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# The Mental Health Tribunal

The Act provides that the Tribunal is to be constituted by a President and at least five other members. One of the other members is to be the Deputy President and one is to be an approved medical practitioner. The appointment of members is governed by Schedule 1 of the Act. All members are appointed by the Governor in Council.

The President must be a qualified legal practitioner of not less than seven years standing and is the only contractual member of the Tribunal. The position of President is 0.6 of a full time position, the President is appointed for five years, and is by reason of appointment as the President of the Mental Health Tribunal, Chair of the Forensic Tribunal.

All members, except the President, work on a sessional basis.

The Act does not stipulate the qualifications of the other members of the Tribunal, however they can be roughly divided into the following categories:

- legal members;
- mental health practitioners; and
- community members.

A list of members with a brief outline of their qualifications and previous experience is set out in Appendix 1.

## 2006 – 2007 MHT - In Summary

During the period the 1 July 2006 to 30 June 2007 The Mental Health Tribunal,

- scheduled for hearing 455 mandatory reviews and 31 applications to review;
- completed 184 reviews;
- confirmed the patient's involuntary status on 123 occasions;
- discharged the patient from their involuntary status on 17 occasions;
- varied the order relating to the patient on 37 occasions;
- Conducted 7 reviews of transfers from Approved Hospitals to the Secure Mental Health Unit (Wilfred Lopes Centre For Forensic Mental Health);
- conducted hearings in 11 venues around the State;
- articulated and promoted the Tribunal's view on amendments required to the *Mental Health Act 1996*;
- continued a program of education on the role of the Tribunal through information and advisory seminars for mental health care professionals;
- continued the professional development of members through newsletters and training sessions; and
- continued in the training of students to appear as advocates for patients in hearings.

## MHT - Jurisdiction

On 1 November 1999 the *Mental Health Act 1996* (the Act) commenced operation.

The Act establishes a balance between the civil liberties of a person suffering a mental illness and the right of the public to live in a safe and secure environment.

The Act allows the civil liberties of a person suffering a mental illness to be curtailed by the making of an Initial Order, a Continuing Care Order, a Community Treatment Order, or an Authorisation for Temporary Admission.

An Initial Order allows a person to be taken to and detained in an approved hospital for up to 72 hours if, they appear to be suffering a mental illness and if, as a result of that illness, they are a significant risk of causing harm to themselves or others and their detention is necessary to protect them or others from that harm.

A Continuing Care Order allows a person to be detained in an approved hospital against their will, for up to 6 months, if they appear to be suffering a mental illness and if, as a result of that illness, they are a significant risk of causing harm to themselves or others and their detention is necessary to protect them or others from that harm.

A person on a Continuing Care Order can whilst on that order be given leave of absence from the hospital to live in the community. A person placed on a leave of absence is required to abide by conditions placed on their leave and if they fail to so comply can immediately be returned to the hospital. A leave of absence is a short-term measure to allow the treating team to assess the patient's ability to survive in the community and as a result assess the need for further detention in an approved hospital.

A Community Treatment Order allows a person who is suffering a mental illness and, as a result of that illness, is a risk to themselves or others, unless the mental illness is treated, to remain in the community so long as they abide by the conditions stipulated by the approved medical practitioner who made the order.

If a person placed on a Community Treatment Order fails to comply with a condition of that order, regardless of all reasonable steps having been taken by the treating team to procure their compliance, and there is, a significant risk that there mental health will deteriorate or has deteriorated as a result of their noncompliance they can be taken into protective custody and detained in an approved hospital for up to 14 days.

Section 48 of the Act established the Mental Health Tribunal (the Tribunal).

The Mental Health Tribunal is an administrative review tribunal that conducts hearings to determine whether it is necessary for a person who has been placed on an involuntary order under the Act to continue to be treated as an involuntary patient. These hearings are conducted in relation to:

- orders to detain a person as an involuntary patient in an approved hospital (Continuing Care Orders);
- the making of a community treatment order (Community Treatment Orders); and
- an authorisation to return a person subject to a Community Treatment Order to hospital against their will (Authorisation for Temporary Admission).

The functions of the Tribunal reflect the focus of human rights in the *Mental Health Act* and the serious view the law takes of depriving a person of their freedom, whether this is freedom to leave the hospital or the freedom to live in the community without one's lifestyle being restricted by the determinations of health care providers.

The Tribunal must review all Continuing Care Orders and Community Treatment Orders within 28 days of their making or renewal.

The Tribunal is empowered by the Act to:

- review decisions and orders to admit persons as involuntary patients in approved hospitals;
- carry out periodic reviews of the detention of involuntary patients in approved hospitals;
- review the making of, and carry out periodic reviews of, community treatment orders; and
- receive reports on the use of restraint, seclusion and the withholding of information under section 45(3) and, if thought fit, to issue directions or guidelines for regulating any such matter.

The reviews carried out by the Tribunal are either mandatory reviews or as the result of an application received from or on behalf of the patient.

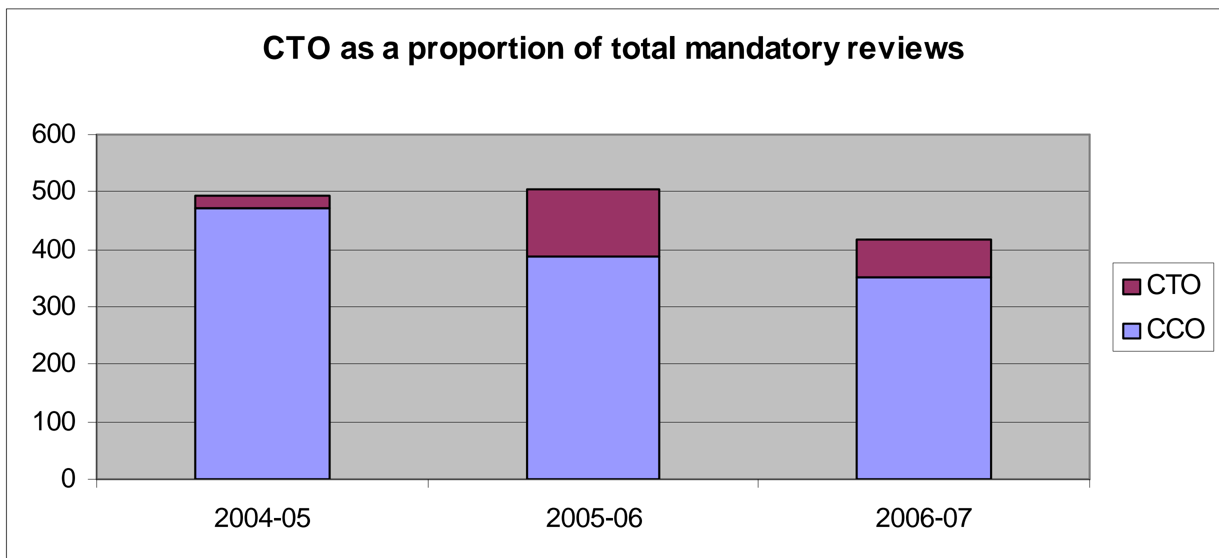
On the 11th July 2005 the Act was amended to allow the Tribunal to review an Authorisation for Temporary Admission at the request of the patient, the person responsible or another person who has an interest in the welfare of the patient.

On the 20th of February 2006 The Tribunal became responsible for the mandatory reviews of transfers of civil patients from approved hospitals to the secure mental health unit, these reviews are conducted within 3 days of the transfer.

# MHT - Reviews of orders

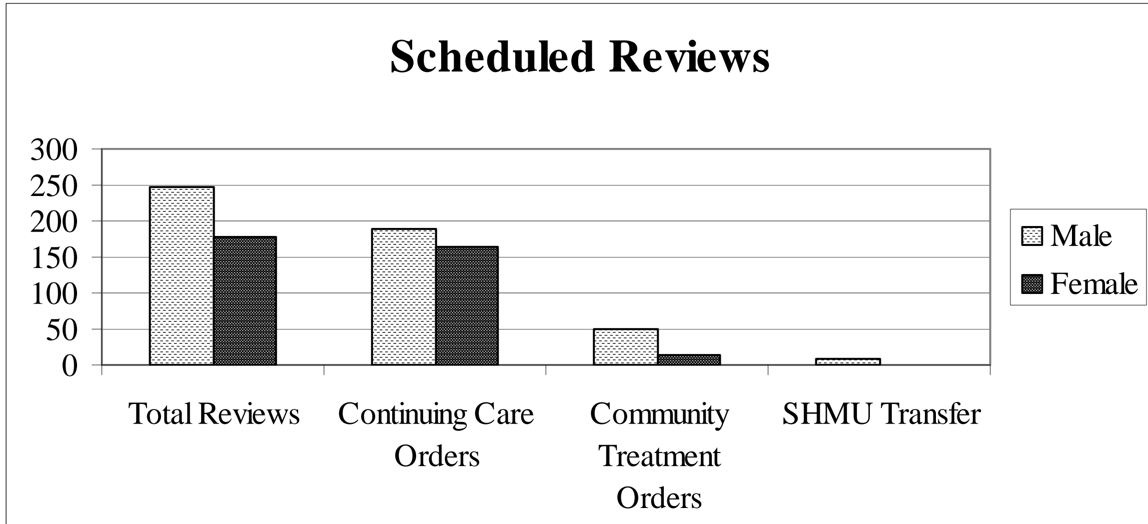
## SCHEDULED REVIEWS

There were 455 mandatory reviews scheduled by the Tribunal during the year, of which 353 (83%) related to persons detained under a Continuing Care Order and 65 (15%) were for people under Community Treatment Orders. There were 7 mandatory reviews of transfers from an approved hospital to a secure mental health unit. This is the first year that the transfer reviews have been conducted.




The use of Community Treatment Orders as a percentage of involuntary orders increased from 1% of orders in 2004-05 to 23% in 2005-06 and dropped slightly to 15% in 2006-07. The drop in CTO usage in 2006-07 was not consistent across the State, with the decrease mainly occurring in the South due in large part to a gap in service continuity between the primary acute inpatient facility (operated by the Royal Hobart Hospital) and community teams (operated by Mental Health Services). In the North and North West both inpatient and community teams are a part of Mental Health Services.

Of the mandatory reviews 248 were for male patients and 177 females. Male patients accounted for 78% of patients on Community Treatment Orders, but only 54% of those on Continuing Care Orders.




## APPLICATIONS FOR REVIEW

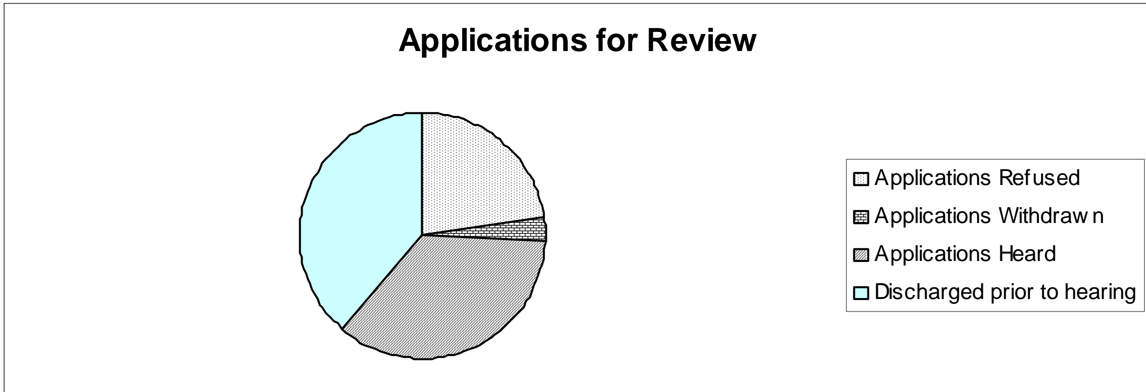
Section 52 of the Act enables a person subject to an order, or a person on their behalf, to apply to the Tribunal for a review of that order.

31 applications for review were received from, or on behalf of, patients. Of these, 25 related to Continuing Care Orders (13 males and 12 females), 3 to Community Treatment Orders (1 male, 2 females), 2 male patients requested a review of an Authorised Temporary Admission Order and one female patient applied for a review of the decision to transfer between approved hospitals.

Section 52(5) allows the Tribunal to refuse an application for review of a Continuing Care Order or a Community Treatment Order if the period that has elapsed since the last review is three months or less, or there has been no material change in circumstances since the last time the Tribunal reviewed the applicant's order. The Tribunal refused to hear 7 applications.

## COMPLETED REVIEWS

Of the 31 applications for review, 11 proceeded to a hearing. 7 were refused, 1 hearing was cancelled due to withdrawal of the application by the patient, 12 were cancelled by the order being discharged prior to hearing.

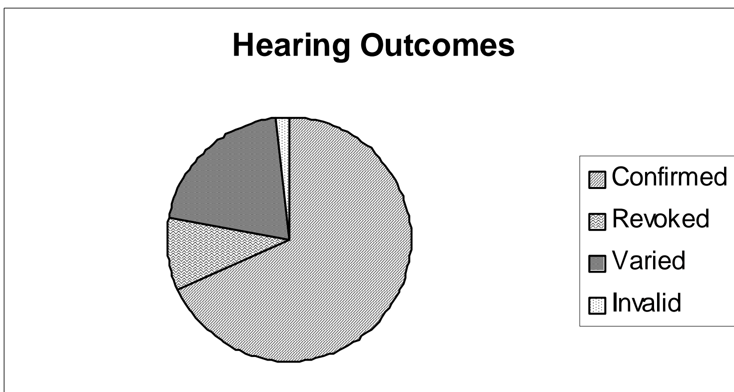



Of the 455 mandatory reviews scheduled under the Act, 173 proceeded to hearing. 246 were cancelled prior to the hearing due to the patient being discharged from the order, a further 13 Continuing Care Orders were discharged by the making of a Community Treatment Order. 3 orders were declared invalid.

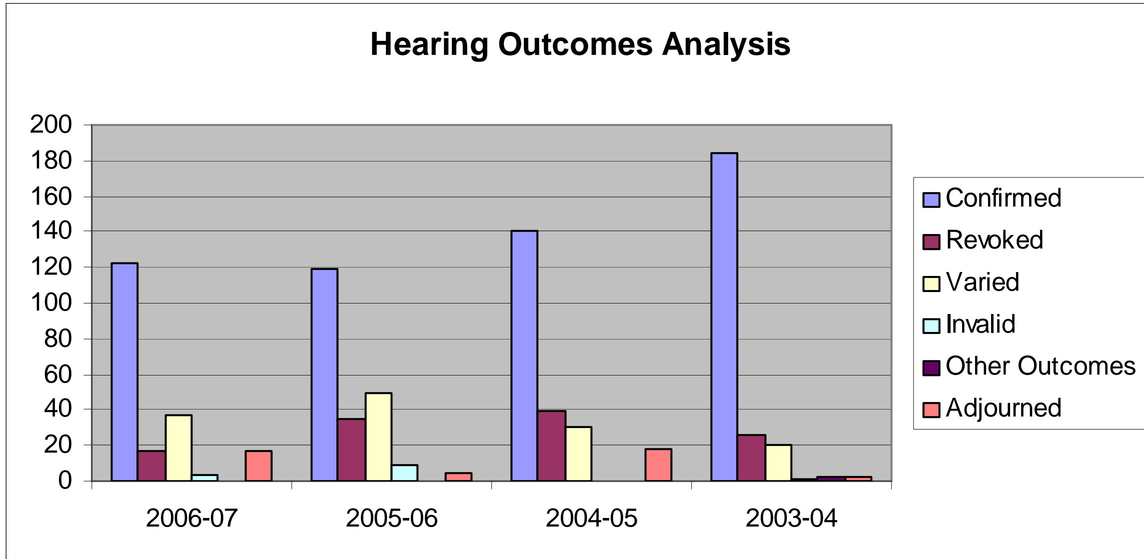
## OUTCOME OF REVIEWS

Of the mandatory reviews completed under the Act the Tribunal revoked the order and discharged the patient from involuntary status on 17 occasions, or in 15% of cases. 20 revocations related to Continuing Care Orders, 14 to Community Treatment Orders and one to an Authorised Temporary Admission.

In 2003-04 the Tribunal revoked the Order in 12% of cases, in 2004-05 18% of orders were revoked and in 2005-06 15%.




123 orders were confirmed (67%) whilst 49 (20%) were varied by the Tribunal changing the period of time that the order remained in force or the conditions of the order.

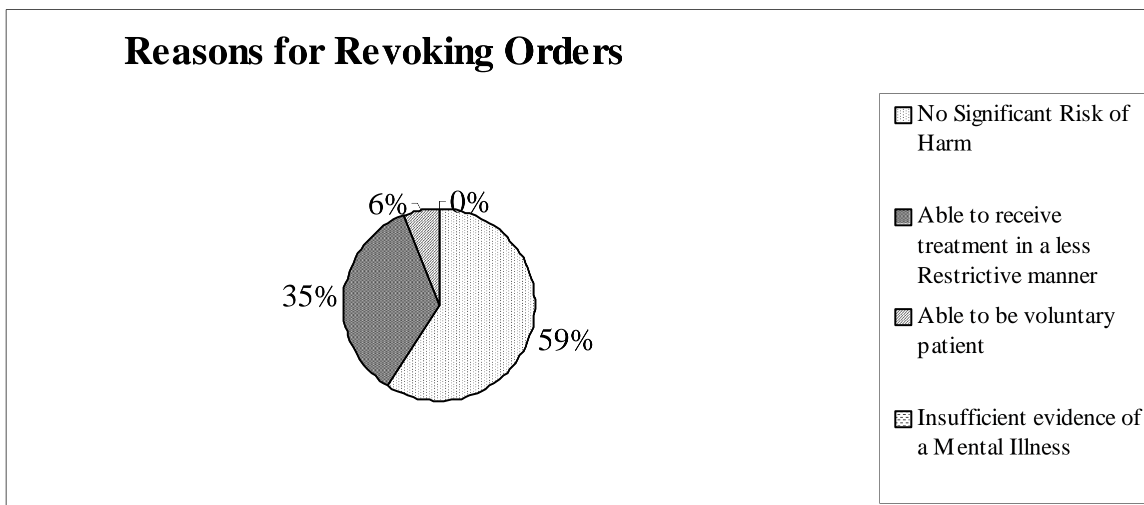



11 applications for review proceeded to a hearing. Of these, 5 orders were confirmed, 1 was revoked and 5 were varied.

7 hearings were conducted to consider the transfer of a civil patient from an approved hospital to a secure mental health unit. 6 of these were transfers from the psychiatric Intensive Care Unit and one from Ward 1E at Launceston General Hospital, all of these reviews resulted in the Tribunal confirming the decision to transfer.

## REASONS FOR REVOKING ORDERS

Of the 17 orders revoked by the Mental Health Tribunal, 59% of the revocations were based on the Tribunal's finding that there was insufficient evidence before the Tribunal of a significant risk of harm to the patient or others if the order was not in place. In a further 35% of cases the Tribunal revoked the order, as there was a less restrictive alternative available for the patient that allowed for the safety of the patient and the public.



In 6% or 1 matter the order was revoked because, the Tribunal found that the patient was consenting to being admitted as a voluntary patient.

# Hearings of the Mental Health Tribunal

The Act gives the following procedural directives:

- The Tribunal must in hearing any matter act according to good conscience having regard to the objects and principles specified in sections 6 and 7 but without regard to technicalities or legal forms (56(1)(a));
- The Tribunal is bound by the rules of natural justice (56(1)(b));
- The Tribunal must avoid unnecessary formality (56(2));
- The Tribunal is not bound by the rules of evidence but can inform itself as it thinks fit (58(1));
- Evidence may be given orally or in writing or partly orally and partly in writing. Evidence may be given on oath or by statutory declaration (58(2));
- The Tribunal may, of its own motion or on the application of any party, direct the Registrar to serve on any person a summons to appear before the Tribunal to give evidence or to produce documents (59(1));
- The Tribunal may require the controlling authority of an approved hospital to provide it with a report or copies of records about the care or treatment of the patient (60);
- The Tribunal may require a patient to submit to a medical examination by a specified medical practitioner (61(2));
- The Tribunal may visit and interview in private any patient by or in respect of whom an application has been made (62); and
- Proceedings before the Tribunal are closed to the public but the Tribunal may direct that particular proceedings (or parts of proceedings) are to be open to the public (64).

The Act provides a framework for Tribunal procedures but also gives it considerable discretion in determining the manner in which proceedings are to be conducted. In exercising its discretion the Tribunal strives to achieve a balance between the need to, thoroughly deal with questions of liberty, and minimising the disruption to the therapeutic relationship between patients and their treating team.

Scheduling of Tribunal members to conduct hearings is at the discretion of the President. In choosing the member or members of the Tribunal the President has regard to the nature of the matters to be considered, and the knowledge and experience of the members.

# MHT Hearings Conducted

184 hearings were conducted at 113 sittings of the Tribunal during the year. 86 sittings were by a three member Tribunal and 27 by a 1 member Tribunal. Senior members of the Tribunal conducted all single member panels with around half being conducted by the President or Deputy President.

In all three member Tribunals the President has aimed wherever practicable to have a legal member, a mental health practitioner member and a community member.

## TIMEFRAMES FOR THE SCHEDULING OF HEARINGS

The Act provides that the hearing of the matter must take place:

- Within 28 days after the making or renewal of a Continuing Care Order or a Community Treatment Order (s52);
- Within 28 days of the date on which an involuntary patient is transferred to Tasmania under Part 12 of the Act (s52(3));
- Within 3 days of the admission of an involuntary patient to a secure mental health unit (s52(3A));
- Within 21 days of receiving an application requesting a review from or on behalf of the patient subject to a:
    - Continuing Care Order
    - Community Treatment Order or
    - Transfer order
- Unless another review is to be heard within 35 days s54(2).
- Within 7 days of receiving an application requesting a review of Authorisation for Temporary Admission.-.s54(2)

Review hearings were scheduled within the statutory time frame in 98.5% of cases. The remaining 1% (3 cases) did not meet the statutory time requirement, all were due to the Tribunal receiving late notification that an order had been made.

## NOTICES OF HEARING

Section 54 of the Act requires reasonable notification be given to the patient, the person responsible and where relevant the approved hospital.

Notices of hearing are forwarded to the patient and the approved hospital at least seven days before the hearing.

In order to forward notification to the person responsible the Tribunal is reliant upon information received from the hospital to identify the appropriate person. In many cases the ‘person responsible’ remains unknown to the Tribunal or the person nominated by the

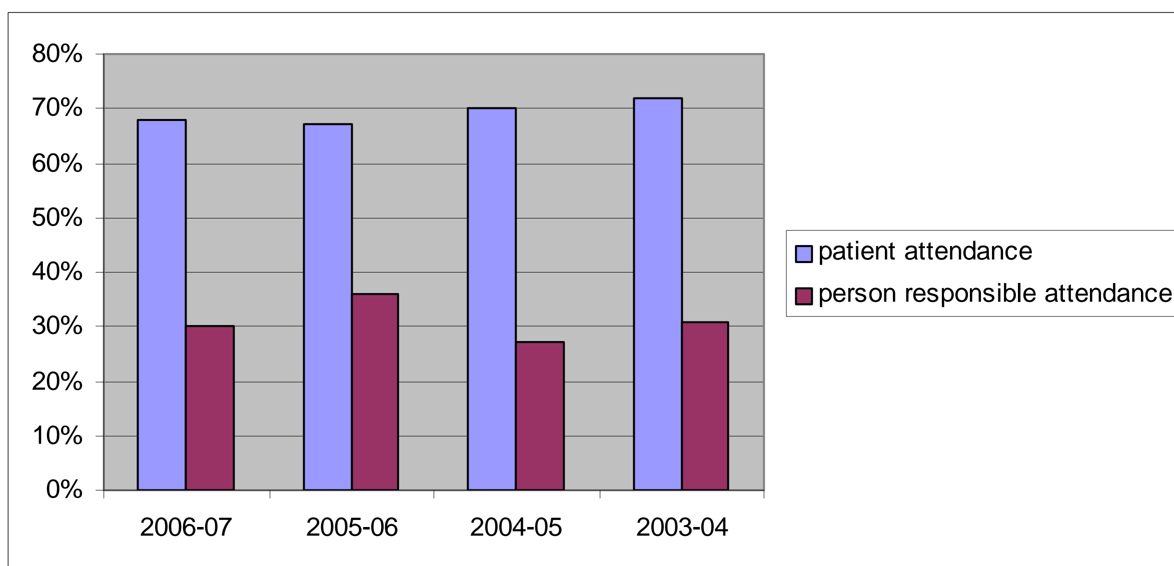
hospital is in fact a person who no longer has contact with the patient. The Tribunal forwards notices of the hearing to the person nominated by the hospital as the 'person responsible'.

## ATTENDANCE AT HEARINGS

Although the Tribunal encourages patients to attend their reviews and take an active role in the hearing of their matter, patients are not obliged to attend.

Whenever a patient is not in attendance the Tribunal confirms that the patient has been notified of the hearing and, where possible, verifies that it is the patient's choice not to attend, before commencing the hearing.

On 126 occasions (68%) the involuntary patient exercised his or her right to attend and on 48 occasions (30%) the person responsible attended




## REPRESENTATION AT HEARINGS

Section 57(3) of the Act gives all parties appearing before the Tribunal a right to be represented by a legal practitioner or other person.

In the year under review 54% of patients appearing before a Tribunal were represented by an advocate from the Mental Health Representation Scheme, an increase from the 42% in the previous year, and 84% had been given advice and support, via the telephone, by an advocate from this scheme, prior to hearing, an increase from the 62% who received support in the previous year.

2 patients were represented by a lawyer.

## VENUES OF HEARINGS

The Tribunal conducted all hearings for a Continuing Care Order at the Approved Hospital in which the patient was receiving treatment. To ensure that this situation could continue a review of hearing facilities occurred and some changes to those facilities was negotiated. Hearings for Psychiatric Intensive Care Unit patients are now conducted in a room in the Department of Psychological Medicine, due to the absence of a suitable room in the Unit. See further discussion of this issue at p. 18.

A hearing for patients on Community Treatment Orders are held as far as is practicable away from the inpatient facilities. In the South the Community Treatment Order Hearings are held at the Tribunal's premises.

Transfers to the Secure Mental Health Unit are heard at the Wilfred Lopes Centre.

Hearings were conducted in 11 venues around the State. Some hearings involved the use of either teleconference or videoconference facilities.

# MHT - Other Achievements and Issues

## REGISTRAR TRAINING

The Tribunal has devised a training programme for registrars and other medical professionals who appear before it. The aim of the training is to enhance the ability of the practitioners to present material to the Tribunal in a meaningful manner. The training outlines the role and function of the Tribunal, relevant sections of the Act, the interpretation of key words in the legislation, looks at the amendments to the Act and their impact upon hearings, discusses 'what is evidence?' and relates each of these areas to the hearing process adopted by the Tribunal.

This year the Tribunal combined with the Guardianship and Administration Board to conduct training based on a mock hearing that involved both the Board and the Tribunal in making a determination. This training was devised to inform Registrars of the role of each of the Tribunals, the criteria applied by each, the interaction between the two Tribunals and the determinations each can make.

## REVIEW OF LEGISLATION

In 1996, when the Mental Health Act was passed by Parliament, the then Minister for Health made an undertaking to the Parliament that the Act would be reviewed within 12 months of the Proclamation of the Act.

The Act was proclaimed on the 1st November 1999.

In October 2006 the review of the Act commenced. The Tribunal has allocated considerable resources to ensuring that the review proceeds in a timely fashion. The Registrar of the Tribunal was for the latter part of 2006 involved almost exclusively in producing the Issues Paper for the review. Upon the appointment by Mental Health Services of a Project Officer the continuation of the review was handed back to Mental Health Services.

The Tribunal continues to be actively involved in informing the review process. The President of the Tribunal sits on the Advisory Panel and the Registrar of the Tribunal, as a representative of the Department of Justice, on the Drafting Committee.

The review of the Act will allow debate to take place amongst stakeholders regarding who should determine, whether a patient who does not have capacity to consent or who has capacity but refuses treatment, is subjected to treatment against their will.

At present the Tribunal makes this determination in relation to Community Treatment Orders but has no power to determine the issue in relation to Continuing Care Orders. In

the case of Continuing Care Orders the Tribunal's determination is restricted to detention of the patient in an approved hospital. It is the Guardianship Board that determines whether the patient will receive treatment against their will whilst detained.

In all other Australian jurisdictions the Mental Health Tribunal when reviewing an order relating to the detention of a person can approve treatment for that person if they are either incapable of giving consent or unreasonably refuse to give consent to that treatment.

The Tribunal being the body empowered to consent to treatment has a number of advantages over the current situation. Firstly it negates the need for two hearings, one relating to detention and the second to treatment, thus relieving the burden that two hearings place upon mental health professionals and the resources available to the mentally ill.

Secondly, the decision would be reviewable upon application to the Tribunal if there were a change of circumstances, in the same way as other decisions of the Tribunal are reviewable upon application.

Thirdly, the order would only be valid for a maximum period of six months without requiring the renewal of the order and the review of that renewal by the Tribunal, thus protecting the patient's civil rights.

Fourthly, and in the view of the Tribunal most importantly, the Tribunal would not be placed in a position where it was ordering the detention of that person simply for the purpose of removing them from the community.

It is the Tribunal's view that a person should not be deprived of their liberty under the *Mental Health Act 1996* unless the purpose of the deprivation is to provide them with care and treatment.

It is interesting to note that the Tasmanian Forensic Tribunal, which is also chaired by the President of the Mental Health Tribunal, has been given the jurisdiction to both review the detention of the patient and to authorize treatment for patients on Forensic Orders.

## CONTINUITY OF CARE

Last year I reported that The Tribunal had written to the Secretary of the Department of Health regarding the gap in service between the discharge of a patient from the Department of Psychiatric Medicine and their assessment and review in the community.

I identified that as a result of the delay in a patient being seen in the community, the community team were unable to comment at the patient's hearing regarding the current need for the order and the Department of Psychological Medicine' doctors, who made the order, were not able to comment on the patient's current condition and thus the current need for the order.

This had resulted in situations where the Tribunal at hearing had no evidence before it relating to whether the patient at the time of hearing met the criteria set out in the Act and was required to either adjourn the matter to seek this material or revoke the order.

Adjournments are costly from both a budget and resources perspective to all of those involved in the hearing process.

Further, from the patients, their family and the community perspective, it is unacceptable that a patient who has been placed on an order, (two doctors having independently determined that without treatment there is a significant risk to either the patient or others), has not been seen professionally for a period of 28 days due to resources not being available.

In October 2006 Mental Health Services commenced an integrated system of case management that involved the community team in discharge planning of patients from hospital. This system of care requires that if a patient is placed on a Community Treatment Order, prior to their discharge from hospital, the community team are consulted as to whether the client meets the criteria for such an order, are able to allocate a contact within the community team for the patient prior to discharge, and are able to present evidence at the patient's hearing regarding the need for the order.

I am pleased to say that this system has considerably alleviated the problems that had previously arisen, particularly in the South of the State, with patient's waiting for long periods of time to be allocated a case manager. It has not however completely eliminated the problem and the situation still arises where communication between the Department of Psychological Medicine and community services breaks down resulting in patients being left in limbo without professional support and supervision once the order is made. The Tribunal will continue to monitor the new case management system and its impact upon the improvement of the delivery of service to patients.

## SAFETY AND SECURITY OF TRIBUNAL MEMBERS

Following the assault of two tribunal members during hearings, the Mental Health Review Board of Victoria, commissioned a report on the occupational health and safety of tribunal members when sitting in Health Department Facilities. The President and Executive

Officer of the Board conducted a comprehensive review of hearing venues and security at every mental health service in Victoria. The Tribunal published a comprehensive report making a series of recommendations to provide improved hearing services and to enhance safety and security for all persons involved in Tribunal hearings.

Most of the safety issues dealt with in the Victorian report are common to the Tasmanian experience.

The President of the Tribunal, the Director of the Department of Psychological Medicine, and the Director of Mental Health Services have agreed that the Victorian standards are both appropriate and, the minimum that is required to ensure the safety of tribunal members and be consistent with the importance of the decision-making process undertaken by the Tribunal.

Whilst agreement has been reached that these are the minimum standards that are required the degree of implementation of those standards has varied around the State.

In the Department of Psychological Medicine, Royal Hobart Hospital, structural alterations have been performed on the hearing room to allow Tribunal members a separate egress from the room if their safety is threatened. Further, Tribunal members are now issued with a duress alarm for hearings, a larger table has been provided giving appropriate separation between the Tribunal and persons attending the hearing, and the room has been cleared of all extraneous matter that could be used as weapons.

A decision has been made that the Tribunal will no longer conducts its hearings in the Psychiatric Intensive Care Unit as the Unit has no room in which hearings can be conducted and the safety of members can be assured. The room in which hearings were previously conducted is totally unsuitable for the conduct of a hearing both for reasons of the safety of members and because it does not reflect the importance of the decision making process in which the Tribunal is involved.

At Spencer Clinic the room in which the Tribunal conducts its hearings has been changed. The new room does not however meet the minimum standards set down and further negotiations will take place to ensure that the safety of Tribunal members is not compromised.

At the Launceston General Hospital no changes have been made and the hearing room remains totally inappropriate for the conduct of hearings.

The Tribunal will continue to work with Mental Health Services to ensure that, all hearing rooms comply with the standard agreed and achieve the following aims:-

- conducting hearings in as therapeutic an environment as possible;
- in appropriate and safe venues;
- using procedures which respect the rights of patients; and

- enhance their dignity and effective participation in the review process.

## MENTAL HEALTH TRIBUNAL - TRANSPARENCY OF PROCESSES

Whilst the *Mental Health Act 1996* does not require the Tribunal to provide written reasons for its decision, the Tribunal has continued to do so.

It is the view of the Tribunal that the distribution of reasons for decision not only has the potential to increase the public's confidence in the Tribunal but in the whole of the mental health system. Written reasons provide the opportunity to educate all users of the Act in its appropriate use and interpretation.

Despite the educational value for all users of the system the Tribunal has received only three requests for reasons from patients, and one request from the medical staff involved in the hearing, this year. It has issued, of its own initiative, to the mental health providers in the case, the reasons for decision in another two cases.

Where decisions are made which have wider ramifications for future interpretation of the Act than the case in which the decision is made, these cases are circulated without identifying features to mental health care providers and all Tribunal members.

Provision of written reasons for decisions to mental health care providers affords an opportunity to educate the providers on interpretation of the Act, the presentation of material to the Tribunal and the likely outcome of future hearings.

## FUTURE DIRECTIONS

In the coming twelve months the Tribunal will continue to increase the confidence of patients, mental health professionals and the public in the Mental Health Act and the Mental Health Tribunal by:

- taking an active role in training and assessing persons used by Advocacy Tasmania to represent patients in hearings before the Tribunal;
- maintaining the system of providing written statements of reasons for decisions of the Tribunal;
- monitoring and reviewing the Tribunal's hearing procedures;
- developing the skills of members in the conduct of review hearings;
- continuing the education programme for Registrars and other mental health providers to assist in their presentation of relevant material to the Tribunal;
- continuing presentations and seminars to professional bodies;
- continuing to identify systemic deficiencies in the provision of mental health care in this State;

- continuing to promote the Objects set out in the Mental Health Act; and
- actively participating in, the review of the Mental Health Act.

# Administration of the Mental Health Tribunal

## STAFF

At 30 June 2007, the following staff undertook the Tribunals' administration:

**Registrar:** Dale Webster

Dale has been Registrar for the last three and a half years and holds the same position for the Guardianship and Administration Board and the Tasmanian Forensic Tribunal. Prior to coming to the role Dale worked in a policy and communications role in the Department of Justice, having previously held senior management roles in The Tasmanian Prison Service, Port Arthur Historic Site Management Authority and the Australian Public Service. Dale is also the coordinating member of the Disability Services Ethics Committee.

**Executive Officer:** Jane Bliss

Jane has been the Executive Officer for more than 7 years and also undertakes the same duties for the Guardianship and Administration Board. Before coming to the position Jane had many years working in the Magistrates Courts, including a number of years as the Deputy Registrar.

**Advisory Officer**: Andrée Feil

Andrée has been the Tribunal's Advisory Officer for three years and came to the position from many years in administrative roles in Mental Health Services.

# Appendix 1 – Mental Health Tribunal Members as at 30 June 2007

*President*

**Debra Rigby**

Ms Rigby has a Bachelor of Laws degree and was admitted as a Barrister and Solicitor of the Supreme Court of Tasmania in 1982. From 1984 to 1997 she was employed as Criminal Counsel for the Legal Aid Commission of Tasmania and from 1991 was Deputy Director of that organisation. From 1997 until 1999 she was a Principal Legal Officer with the Legislation, Policy and Strategic Direction Division of the Department of Justice and Industrial Relations. In 1999 she was appointed Commissioner for Criminal Injuries Compensation, a role she holds concurrently with her appointment as President of the Tribunal.

*Deputy President*

**Ann Cunningham**

Ms Cunningham holds a Bachelor of Laws degree (with Hons.) and is admitted as a Barrister and Solicitor of the Supreme Court of Tasmania. Ms Cunningham was until 1999 Deputy Registrar of the Family Court of Australia. Ms Cunningham practices part-time as a legal practitioner and is a member of the Administrative Appeals Tribunal, the Resource, Management and Planning Appeals Tribunal and is a Complaints Commissioner with the University of Tasmania. Mrs. Cunningham is an accredited arbitrator and mediator with the Law Society of Tasmania.

*Approved Medical Practitioner*

**Martin Morrisey**

Dr. Morrissey completed his training as a psychiatrist in 1996 at Westmead and associated hospitals. He was awarded the Fellowship of Old Age Psychiatry in the same year and the Fellowship of the Royal Australian and New Zealand Institute of Psychiatry in 1997. Dr. Morrisey practiced in Northumberland, England until 2002 when he commenced a position as Consultant Old Age Psychiatrist with the Department of Health and Human Services in Tasmania.

*Members (in alphabetical order)*

**Susan Aylett**

Ms Aylett holds a Bachelor of Nursing Degree, a Graduate Diploma of Advanced Nursing (mental health), a Graduate Certificate in Health (clinical forensic nursing) and a Graduate Certificate in Intrinsic Art Therapy. Ms Aylett has extensive experience working with individuals with a mental illness in acute, rehabilitation and community settings in both NSW and Tasmania. Ms Aylett is employed by the State-wide Specialist Services as a forensic mental health case manager for the North/ North West of the state. Presently Ms Aylett is in the process of completing her Masters of Forensic Mental Health through Griffith University.

**Kim Barker**

Ms. Barker has extensive experience working with people with disabilities, including mental illnesses. She currently has a small private practice as a rehabilitation consultant, counselor and mediator, and is a member of the Guardianship and Administration Board. She undertakes dispute resolution as Chair of the Tasmanian Training Agreements Committee, and is a Director of the Motor Accident Insurance Board. Ms. Barker's qualifications include a Bachelor of Arts degree (psychology), Diploma of Education and a Graduate Certificate in Counseling and Development.

**Riitta Boevink**

Ms. Boevink graduated from the University of Sydney with a Bachelor of Social Work. Prior to her retirement from the paid full time workforce in 2002 Ms. Boevink was the Team leader at the Oldaker Street Clinic, which is part of Mental Health Services. Ms. Boevink worked in Mental Health Services in Tasmania for 19 years in various Social Work roles.

Ms. Boevink was a founding member of the Launceston branch of ARAFMI and has a long-standing interest in promoting the interests of person with a mental illness, particularly as informed consumers.

**Christine Brooks**

Ms. Brooks is a registered psychiatric nurse who has had extensive experience in nursing acute psychiatric patients in both England and Australia.

**Susan Carroll**

Mrs. Carroll graduated from the University of Queensland with a Bachelor of Social Work. She has 14 years experience as a social worker and senior social worker at Royal Hospital Brisbane and Royal Women's Hospital Health Services District, Queensland.

**Moya Cassidy**

Ms. Cassidy obtained first class honours (Sociology) as part of her studies towards a combined Bachelor of Arts and Bachelor of Laws degree. She was admitted to the Bar of the Supreme Court in August 2001. Ms Cassidy also holds a Diploma in Mental Health Nursing. She has had extensive experience in mental health working in both hospital and community settings as a Mental Health Nurse. She is presently employed as Court Liaison Officer, Forensic Mental Health Services. Ms Cassidy has a particular interest in the areas of mental health rehabilitation and mental health law.

**Eric Cave**

The Reverend Canon Eric Cave is a Senior Anglican Chaplain and Anglican Prison Chaplain. He is an accredited Clinical Supervisor and has continual contact with psychiatric patients in his many and varied roles across a broad socio-economic range. He has been engaged as Hospital Chaplain at the Royal Hobart Hospital for the past 16 years and has previously developed a chaplaincy presence to the psychiatric area.

**Gail Drury**

Ms. Drury holds a Diploma of commercial studies from South Berks College of Further Education. Her work experience includes several years as an Administrative Officer/Medical Records Clerk at the North West Regional Hospital, Burnie and with Mental Health Services, Spencer Clinic at Burnie. Ms. Drury is a Justice of the Peace, and also an Official Visitor under the *Mental Health Act 1996*.

**James (Jim) Frost**

Mr. Frost's career started in Teaching, before a long career in business in the 1960s and 70s. In 1981 a career direction change saw him appointed as a Probation and Parole Officer and from 1985 to 1996 Mr. Frost managed the Devonport Region of Community Corrections.

Mr. Frost elected to return to case management in 1996 and continued in that role until his retirement in 2004.

**Susan (Sue) Hill**

Ms. Hill holds a Bachelor of Laws degree and was admitted as a barrister and solicitor of the Supreme Court of Tasmania in 1978. She worked in private practice from 1981 until 1993. She has lectured and tutored in Business Law at the Hobart TAFE and the University of Tasmania in Launceston. Ms. Hill was instrumental in establishing the Northern Community Legal Service in Launceston. She is a member of the Mental Health Tribunal,

the Standards Panel of the Local Government Association and the Tasmanian Library Advisory Board. Ms. Hill was also a member of the Social Security Appeals Tribunal for 15 Years.

**Marguerite Lester**

Mrs. Lester holds a Bachelor of Applied Science (Occupational Therapy) degree and a Master in Business Administration. She is currently employed in a part time occupational therapy position working closely with general practitioners and their patients in northern Tasmania. Past experience includes employment with organizations involving people with disabilities – Aged Care Assessment Team, Vocational Rehabilitation Service, St Giles in the north of Tasmania and other Hobart based facilities. Mrs. Lester is a member of the Guardianship and Administration Board and is the allied health representative on the Chronic Disease and Integration Taskforce for the General Practitioner Partnership Advisory Council.

**Michael (Mike) Marriott**

Mr. Marriott graduated from the University of Queensland with an M.A. in Psychology in 1982, and for the past 15 years has been in private practice as a clinical and forensic psychologist in Burnie.

**Ali McGuiness**

Ali's background is in clinical psychology and she currently has a conjoint position working as a Clinical Lecuturer in Psychology (Rural Clinical School, UTAS) and Specialist Clinical Psychologist (MHS, DHHS) in Burnie. Prior to coming to Tasmania, she worked in a variety of public and private settings in New Zealand. Her clinical work has included positions in forensic and correction services, psychiatric emergency departments, specialised mental health teams and government contracts to asess and treat individuals suffering from traumatic brain injury and post traumatic stress disorder, chronic pain. She has held additional contracts to provide EAP services, debriefing following critical incidents and clinical supervision to staff members of different organisations, and to prepare reports on serious offenders for the NZ Parole Board.

**Alec More**

Mr. More graduated with BA (Hons), Melbourne University. From 1993 until recent retirement he was a consultant psychologist with Centrelink. For 8 years Mr. More was a manager with the Victorian Accident Rehabilitation Council.

**Anna Nicholson**

Ms. Nicholson graduated with BA/LLB from the University of Tasmania in 1998 and is at present a legal practitioner with Levis Stace & Cooper with whom she has been employed since October 2000. Prior to this Ms. Nicholson was a legal practitioner with the Legal Aid Commission and also with McLean, Phillips & Bartlett, Burnie.

**Dianne (Di) Reynoldson**

Ms. Reynoldson has a B. Occ. Thy. and since 1995 has been a rehabilitation consultant with Lifestyle Management Systems. Prior to this she worked briefly in the same area for Social Security. On first coming to Tasmania Ms. Reynoldson worked primarily in Disability Services at Willow Court and the then Douglas Parker Centre. She has extensive experience working in Tasmania, Queensland and the United Kingdom.

**Bernadette Smith**

Ms. Smith has been a registered psychologist since 1992, graduating from the University of Tasmania. She spent her first 10 years working as a Psychologist for Mental Health Services within the Child and Adolescent Mental Health Service and the Adult Community Mental Health Team (in Buirne). In the past 5 years Ms. Smith has been working in Private Practice based in Burnie and Devonport.

**Geoffrey (Geoff) Storr**

Mr Storr has had a long career in Community Corrections culminating in a three year period as State Manager and Secretary to the Parole Board. As is usually the case in a small jurisdiction, this role also included responsibility for a range of other services, from funding for services to Victims of Crime to Interstate Prison and Parole transfers. In more recent times, Mr Storr held the position of Principal Investigation Officer in the Office of the Ombudsman. He is also a Justice of the Peace and a Deputy Member of the Parole Board.

**Frederick (Fred) Thornett**

Mr. Thornett holds a Bachelor of Arts (Psych) degree, a Diploma of Education and a Teachers certificate. He has held various positions as a lecturer. He has had experience as a trustee for mentally ill people when working with the Department of Veteran's Affairs. Mr. Thornett is also a Justice of the Peace and regularly sits as a Bench Justice in the Magistrates Court.

**Jon Visoiu**

Mr. Visiou graduated from the University of Tasmania in 1989 with BA (Psych) (Hons). As a psychologist in private practice, he also works part time at Oakrise Clinic, Launceston and Ashley Youth Detention Centre. Previous experience includes employment as a Guidance Officer / Psychologist with the Education Department from 1990-98.

**Kereth West**

Ms. West holds the degrees Bachelor of Arts with Honours and Master of Psychology and has worked as a Clinical Psychologist since 1984 in both Mental Health Services and Intellectual Disabilities Services. She currently holds the position of Clinical Psychologist with a Community Mental Health Service in Glenorchy, and is also. a member of the Guardianship and Administration Board.

**Louise Whitehead**

Ms. Whitehead holds a Bachelor of Arts (Hons.) and a Master of Psychology. Now retired, she worked as a Clinical Psychologist from 1977 to 2004 in Mental Health Services and in private practice.

**Philippa (Pip)Whyte**

Ms. Whyte holds a Bachelor of Laws degree and was admitted as a Barrister and Solicitor of the Supreme Court of Tasmania in 1980. Since then she has worked as a lawyer in private practice for over 22 years. In 2002, she was appointed to the position of Conciliation Officer within the office of the Health Complaints Commissioner.

She is a trained mediator and is also a member of the Guardianship and Administration Board and the Social Security Appeals Tribunal.

**Gwynneth Williams**

Ms. Williams is a registered Psychiatric and General Nurse. She is employed in the Acute Admissions Psychiatric Ward (1E) of the Launceston General Hospital and has had 20 years experience in working with people with mental illnesses in New South Wales and Tasmania. Ms. Williams previous employment has included positions as Coordinator, Aboriginal Mental Health, Clinical Nurse Specialist, Mental Health Counsellor and Team Leader at the Mid-West Health Service, Community Mental Health Service, in Orange.

**Peter Wise**

Mr. Wise graduated with BA/LLB in 1991. He has been manager of Legal & Compliance, at the Retirement Benefits Fund Board for over six years and in that time has dealt with applications for invalidity pensions and a range of legal issues.

# Appendix 2 – MHT Statistical Summary

| | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 |
|---|---|---|---|---|---|
| No of applications received | 18 | 25 | 27 | 34 | 31 |
| No of notifications received of Continuing Care Orders | 400 | 460 | 473 | 388 | 353 |
| No of notifications received of Community Treatment Orders | 9 | 6 | 22 | 117 | 65 |
| No of orders discharged prior to hearing | 240 | 231 | 286 | 261 | 246 |
| No. of Continuing Care Orders discharged by the making of a Community Treatment Order | | | | 39 | 13 |
| No of hearings conducted | 177 | 215 | 210 | 227 | 184 |
| No of orders confirmed | 110 | 184 | 150 | 119 | 123 |
| No of orders revoked | 16 | 26 | 37 | 35 | 17 |
| No of orders varied | 19 | 20 | 30 | 49 | 37 |
| No of orders invalid | 2 | 1 | 2 | 9 | 3 |
| Matters adjourned | Nil | 2 | 18 | 5 | 17 |
| Outstanding matters listed for hearing at 30 June | 17 | 18 | 33 | 5 | 2 |
| % of reviews conducted within statutory time frame | 98 | 99 | 99 | 99 | 98.5 |

# Appendix Three – MHT Financial Statement 2006-07

| | Budget | Actual Expend | Variation |
|---|---|---|---|
| **EMPLOYEE RELATED** | | | |
| Salaries (incl Rec/LSL) | 139,595 | 133,186 | 6409 |
| Board Member Fees | 48431 | 70923 | (22492) |
| Payroll Tax | 13124 | 14532 | (1408) |
| Worker's Compensation Premium | 300 | 248 | 52 |
| FBT | 4000 | 1865 | 2135 |
| Superannuation | 18865 | 21701 | (2837) |
| Training | 1500 | 3652 | (2152) |
| **Total Employee Related** | **225815** | **246107** | **(20292)** |
| **TRAVEL AND TRANSPORT** | | | |
| Travel | 9127 | 11080 | (1953) |
| Vehicle leases | 7000 | 6677 | 323 |
| Vehicle other | 3600 | 2470 | 1130 |
| Fuel | 1800 | 2077 | (277) |
| **Total Travel & Trans** | **21527** | **22304** | **(777)** |
| **ADVERTISING / PROMOTION** | | | |
| Advertising | 200 | 0 | 200 |
| Printing | 1000 | 408 | 592 |
| **Total advertising** | **1200** | **408** | **792** |
| **COMMUNICATIONS** | | | |
| Telephone | 2400 | 2682 | (282) |
| **Total Comms** | **2400** | **2682** | **(282)** |

| | | | |
|---|---|---|---|
| **ACCOMMODATION** | | | |
| Office Rental | 24000 | 31000 | (7000) |
| Other | 0 | 512 | (512) |
| **Total Accomm** | **24000** | **31512** | **(7512)** |
| **INFORMATION TECHNOLOGY** | | | |
| Other Op leases | 10642 | 6227 | 4415 |
| Office equip leased | 2200 | 735 | 1465 |
| Software licences | 3000 | 0 | 3000 |
| **Total Info Tech** | **15842** | **6962** | **8880** |
| **OTHER EXPENSES** | | | |
| Office requisites | 3000 | 1755 | 1245 |
| Equip maintenance | 0 | 602 | (602) |
| Legal Costs | 0 | 2322 | (2322) |
| Miscellaneous | 999 | 1281 | (282) |
| **Total Other Exp** | **3999** | **59609** | **(1961)** |
| | | | |
| **TOTAL** | **294783** | **315944** | **(21161)** |