person, can attend a hearing to give support and to assist in putting views to the Tribunal and the treating team.

## ADJOURNMENTS

The Tribunal may adjourn proceedings on any particular matter.

On adjourning any proceedings, the Tribunal may make any Interim Orders or determinations it considers appropriate in the circumstances.

Matters can be adjourned for many and varied reasons some of which include the patient or other necessary party being unavailable, a required report has not been undertaken or the patient has not been assessed; or time is needed for engagement of (or further instructions given to) a legal representative.

In 2019-20 there were 83 civil and 2 forensic hearings adjourned.

## DETERMINATIONS AND ORDERS

The Tribunal delivers its determination orally at the conclusion of the hearing and completes a written determination to reflect this decision. A copy of the order determination is provided to the patient at the conclusion of the hearing. A formal order is also produced and mailed to the patient, the treating medical practitioner and case manager (if applicable) once it has been processed by the Registry and signed by the Registrar.

## STATEMENT OF REASONS

Any party to proceedings has a right to request a written statement of reasons within 30 days of the Tribunal's determination. A party to proceedings is defined in schedule 4, part I, section I of the Act.

The Tribunal has 21 days to provide the statement of reasons. The reasons are prepared by the Chair of the Tribunal and approved by the other two members sitting on the day.

Any statement that is written is provided to all parties to the proceedings in accordance with the Act. In order to protect the privacy of patients and witnesses, statements of reasons refer to all persons present at the hearing by their initials only.

The Tribunal always provides a statement of reasons for a review of a Restriction Order or Supervision Order on its own initiative where a certificate has been issued to assist a patient to apply to the Supreme Court to discharge, vary or revoke their order.

In 2019-20, there were 64 written statements of reasons for civil hearings and 16 written for forensic matters (figure 1).

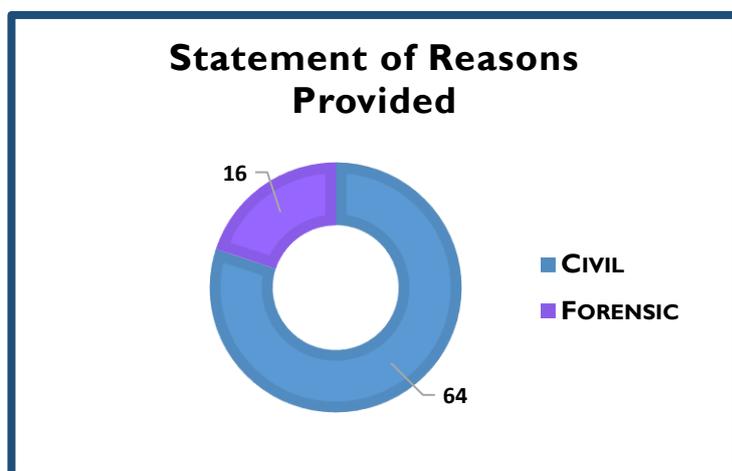


Figure 1: Statement of Reasons provided

## OWN MOTION REVIEWS

The Tribunal has specific review functions under the Act. The Tribunal has the power to review, or investigate a matter at any time on its own motion or at the request of another person with standing.

The Tribunal receives documentation and/or mandatory reports in relation to matters concerning patients (table 1). All documentation and reports are analysed and if there are discrepancies in the actions of other parties in relation to patients, the Tribunal corresponds with the relevant party for an explanation as to the circumstances.

The Tribunal may refer any of these matters to the Chief Civil and Chief Forensic Psychiatrist for further investigation. For more serious anomalies investigation results can be forwarded to the Director of Public Prosecutions (DPP) for advice as to whether prosecution by the DPP is warranted.

Specifically, the Tribunal can review on its own motion (investigate) matters in table 1.

In 2019-20, the Tribunal conducted 37 own motion reviews (figure 2).

Statutory Provision of the Act	Area of Review
s 114	Rights of forensic patients in SMHU
s 180(a)	Assessment Orders (AO)
s 181(l)(e)	Treatment Orders (TO)
s 182(b)	Involuntary admission to SMHU
s 183(a)	Refusal to return forensic patient to external custodian
s 184(d)	Status of voluntary inpatient
s 185(b)	Admission to SMHU of prisoner or youth detainee
s 186(l)(a)	Urgent circumstances treatment
s 187(a)	Seclusion and restraint
s 188(a)	Force
s 189(a)	Withholding of information from patient
s 190(a)	Involuntary patient or forensic patient transfer within Tasmania
s 191(a)	Determinations relating to leave of absence (LOA)
s 192(a)	Exercise of visiting, telephone or correspondence right
s 194(a)	Other reviews

Table 1. Matters the Tribunal has the Power to Conduct an Own Motion Review

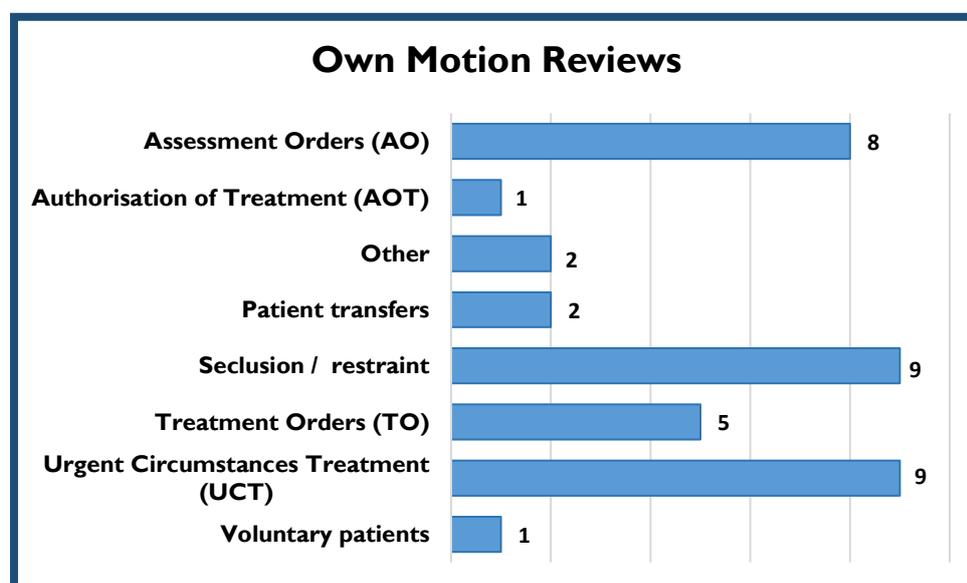


Figure 2: Own Motion Reviews conducted in 2019-20

## APPEALS

Under s174 of the Act, a person who is a party to a Tribunal proceeding may appeal to the Supreme Court from a determination made in those proceedings.

An appeal must be lodged within 30 days after a determination is given by the Tribunal or within 30 days after the person is provided with a statement of reasons.

Three appeals were lodged with the Supreme Court of Tasmania during the 2019-20 financial year.

## REGISTRY AND ADMINISTRATIVE PROCEDURES

### SCHEDULING OF HEARINGS

The Registry is responsible for scheduling the Tribunal's hearings. Hearings are held four days a week, fifty two weeks a year, in three regions, with a morning and afternoon session of up to five matters each. Further unscheduled sessions are required from time to time, which run simultaneously with other regular sessions. Scheduling of hearings is undertaken using the Tribunal's case management system.

### NOTIFICATION

Under the Act the Tribunal is required to provide reasonable notice in writing of hearings. Notice is provided to each patient and any other relevant parties, which may include:

- members of the treating team,
- responsible person – nominated on the application,
- case manager,
- relevant Chief Civil and Chief Forensic Psychiatrists;
- other persons determined by the Tribunal to be necessary to proceedings.

The Registry also contacts all parties prior to a hearing by email or telephone to determine their attendance and hearing contact sheets are provided to sitting members for each hearing.

### PROCESSING OF DETERMINATIONS AND ORDERS

The Registry is responsible for receiving all applications and correspondence in relation to patients. This information is checked, entered into the case management system and prepared into files, along with the preparation of decision/determination documentation and draft order information for the relevant hearing. Subsequent to a matter being heard, the Registry staff process the draft documents, entering into the case management system or other manual system and producing the formal order and any other required correspondence, which is then distributed to the relevant parties.

### CASE MANAGEMENT SYSTEM

The Tribunal currently uses the McGirrs Court Management System (MCMS) product to support its civil and forensic functions and processes. The Registry is responsible for entering and maintaining the data in the system to ensure information provided at hearings is accurate. Registry staff are also responsible for identifying system issues and liaising with account managers to rectify and initiate improvements.

### RECORDINGS

It is the policy of the Tribunal that all proceedings are recorded. The Registry maintains a historical record of the hearing recordings.

The recordings are used for the purpose of:

- assisting Tribunal members in writing statement of reasons when a request is made to the Tribunal;  
or
- producing a transcript when an appeal in the Supreme Court is initiated; or
- to be listened to by a legal representative or other relevant person upon request.

## VENUES AND VIDEO CONFERENCE

The Tribunal sits at eleven different venues around the state:

Hearing Session Type	Facility/Venue
Inpatient hearings	Royal Hobart Hospital, Hobart
	Launceston General Hospital, Launceston
	North West Regional Hospital, Burnie
	Millbrook Rise Centre, New Norfolk
	Roy Fagan Centre, Lenah Valley
	Wilfred Lopes Centre, Risdon
In the community hearings	38 Barrack Street, Hobart
	52 Frankland Street, Launceston (ACMHS)
	1 Strahan Street, Burnie (BACMHS)
	34 Oldaker St, Devonport (DACMHS)
	Flinders Island Community Centre, Flinders Island

Table 2. Hearing Venues Statewide

Whenever possible the Tribunal conducts in-person hearings with all parties in attendance. Where parties cannot be present in person video conference and teleconference facilities are used. All venues attended by the Tribunal have video conference capability. The video conference facilities belong to and are managed by the Department of Health. During COVID-19 the Tribunal ran all hearings using video and telephone conferencing.

## ROSTERING MEMBERS

Availability of the Tribunal members to sit at hearings is requested every three months and a roster is produced by the Registry for each region, i.e. South, North and North-West Tasmania. The Registry have the responsibility of amending the roster when changes occur to a members availability due to circumstances such as conflict of interest, other employment priorities, illness, personal matters and leave.

## INTERPRETERS

The Tribunal provides the services of an interpreter whenever requested by the patient or the Tribunal considers an interpreter is required, to ensure that the patient is given every opportunity to understand and participate in the hearing process. Interpreters were present at ten hearings in 2019-20.

## PERFORMANCE

### CIVIL HEARINGS

The Tribunal operated within statutory timeframes, a total of 3195 matters were listed during the reporting period 2019-20. Table 3 shows the key statistics for civil matters.

#### REVIEW OF TREATMENT ORDERS

The Tribunal carries out a range of reviews, including:

- reviewing decisions about a patient's treatment order;
- reviewing whether a patient still needs to be on an order.

The Tribunal is required by law to carry out certain reviews, for example reviewing treatment orders at 60 and 180 days of the duration of the order. The number of these reviews increased in 2019-20 (table 3). The Tribunal also responds to requests for reviews.

#### VARIATIONS TO TREATMENT ORDERS

The Tribunal varies Treatment Orders when a patient has been discharged from, or re-admitted to hospital, or authorised treatment needs changing. These variations to orders are usually determined by a single Tribunal member hearing. The number of variation hearings increased by 10% this financial year.

#### RE-ADMISSION TO APPROVED FACILITY AND FAILURE TO COMPLY WITH TREATMENT ORDERS

With the implementation of the amendments to the Act from 1 July 2017, patients readmitted to an approved facility required a one member variation hearing to change the treatment setting. These variation hearings occurred prior to listing the matter for a three member panel to consider the reason for re-admission by way of either Failure to Comply Application or an Admission to Prevent Possible Harm Application under s47 and s47A of the *Mental Health Act 2013*. On 8 May 2019, the Act was amended and the need for a mandatory hearing before a three member panel for s47A readmission was amended. Now patients who are on treatment orders who deteriorate and are readmitted to hospital do not automatically have a three member panel hearing, it is now at the discretion of the Tribunal.

#### RENEWAL OF TREATMENT ORDERS

The number of Applications to renew Treatment Orders increased by 10% this financial year. This ongoing trend highlights the number of patients with long term illness who do not have capacity to consent to treatment.

#### FREQUENCY OF REVIEW

The Tribunal reviews Treatment Orders with an initial review at 60 days and further 180 day reviews for the life of the Treatment Order.

Please see the Key Civil Statistics Overview Table for details.

<b>Civil Hearings Decisions</b>	<b>2018-19</b>	<b>2019-20</b>
Interim Treatment Orders Made	540	509
Treatment Orders Made	421	384
Treatment Orders Affirmed at 60 & 180 Day Review Hearings	353	371
Treatment Orders Renewed – 1 <sup>st</sup> Renewal	123	113
Treatment Orders Renewed – Further Renewal	158	200
Treatment Orders Varied from Application	944	1049
Treatment Order Applications Refused	1	1
Order Affirmed at Discretionary Hearing	10	5
Own Motion Reviews Completed	35	37
Failure to Comply Affirmed	43	40
Failure to Comply Varied	9	11
Admission to SMHU Affirmed	13	17
Admission to Prevent Possible Harm	80	1
Adjournments	68	83
Treatment Orders Discharged at Hearing	75	39
<b>Total Decisions</b>	<b>2873</b>	<b>2860</b>
Treatment Orders Discharged by Medical Team	327	380
Treatment Orders Allowed to Expire	197	124
Treatment Orders Discharged (Patient Deceased)	0	3
<b>Total Orders Ended</b>	<b>524</b>	<b>507</b>

Table 3 Key Civil Statistics Overview

## CIVIL HEARINGS HELD

In 2019-20, the Tribunal held a total of 3195 Civil matters, which is comparative to last financial year (figure 3). These were conducted by a combination of one and three-member panels. A breakdown of the matters that went to a three-member hearing can be seen in figure 4.

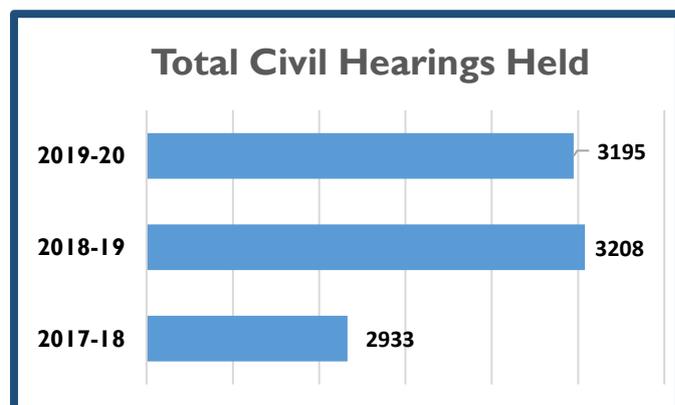


Figure 3: Total Civil Hearings

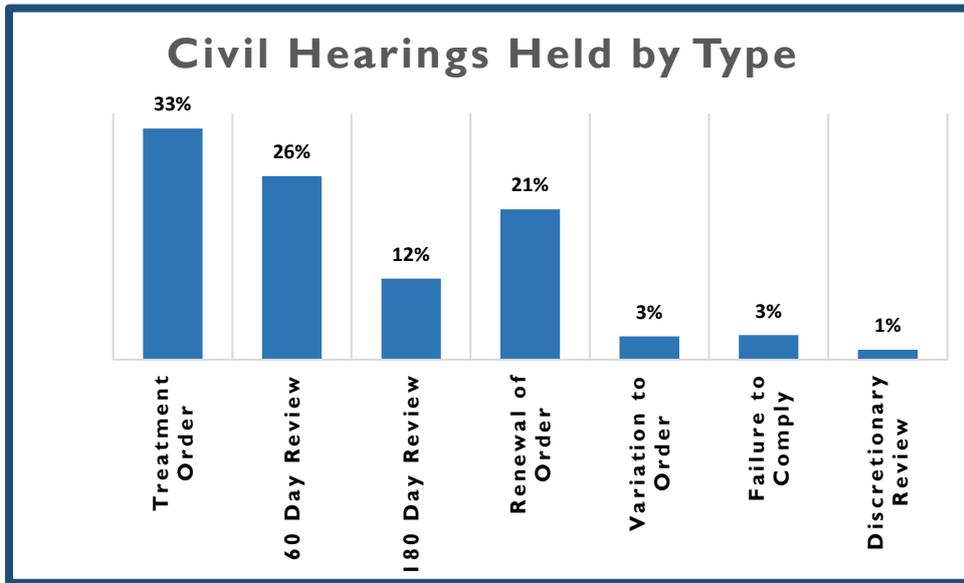


Figure 4: Civil Hearings Held by a Three Member Panel

## DURATION OF TREATMENT ORDERS

An initial Treatment Order, unless sooner discharged under s49 or s181 of the Act, cannot be made for a period greater than six months. Applicants request a six month Order in the majority of applications.

A large percentage of initial Treatment Orders continue to be in place for two to six months. A Renewal of a Treatment Order can be made for up to six months (first renewal) and subsequent renewals for up to 12 months. 91% of Treatment Orders were renewed at a second renewal hearing, which is a slight increase on last year which was 89%.

## CIVIL PATIENT ATTENDANCE AT HEARINGS

Patient attendance at civil hearings this year was 60% which is slightly down on the 2018-19 figures. The impact of COVID-19 meant hearings were conducted via telephone and video conference only, this resulted in a drop in patient attendance as many were uncontactable at the time of the hearing.

## CIVIL PATIENT REPRESENTATION AT HEARINGS

The Legal Aid Commission (15%) and Advocacy Tasmania (6%) provided representation to 21% of patients at civil hearings in 2019-20; the remaining 79% of civil patients were not represented.

## GENDER OF CIVIL PATIENTS

In 2019-20 civil patients were more likely to be male (60%) compared to female (38%). 2% of patients identified as intersex, transgender, indeterminate or other.

## AGE OF CIVIL PATIENTS

The statistics in figure 5 below show that the majority of civil patients (48%) on Treatment Orders in Tasmania during 2019-20 are aged between 31 and 50.

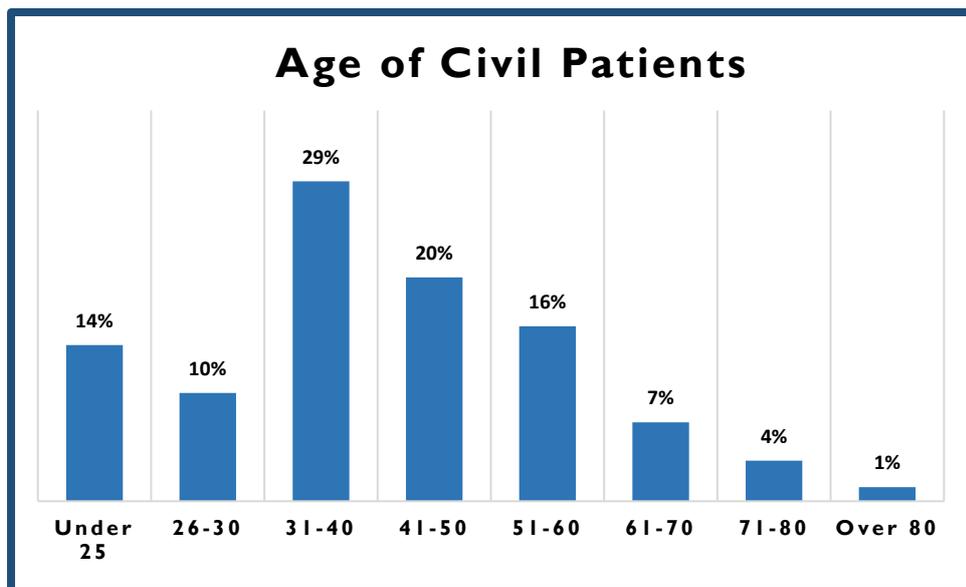


Figure 5: Age Range of Civil Patients in 2019-20

## PRIMARY DIAGNOSIS – CIVIL PATIENTS

The percentages in figure 6 indicate the primary diagnosis of civil patients who had Tribunal hearings in 2019-20. Schizophrenia continues to be the most prevalent mental illness affecting 61% of civil patients under the Act within the financial year. This is an increase of 3% as evident from 2018-19 as shown in the comparison chart below.

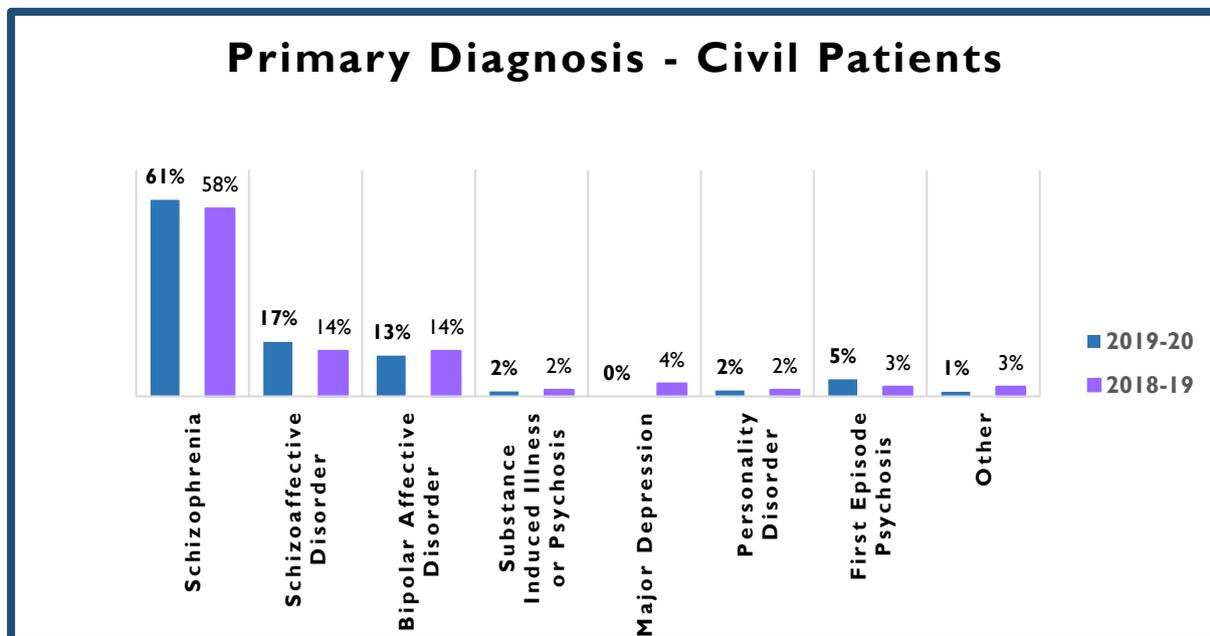


Figure 6: Civil Patients Primary Diagnosis Comparison 2018-19 and 2019-20

## COMORBID CONDITIONS – CIVIL PATIENTS

The presence of one or more conditions, disorders or substance use co-occurring with the primary mental illness diagnosis is common. 79% of civil patients had a comorbid condition in 2019-20. Substance abuse continues to be the most common comorbidity at 52% (figure 7).

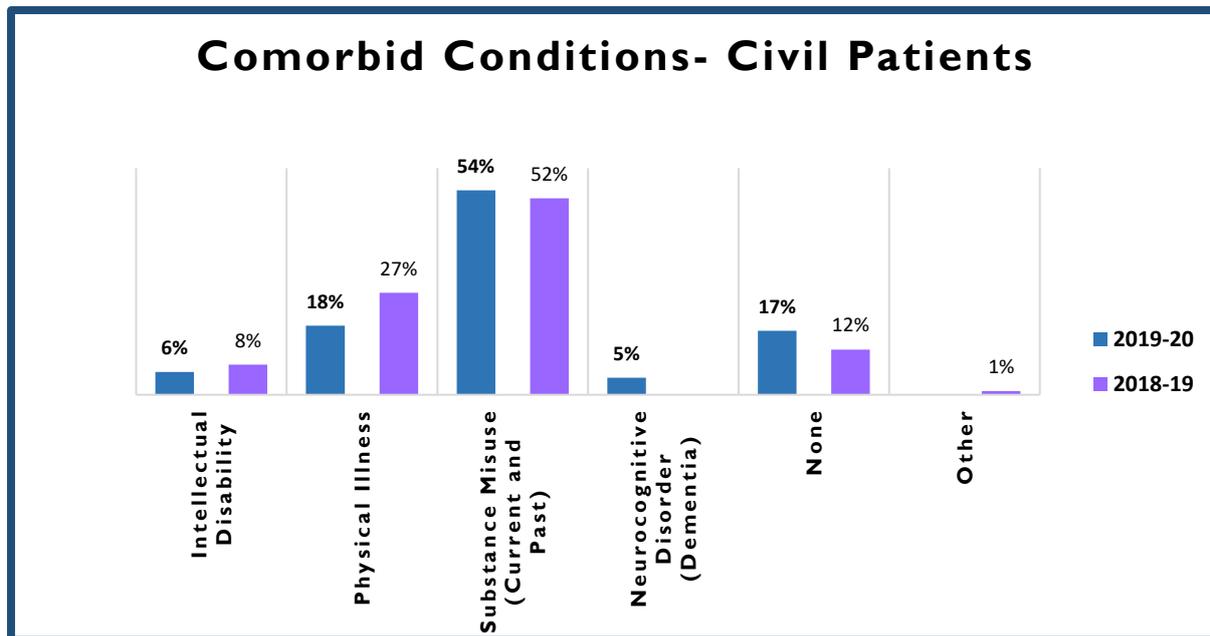


Figure 7: Civil Patients Comorbid Comparison 2018-19 and 2019-20

## ELECTRO-CONVULSIVE THERAPY (ECT) – CIVIL PATIENTS

During 2019-20 the Tribunal received 71 requests for Electro-Convulsive Therapy, 72% of requests were granted as a treatment option.

## PERFORMANCE

### FORENSIC HEARINGS

In 2019-20 year a total number of 89 forensic hearings were held, seven more than last year. The increase is attributable to Reviews of Prisoner Transfers to SMHU. The Tribunal has streamlined processes for capturing data within the case management system which allows more detailed analysis of forensic hearing outcomes.

### SUPERVISION ORDER HEARINGS

The Tribunal issued eight certificates to allow patients on Supervision Orders to apply to the Supreme Court for revocation of their order. No applications were made by patients to the Supreme Court to revoke their order.

### RESTRICTION ORDER HEARINGS

This year the Tribunal issued two certificates to allow forensic patients on Restriction Orders to apply to the Supreme Court for discharge of their order. No applications were made by patients to the Supreme Court to discharge their order.

Forensic Hearings Decisions	2018-19	2019-20
Restriction Order Warranted	10	9
Certificate Issued – Restriction Order	2	2
Supervision Order Warranted	11	16
Certificate Issued – Supervision Order	9	8
Authorisation for Detention in SMHU	7	7
Extension of Detention Authorised	1	4
Interim Authorisations Made	6	1
Application for Authorisation of Treatment - Refused	1	0
Application for Authorisation of Treatment - Authorised	5	12
Authorisation of Treatment - 60 Day Review - Varied	0	1
Authorisation of Treatment - 60 Day Review - Affirmed	1	3
Authorisation of Treatment - 180 Day Review - Varied	3	3
Authorisation of Treatment - 180 Day Review - Affirmed	7	6
Leave of Absence - Extended	2	0
Leave of Absence - Granted	0	3
Leave of Absence - Varied	7	2
Admission to SMHU Affirmed	2	3
<b>Total Decisions</b>	<b>74</b>	<b>77</b>
Adjournments	9	2
Restriction Order Discharged	1	2
Supervision Order Revoked	4	8
Supervision Order Suspended while in Prison	1	3
<b>Total Orders Ended or Suspended</b>	<b>6</b>	<b>13</b>

Table4: Key Forensic Statistics Overview

## FORENSIC HEARINGS HELD

In 2019-20, the Tribunal held a total of 89 Forensic matters, which is comparative to previous years. A breakdown of the matters that went to hearing can be seen in figure 8.

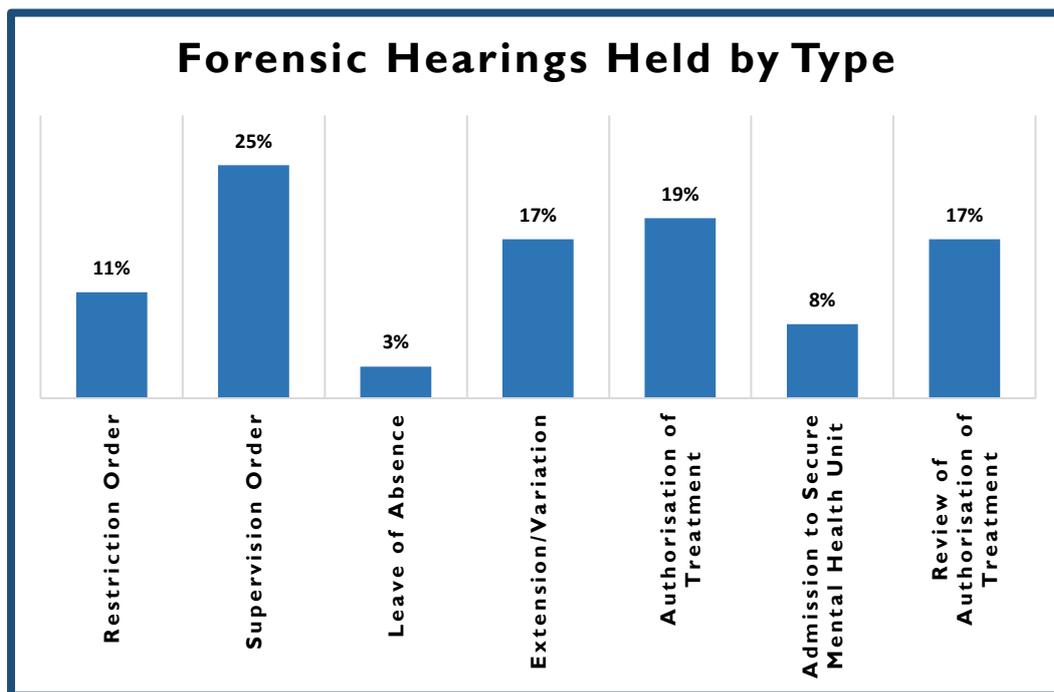


Figure 8: Forensic Hearings Held by Type

## FORENSIC PATIENT ATTENDANCE AT HEARINGS

In 2019-20, 72% of patients did not attend their hearings, which is comparable to last year.

## FORENSIC PATIENT REPRESENTATION AT HEARINGS

The Legal Aid Commission provided representation to 38% of patients at forensic hearings in 2019-20; the remaining 62% were not represented.

## GENDER OF FORENSIC PATIENTS

In 2019-20, 90 % of forensic patients were male and 10% female.

## AGE OF FORENSIC PATIENTS

The statistics in figure 9 below show the majority of forensic patients (54%) on Treatment Orders in Tasmania during 2019-20 are aged between 31 and 50.

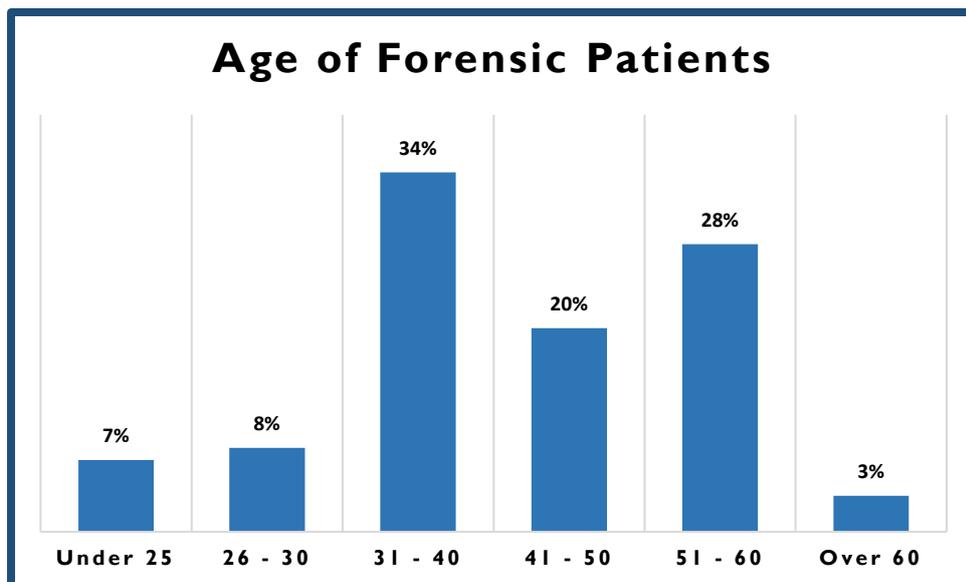


Figure 9: Age of Forensic Patients 2019-20

## PRIMARY DIAGNOSIS – FORENSIC PATIENTS

The percentages in figure 10 indicate the primary diagnosis of patients who had Tribunal hearings in 2019-20. Schizophrenia continues to be the most prevalent mental illness affecting 60% of forensic patients under the Act.

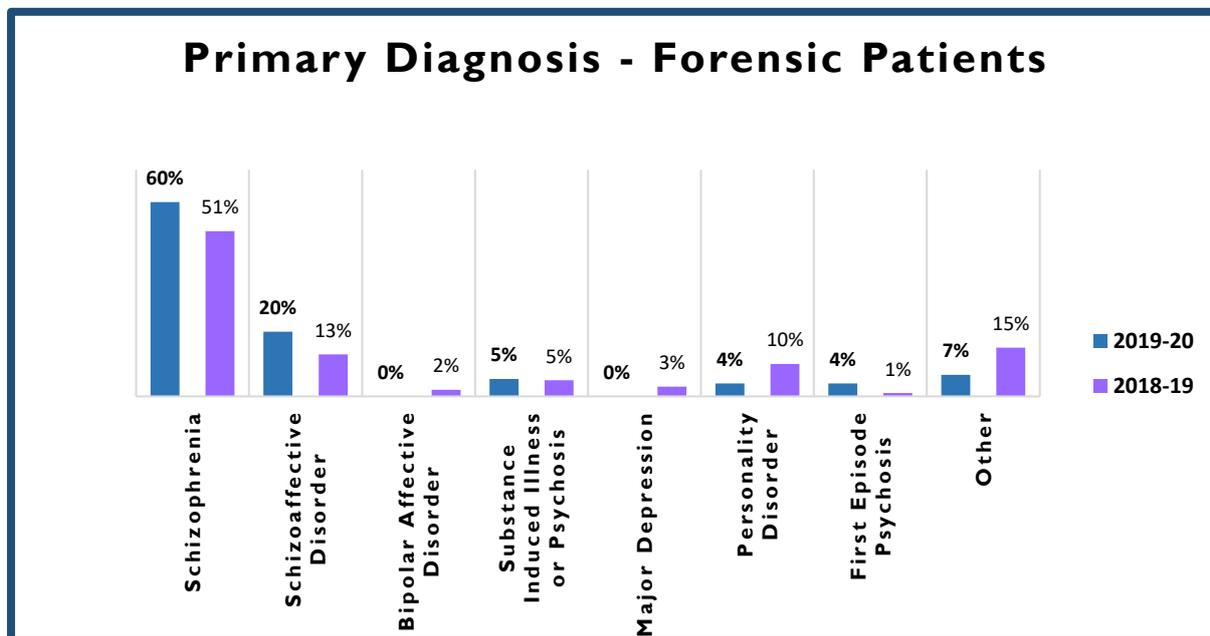


Figure 10: Forensic Patients Primary Diagnosis Comparison 2018-19 and 2019-20

## COMORBID CONDITIONS – FORENSIC PATIENTS

The presence of one or more conditions, disorders or substance use co-occurring with the primary mental illness diagnosis is common. 98% of forensic patients had a comorbid condition in 2019-20. Substance misuse continues to be the most prevalent at 54%.

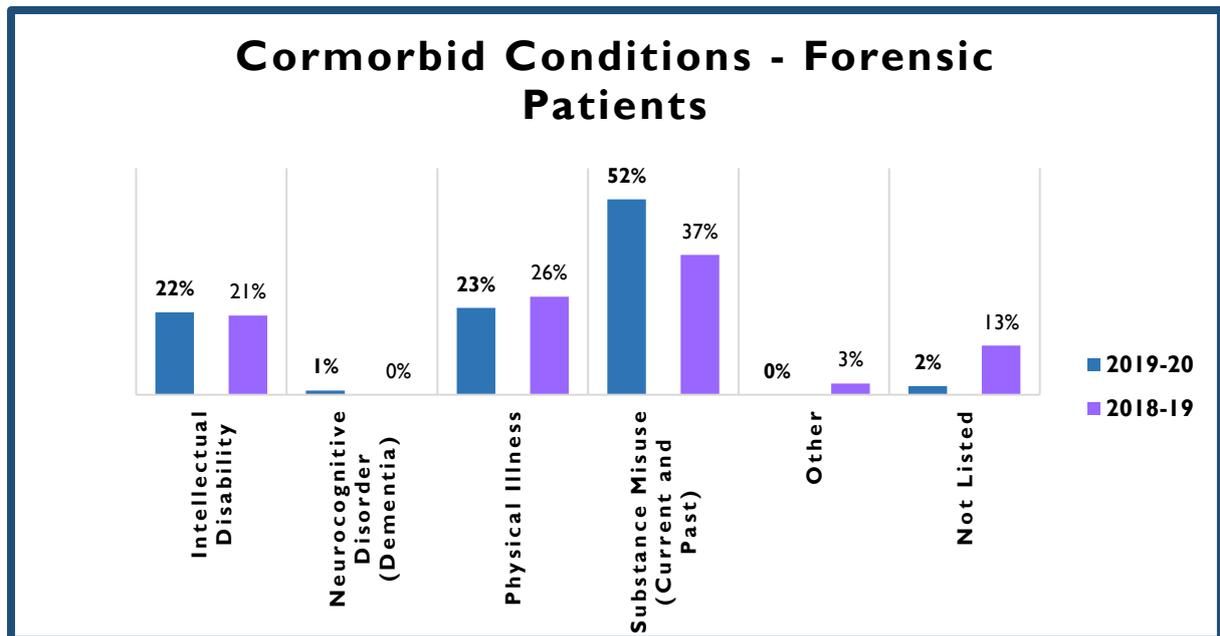


Figure 11: Forensic Patients Comorbid Conditions Comparison 2018-19 and 2019-20

## ELECTRO-CONVULSIVE THERAPY (ECT) – FORENSIC PATIENTS

During 2019-20, there were nine requests for ECT. 78% of ECT requests were granted as a treatment option for forensic patients.

## FINANCIALS

The 2019-20 budget allocation for the Tribunal was \$1,567,473. The Tribunal's operating costs were \$1,813,656 with a deficit of \$246,183.

Approximately 86% of the Tribunal's expenses (\$1.55 million) relate to salaries for staff, fees and associated sitting costs for Tribunal members. These costs include:

- salaries for the President, Registrar, two Senior Legal Officers, an Executive Officer and three Registry staff.
- fees for the Tribunal members who sit sessionally on eight to nine sessions per week, and for written Statement of Reasons.

This year the Tribunal experienced significant staffing changes in the first six months of the year including periods where positions were vacant. Sessional members and temporary staff were required to address shortages over this period, including single member determinations. With the appointment of two Senior Legal Officers late in 2019, member fees were significantly lower in the second half of the year. Member fees for the first half of the year were \$319,000, however, from January to June 2020 this figure reduced to \$213,000. The budget allocation in 2019-2020 enabled the Tribunal to meet statutory obligations and deliver the minimum level of service the Tribunal should provide. When there are staff vacancies, together with the small nature of the output, taking leave and attending training can become complicated.

Staffing vacancies and the impact of the COVID-19 pandemic resulted in some delay in the Tribunals' capacity to progress a number of necessary projects identified in the Tribunal's Business Plan, primarily in accessing clinical sites to complete a statewide safety audit of hearing venues. Priority and significant time and resourcing was allocated to planning and preparing to move premises, which resulted in a seamless transition for Registry operations. Due to the relocation and the pending establishment of the Tasmanian Civil and Administrative Tribunal (TasCAT), projects involving website redevelopment and information management were deferred until 2020-21.

Overall, given the number of staff changes and periods of vacancy, moving premises and responding to COVID-19 business continuity issues, the Tribunal was able to further develop practice directions, Registry processes and forms, engage with legislative review and develop and implement the Excellence Framework, all of which are significant achievements.

Other expenses (table 5) include work undertaken for maintenance on the McGirrs Case Management System, recruitment expenses for Tribunal members, temporary staff, workers compensation insurance premiums and legal library services.

	2018-19		2019-20	
	Budget	Actual	Budget	Actual
Salaries	957,115	1,064,500	933,089	968,602
Tribunal Member Fees	570,000	612,195	580,000	565,133
Employee Related Expenses	13,500	11,082	12,000	10,680
Information Technology	40,195	43,704	35,267	40,783
Office Expenses	13,750	15,290	14,920	17,421
Travel Expenses	33,950	34,794	33,880	20,951
Property Expenses	100,900	92,290	100,320	99,875
Other Expenses	87,421	91,815	87,551	90,213
	1,816,831	1,965,670	1,797,027	1,813,656
<b>Budget Allocation</b>	<b>1,558,247</b>	<b>1,558,247</b>	<b>1,567,473</b>	<b>1,567,473</b>
<b>End of Year Position</b>	<b>-258,584</b>	<b>-407,423</b>	<b>-229,554</b>	<b>-246,183</b>

Table 5: Financial Summary

## APPENDIX A

### MEMBERSHIP LIST

	Expiration of Appointment
President Yvonne Chaperon	18 June 2024
Deputy President Richard Grueber	18 March 2024

Legal	Expiration of Appointment
Steve Bishop	11 February 2023
Amber Cohen	19 August 2021
Kate Cuthbertson	14 February 2020
Kim Hambly	19 August 2021
Jackie Hartnett (resigned)	19 August 2021
Anna Jordan	11 February 2023
Elizabeth MacLaine-Cross	11 February 2023
Kate Mooney	14 February 2020
Madeleine Roberts	11 February 2023
Stuart Roberts	14 February 2020
Matthew Verney	19 August 2021
Merrilyn Williams	19 August 2021
Peter Wise	11 February 2023
Anna Hughes	Senior Legal Officer, Mental Health Tribunal
Adrienne Morton	Senior Legal Officer, Mental Health Tribunal

<b>General</b>	<b>Expiration of Appointment</b>
Sue Aylett	19 August 2021
Charlotte Brown	19 August 2021
Kym Child	11 February 2023
Elizabeth Dagleish	11 February 2023
Tanya Dargaville	19 August 2021
Caroline Dodson	11 February 2023
Frank Ederle	19 August 2021
Marion Hale	11 February 2023
Kate Halton	19 August 2021
Rowena Holder	11 February 2023
Eliza Jones	11 February 2023
Kylie McShane	19 August 2021
Alison Merridew	19 August 2021
David Parsons	11 February 2023
Leon Peck	19 August 2021
Kim Steven	11 February 2023
Mike Stoddart (retired)	14 February 2020
Geoff Storr	11 February 2023
Amy Washington	11 February 2023

<b>Psychiatrist</b>	<b>Expiration of Appointment</b>
Joanna Bakas	19 August 2021
Nicky Beamish	19 August 2021
Julian Davis	19 August 2021
Mike Jordan	19 August 2021
Fiona Judd	11 February 2023
Rita Kronstorfer	19 August 2021
Martin Morrissey	11 February 2023
Ian Sale	11 February 2023
Elizabeth Walker	19 August 2021

## APPENDIX B

### MENTAL HEALTH TRIBUNAL REVIEW FUNCTIONS

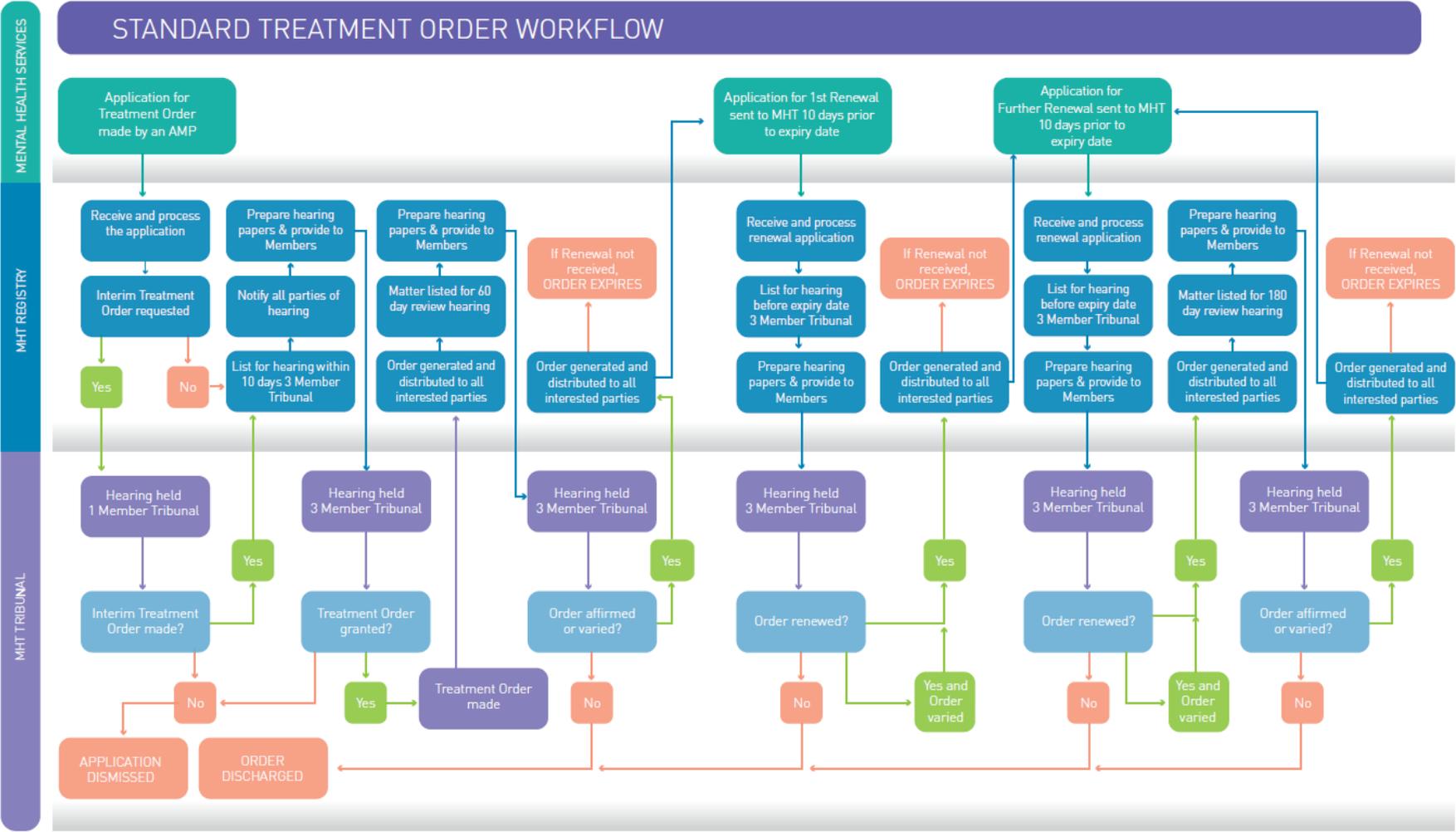
#### *Mental Health Act 2013*

Section	Review
180	Review of Assessment Order
181	Review of Treatment Order
181 (1) (a)	60 day review of Treatment Order
181 (1) (b)	180 day review of Treatment Order
181 (1) (c)	Further 180 day review of Treatment Order
181 (1) (d)	Failure to comply (s47) & Admission to Prevent Possible Harm (s47A)
181 (1) (e)	Own motion review / Application to Review Treatment Order
181 (2)	Review of Application to vary Treatment Order
182	Review of involuntary admission to SMHU
183	Review of refusal to return forensic patient to external custodian
184	Review of status of voluntary inpatient
185	Review of admission to SMHU of prisoner or youth detainee
186	Review of urgent circumstances treatment
187	Review of seclusion and restraint
188	Review of force
189	Review of withholding of information from patient
190	Review of involuntary patient or forensic patient transfer within Tasmania
191	Review of determination relating of leave of absence
192 (a) (1) (a)	Review of forensic patient's treatment authorisations – 60 day review
192 (a) (1) (b)	Review of forensic patient's treatment authorisations – 180 day review
192 (a) (1) (c)	Review of forensic patient's treatment authorisations – further 180 day review
192 (a) (1) (d)	Review of forensic patients' treatment authorisations – own motion review / application review
193	Other reviews
197	On paper reviews by Registrar

#### *Criminal Justice (Mental Impairment) Act 1999*

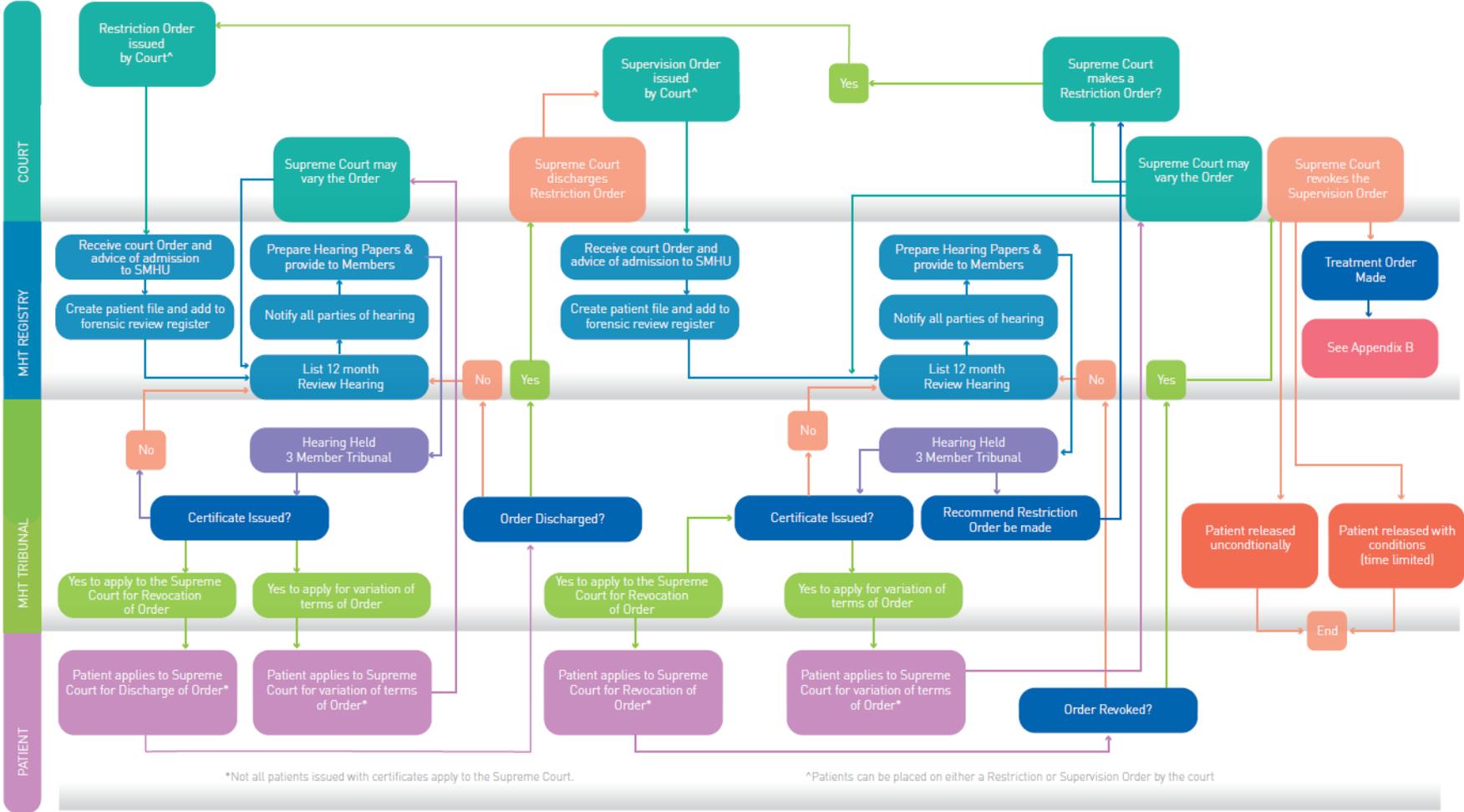
Section	Review
31	Application of defendant on Supervision Order
36B (4)	Appeal against direction under s36A
37	Restriction Orders and Supervision Orders made under the Act

# APPENDIX C



# APPENDIX D

## RESTRICTION AND SUPERVISION ORDER WORKFLOW







**Mental  
Health  
Tribunal**

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