MHT 2004/05 Annual Report

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2004 – 2005 In Summary

During the period the 1 July 2004 to 30 June 2005 The Mental Health Tribunal,

- scheduled for hearing 497 mandatory reviews and 27 applications to review;
- completed 213 reviews;
- confirmed the patient's involuntary status on 137 occasions;
- discharged the patient from their involuntary status on 28 occasions;
- varied the order relating to the patient on 30 occasions;
- conducted two reviews under section 37 of the *Criminal Justice (Mental Impairment) Act 1999*;
- declined to issue a certificate that the person subject of the *Criminal Justice (Mental Impairment) Act 1999* should be released from detention on 1 occasion and issued a certificate on 1 occasion;
- conducted hearings in 8 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 newsletter and members attending conferences; and
- continued in the training of students to appear as advocates for patients in hearings.

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 either a Continuing Care Order or a Community Treatment Order.

A Continuing Care Order allows a person to be detained in an authorised hospital against their will 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 can be placed on a Continuing Care Order for up to 6 months and can remain on that order, whilst living in the community, if they are given leave of absence from the hospital. 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 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, to remain in the community so long as they abide by the conditions stipulated by the approved medical practitioner who made the order.

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); and
- the making of a community treatment order (Community Treatment Orders)

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.

The Tribunal does not review Initial Orders. These are orders that allow a patient to be detained in the hospital for a period of 72 hours against their will for the purpose of ascertaining whether they satisfy the criteria set out in the Act for the making of either a Continuing Care Order or a Community Treatment Order.

Under section 37 of the *Criminal Justice (Mental Impairment) Act* 1999 the Tribunal must also review the detention of a person in a special facility under a restriction order. A person so detained is a person who has been found not guilty of an offence on the ground of insanity or a person who has been found unfit to stand trial. Such orders are to be reviewed 12 months after the order was made and at least once every 12 months after that.

The 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 0.5 of a full time position and the president is appointed for five years.

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

The Act requires that one of the members is an approved medical practitioner.

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.

Reviews of orders

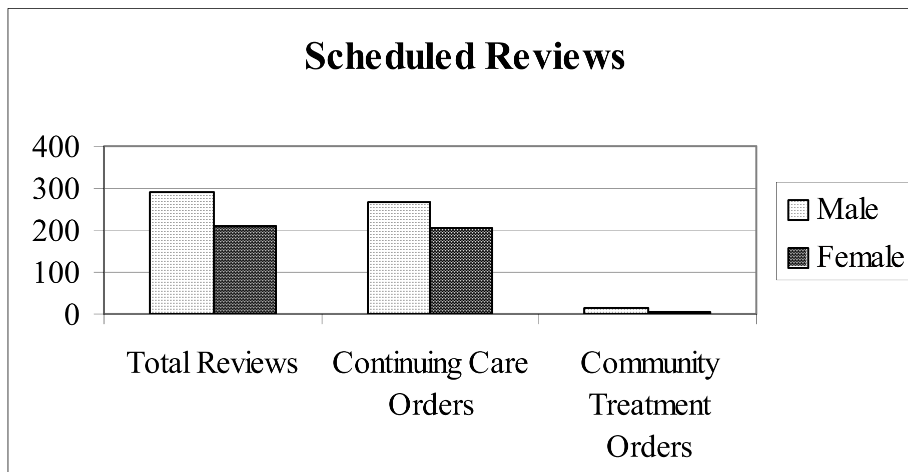
Scheduled Reviews

There were 497 mandatory reviews scheduled by the Tribunal during the year, of which 473 (95%) related to persons detained under a Continuing Care Order and 22 (5%) were for people under Community Treatment Orders. The proportion of involuntary patients placed on Continuing Care Orders compared to Community Treatment Orders decreased by 3%

over the previous year. Two reviews were related to orders made under the Criminal Justice (Mental Impairment) Act.

The use of Community Treatment Orders increased slightly, but is still well below the 15.5% during the Board's first year of operation. Amendments to the legislation, which will become law in 2005/06 financial year should see an increase in the use of Community Treatment Orders.

Of the reviews relating to Continuing Care Orders, 269 were males and 204 females. The reviews of Community Treatment Orders related to 16 males and 8 females.



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.

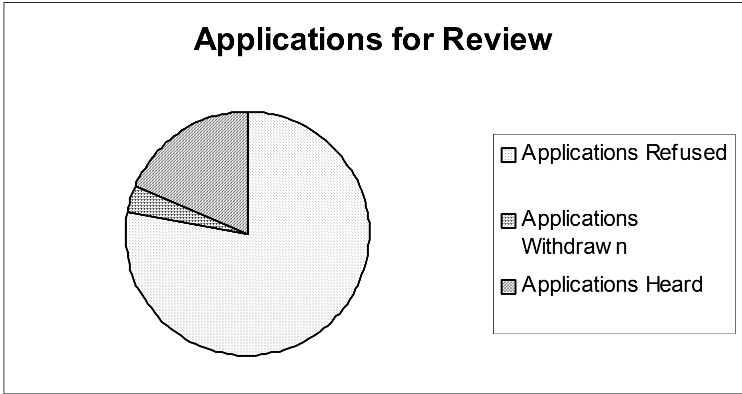
27 applications for review were received from, or on behalf of, patients. Of these, all related to continuing care orders (12 males and 15 females).

Section 52(5) allows the Tribunal to refuse an application for review 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 21 applications.

COMPLETED REVIEWS

Of the 497 mandatory reviews scheduled under the Act, 208 proceeded to hearing. 286 were cancelled prior to the hearing due to the patient being discharged from the order. One order was declared invalid and two remained outstanding at the end of the financial year.

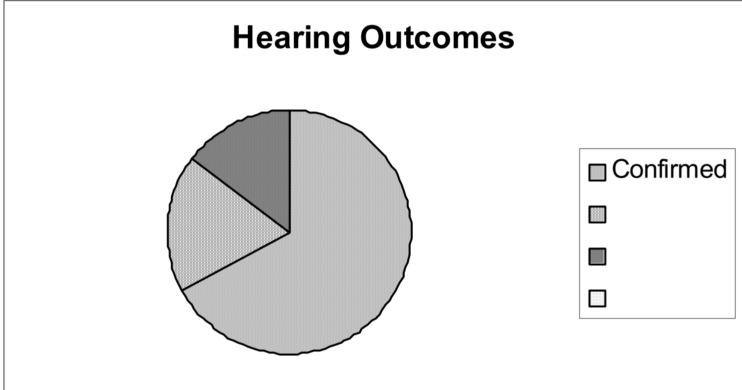
Of the 27 applications for review, 5 proceeded to a hearing. 1 hearing was cancelled due to withdrawal of the application by the patient, and the Tribunal in accordance with section 52(5) of the Act refused 21 applications.



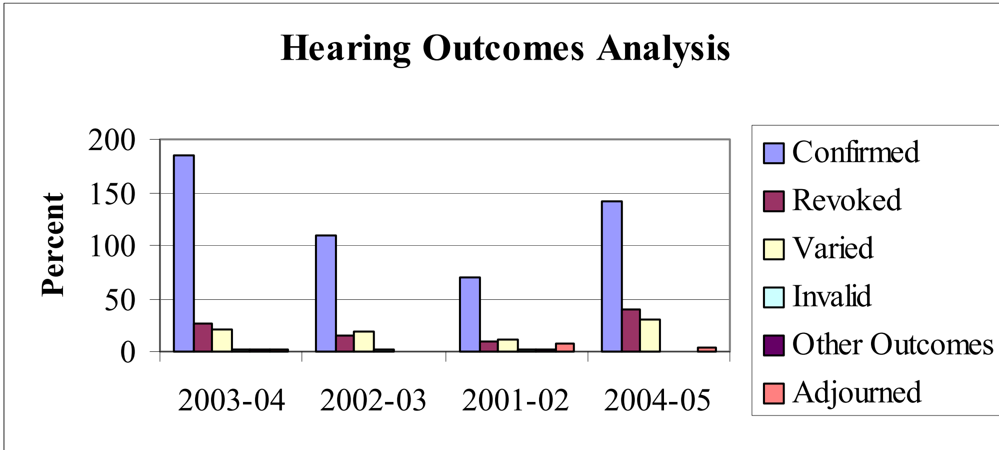
OUTCOME OF REVIEWS

Of the mandatory reviews completed under the Act the Tribunal revoked the order and discharged the patient from involuntary status on 38 occasions, or in 18% of cases. 36 revocations related to Continuing Care Orders.

In 2002-03 and 2001-02 the Tribunal revoked the Order in 10% of cases, in 2003-04 12% of orders were revoked.



137 orders were confirmed (66%) whilst 30 (14%) were varied by changing the period of time that the order remained in force.



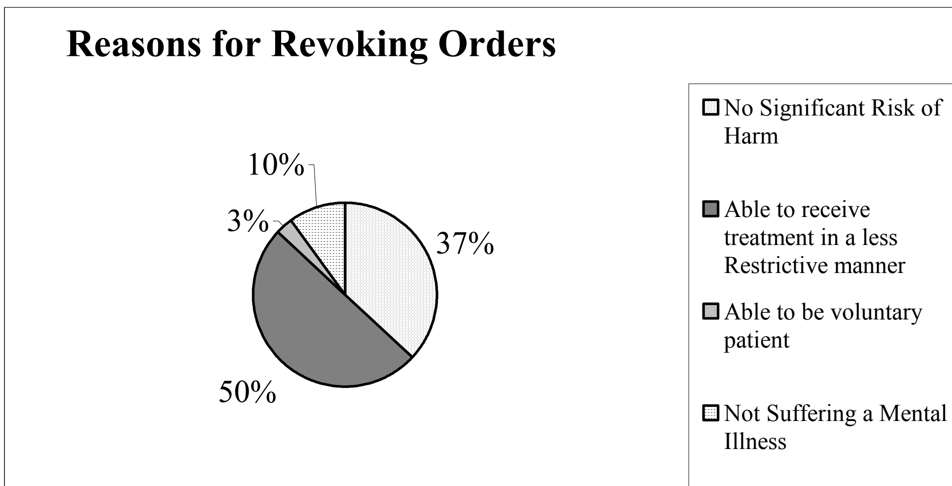
5 applications for review proceeded to a hearing. Of these, 4 orders were confirmed, one was revoked.

Two reviews were heard pursuant to the *Criminal Justice (Mental Impairment) Act 1999*. The Tribunal refused to issue a certificate to allow the patient to apply to the Supreme Court for the lifting of the restriction order in one of these matters and issued the certificate in the other.

REASONS FOR REVOKING ORDERS

37% 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 50% of cases the Tribunal revoked the order as there was a less restrictive alternative.

In only 10% of cases was the order revoked because, the Tribunal could not be satisfied by the evidence presented, that the person suffered a mental illness.



Hearings of the 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.

Hearings Conducted

208 hearings were conducted at 118 sittings of the Tribunal during the year. 98 sittings were by a three member Tribunal and 20 by a 1 member Tribunal. In 10 of the 20 of the single member Tribunals the member sitting alone was the President, on the ten other occasions the hearings were conducted outside of Hobart.

In all three member Tribunals the President has aimed to have a legal member, a mental health practitioner member and a community member. This has not, however, always been possible particularly on the north west coast where only one legal member and one mental health practitioner were appointed.

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 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
    - Transfer order

  unless another review is to be heard within 35 days - s54(2).

Review hearings were scheduled within the statutory time frame in 99% of cases. The remaining 1% (three cases) did not meet the statutory time requirement because the Tribunal received late notification from the approved hospital 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.

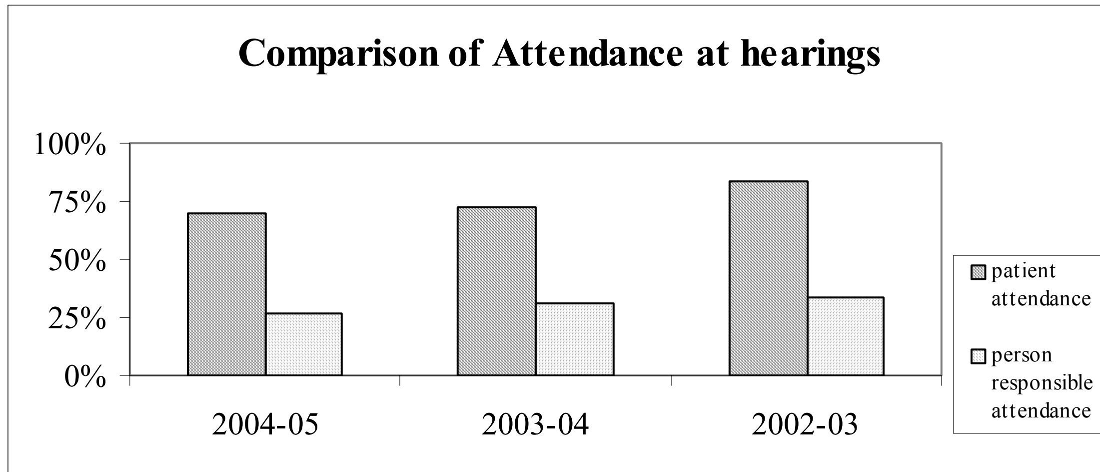
In order to forward notification to the person responsible the Tribunal is reliant upon information received from the hospital to identify the appropriate person. In many cases the ‘person responsible’ remains unknown to the Tribunal or the person nominated by the hospital is in fact a person who no 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 147 occasions (70%) the involuntary patient exercised his or her right to attend.



REPRESENTATION AT HEARINGS - STUDENT ADVOCACY REPRESENTATION PROJECT

The *Mental Health Act 1996* gives all parties appearing before the Tribunal a right to be represented by a legal practitioner or other person. Despite this patients regularly appeared before the Tribunal without legal representation or other form of support.

From 1999 until 2002 less than 2% of patients appearing before the Tribunal were legally represented.

The major barrier to patients obtaining legal representation before the Tribunal was the lack of funding from either State or Federal governments to provide this representation.

In 2000 the Tribunal commenced collaboration with Advocacy Tasmania to provide a solution to patient's lack of representation. It was determined to explore the viability of law students acting as advocates for patients.

In 2003 a Representation Mentoring Program was established, a small grant was obtained from the Department of Health & Human Services (Mental Health Services), an induction

and training manual was produced, a lecture series with appropriate speakers was established, and the University agreed to accredit students who undertook the training.

The training program consisted of a three part lecture series at the conclusion of which the students were awarded an 'Awareness and Skills Certificate of Participation'. The certificate phase was open to all law students and the first lecture was held on the 22nd September 2003.

Students who wished to be a part of the Pilot scheme then attended a seminar given by the President of the Mental Health Tribunal regarding, the role of the advocate at the hearing, therapeutic jurisprudence and the relevant legislation.

Final year students were then chosen to attend a 3 hour induction training session run by Advocacy Tasmania. The induction included topics such as confidentiality, informality of tribunals, client interviews, therapeutic jurisprudence and professionalism.

The Representation Project commenced in a limited way in December 2003. It was in the pilot stage confined to the greater Hobart area.

From December 2003 until April 2004 63 persons were represented.

In 2004/05 the President of the Tribunal assisted in the training of four groups of law students. This resulted in 19 new volunteers being added to the pool of advocates and representation being offered to all people who requested it in the Hobart area.

Further in 2004/05 the lecture series and intensive training was included as a compulsory unit in the curriculum of the Legal Practice Course. As a result nearly 60 young lawyers commencing their career in legal practice have been made aware of the Tribunal and its functions, the process by which it comes to a decision, and the role of therapeutic jurisprudence in its hearings.

In the North of the state the President conducted training for two groups of volunteers that were largely from an education/social work background.

In May training was conducted in the North West. The trainees in this region were largely from a nursing background.

In September 2004 the scheme commenced representations at Tyenna, a long-term facility for those suffering a chronic illness, at New Norfolk.

In February 2005 representations commenced at the Launceston General Hospital and in June 2005 the scheme became truly statewide when representations commenced at Spencer Clinic in the North West region.

In the year under review 42% of patients appearing before a Tribunal were represented by an advocate and 62% had been given advice and support before the hearing via the telephone.

The major benefit of the program continues to be the very noticeable increase in the willingness of patients to actively participate in the hearing process. Patients are far more vocal in hearings and present material that is relevant to the criteria to be determined. It is evident that the support provided by the advocate and their presence in the hearings has increased the confidence of the patients to take an active role in their hearing.

The project has received support from patients, volunteers, Mental Health Services, clinicians, the Law Society, the Law Foundation, the University of Tasmania Law School and Legal Practice Course.

VENUES OF HEARINGS

The Tribunal conducted all hearings at the venue in which the patient is currently receiving treatment. The Tribunal sat at 8 venues around the State during the year.

The number of venues at which the Tribunal sits has decreased from 15 in 2001-02. This decrease is as a result of the decrease in persons being placed on Community Treatment Orders and the consequent increase in people who are detained in an authorized hospital at the time of the hearing, this trend should be reversed with the changes to the legislation which will become law in 2005-06.

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.

The first training will be held in Hobart in August. This training will be offered on an annual basis

REVIEW OF LEGISLATION

Since November 2000 the Tribunal has advocated for specific amendments to the Act. In particular in last years Annual Report the Tribunal noted that for four years it had advocated that the Act be amended so that the unenforceability of conditions of a

Community Treatment Order, when a patient was non-complaint with the conditions imposed, would be addressed.

Whilst Community Treatment Orders are issued subject to specific treatment requirements, the Act did not provide for enforcement of those requirements. Thus a patient who breached the conditions placed on a Community Treatment Order could not be returned to hospital in order to secure compliance.

The unenforceability of Community Treatment Orders reduced the opportunity for early intervention and did not accord with the objects of the Act, "to ensure that all practicable measures are taken to prevent mental illness or to arrest or impede its progress at an early stage".

As a result in 2004/05 only 5% of patients placed on an order under the Act were placed on a Community Treatment Order. Meaning that 95% of persons on an order were placed on an order that allowed their involuntary detention in an approved hospital for a period of up to six months.

On July 11th 2005 the Act was amended to allow a patient who has not complied with the conditions of his/her Community Treatment Order to be returned to an approved hospital and detained there as an involuntary patient for a maximum period of fourteen days.

The impact of this amendment on the percentage of persons placed on a Community Treatment Order will be felt in the next twelve months and will be reported upon in next years Annual Report.

The involuntary detention of patients without treatment and the Tribunal's inability to determine treatment issues.

The Tribunal continues to have concerns regarding its inability to determine treatment issues. In 2004/05 37 patients, or 7.4% of persons placed on an involuntary order, also required an order for medical treatment. Orders for medical treatment are made by the Guardianship and Administration Board of Tasmania.

The *Mental Health Act 1996* requires that a person involuntarily detained must be reviewed by the Tribunal within 28 days of that detention. If the person does not consent to treatment no such treatment can be given against their wishes without an application being made to the Guardianship and Administration Board. Such an application must be made to the Board even in circumstances where the Tribunal has already, at a hearing, determined that the patient is suffering a mental illness, which for the safety of themselves or the public requires them to be detained in an authorised hospital for treatment. The Tribunal cannot

however authorise such treatment, it is placed in a position where it is ordering a person be detained simply for the purpose of removing them from the community.

The Tribunal's view is 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.

In its view, both the need for involuntary detention and the need for treatment without consent should be reviewed by the Mental Health Tribunal at the one hearing. Such a change would result in the lessening of both the stress currently associated with unwell patients attending two hearings before two different tribunals, and the burden this places upon mental health professionals and the resources available to the mentally ill.

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 this year and has issued, of its own initiative, to the mental health providers in the case, the reasons for decision in another five 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.

Administration of the Tribunal

STAFF

At 30 June 2005, the following staff undertook the Tribunal's administration:

Registrar: Dale Webster

Executive Officer: Jane Bliss

Executive Assistant: Andree Feil

The Tribunal's administrative staff are shared with the Guardianship and Administration Board. The staffing complement is equivalent to two full time positions.

TRIBUNAL'S NEW PREMISES

In December 2004 the Tribunal relocated its office to purpose built accommodation. The new accommodation provides a safer, secure and more pleasant work environment for both staff and members. The reception facilities, waiting area and hearing room have been designed to facilitate the patient's comfort.

In the following year the Tribunal will conduct all reviews of Community Treatment Orders, in the south, at its offices. It is hoped that this will encourage patients to attend and take an active role in their hearing. In the past patients have expressed a reluctance to attend hearings listed at the hospital, as they fear, without foundation, that the Tribunal has the ability to order their detention in the hospital.

Brian Smith and Grant Stokes from the Department of Justice were invaluable in ensuring that the facilities were not only properly designed and fitted out but in making the move itself as painless as possible. The Tribunal thanks them for their tireless efforts.

ONGOING EDUCATION

Upon their appointment all members are provided with a comprehensive set of materials as part of their induction to the Tribunal. They also attend a full day induction-training program provided by the President and Registrar.

As a supplement to the materials provided at induction, members receive a members manual, quarterly newsletters, copies of written reasons for decisions that are of note, and lists of new articles of relevance to the jurisdiction.

During the course of this year Tribunal members attended a further two full day of training provided by the President.

The Tribunal has continued to add relevant educational articles to its lending library.

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 students 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; and
- continuing presentations and seminars to professional bodies.

Appendix 1 – Tribunal Members

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 honours) 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

David Weidmann to March 2005

Dr. David Weidmann has worked in public psychiatric services in Tasmania since February 1982 and in private practice since 1989. He was a member of the Guardianship Board for many years and has held executive positions on the Tasmanian branch of the Royal Australian and New Zealand College of Psychiatrists from 1987 until 1996. Dr. Weidmann was involved with the drafting of the current *Mental Health Act* and was previously involved in drafting the *Guardianship and Administration Act*.

Martin Morrisey from 23 March 2005

Martin 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. He 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

Kim Barker

Kim Barker has extensive experience working with people with disabilities, including mental illnesses. She currently has a small private practice as a rehabilitation consultant, counsellor 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. Kim's qualifications include a Bachelor of Arts degree (psychology), Diploma of Education and a Graduate Certificate in Counselling and Development.

Christine Brooks

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

Lyn Cameron

Ms Cameron has worked in the community with people with intellectual disabilities and Mental Health issues since 1979. She has qualifications in Social Welfare (Monash Uni, VIC), Developmental Disability (QLD) and Community Management (TAS). Ms Cameron is currently employed in Melbourne as an Area Team Leader by the Shire of Yarra Ranges for 12 months but will return to Tasmania in 2004.

Ms Cameron has also been a board member of the Guardianship and Administration Board since 1997 and has also been as a voluntary board member of the Launceston Community Legal Service.

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 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.

Lyn Connellan

Ms Connellan holds a Bachelor of Arts degree, a diploma of Education and a Master of Arts (Visual Arts). She has an on-going interest in the challenges faced by people who have a mental illness. Positions she has held in this area as a teacher, artist and integration aid have heightened her awareness of the rights and options of the mentally ill. Ms Connellan has had considerable experience on the committees of various community groups.

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. Ms Cassidy 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.

John de Jong

Mr. de Jong is a registered psychologist in private practice in Devonport. He holds a Bachelor of Arts degree (Psychology) from Deakin University and a Graduate Diploma Counselling Psychology from Monash University. Mr de Jong's previous employment has included positions as a Child Welfare Officer and the Coordinator of Youth Justice with the Department of Health and Human Services. Mr. de Jong also has worked as a clinical psychologist at Dunburn House in Burnie.

Janice Forbes

Ms Forbes holds a Bachelor of Arts degrees in Psychology and History (both with honours) and a Diploma of Education (History and Social Science). She currently is a Project Officer with Community Sector Housing, Housing Tasmania. Ms Forbes has had previous experience as a Project Officer with Mental Health Services, and as a Research Officer at the Alcohol and Drug Service.

Gail Foster

Ms Foster 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 Foster is a Justice of the Peace, and also an Official Visitor under the *Mental Health Act 1996*.

Ruth Hanson

Mrs Hanson has a professional background in teaching, and has held various management positions in welfare services and community development programs in both government and non-government services. She served on the former Guardianship Board as the nominee of the Director for Community Welfare from 1987, contributing to the planning and development of the current Board prior to promulgation of the *Guardianship and Administration Act 1995*. She retained this involvement with the wellbeing of people with disabilities when she was appointed Deputy President.

Mrs Hanson currently serves on the Boards of Management of a number of service organisations and advisory bodies involving people with disabilities in the North West of the state.

Susan Hill

Mrs. Hill holds a Bachelor of Laws degree and was admitted as a Barrister and Solicitor of the Supreme Court of Tasmania in 1978. Mrs. Hill worked in private practice in Hobart until 1981 and after moving to Launceston continued in private practice until 1993. Mrs. Hill has lectured and tutored in Business Law at the Hobart TAFE and the University of Tasmania in Launceston. Mrs. Hill was instrumental in establishing the Northern Community Legal Service in Launceston. She is a member of the Social Security Appeals Tribunal and the Guardianship and Administration Board.

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 a specified area of 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.

Coral Muskett

Mrs Muskett holds general and psychiatric nursing qualifications and has over twenty years experience working in a range of public sector Mental Health settings in Tasmania. She holds a Bachelor of Health Science (Nursing) and has also worked as an academic with the Tasmanian School of Nursing (TSON), a senior consultant in organisational development and a project manager for the Royal Derwent Hospital closure and service redevelopment. She is currently State-wide Director of Nursing for Mental Health Services and a Clinical Senior Lecturer with the TSON. She is also a Fellow of the Australian & New Zealand College of Mental Health Nurses and was, this year, one of the first nurses in Australia to be credentialed by the College as a Mental Health Nurse.

Frederick Thornett

Mr Thornett holds a Bachelor of Arts (Psych) degree, a diploma of Education and a Teachers certificate. Mr Thornett has a degree in psychology and 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 also is a Justice of the Peace.

Philippa Whyte

Mrs. 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 also a member of the Guardianship and Administration Board and the Social Security Appeals Tribunal.

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. Ms West currently holds the position of Clinical Psychologist with a Community Mental Health Service in Glenorchy. She also is a member of the Guardianship and Administration Board.

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.

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.

Peter Wise

Mr Wise graduated with BA/LLB in 1991. Over six years as manager of Legal & Compliance, Retirement Benefits Fund Board he dealt with applications for invalidity pensions and a range of legal issues.

Anna Nicholson

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

Alec More

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

Michael Marriott

Mr Marriott graduated from the University of Queensland with 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.

Jon Visoiu

Mr Visoiu graduated from the University of Tasmania in 1989 with BA (Psych) (Hons). As a psychologist in private practice, Mr Visoiu 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.

Dianne Reynoldson

Ms Reynoldson has a B. Occ. Thy. and has been since 1995 a rehabilitation consultant with Lifestyle Management Systems. Ms Reynoldson has gained experience working in Tasmania, Queensland and the United Kingdon.

Susan Carroll

Ms Carroll graduated from the University of Queensland with a Bachelor of Social Work.

Mrs Carroll has 14 years experience as a social worker and senior social worker at Royal Hospital Brisbane and Royal Womens' Hosptial Health Services District, Queensland.

Appendix 2 – Statistical Summary

	2000-01	2001-02	2002-03	2003-04	2004-05
No of applications received	24	22	18	25	27
No of notifications received of Continuing Care Orders	296	355	400	460	473
No of notifications received of Community Treatment Orders	33	19	9	6	22
No of orders discharged prior to hearing	153	231	240	231	286
No of hearings conducted	168	170	177	215	210
No of orders confirmed	89	119	110	184	150
No of orders revoked	24	17	16	26	37
No of orders varied	39	19	19	20	30
No of orders invalid	1	3	2	1	2
Matters adjourned	10	11	Nil	2	18
Outstanding matters listed for hearing at 30 June	23	18	17	18	33
% of reviews conducted within statutory time frame	98%	98%	98%	99	99

Appendix Three – Financial Statement 2004-05

	Budget	Actual Expend	Variation
EMPLOYEE RELATED			
Salaries	142,910	127,217	15,693
Board Member Fees	49,800	56,175	(6,375)
Other		1,037	(1,037)
Work Comp Ins		248	(248)
Payroll Tax	13,727	13,482	245
Fringe Benefits Tax	5,200	8,779	(3,579)
Superannuation	19,317	20,189	(872)
Training	1,490	860	630
Total Employee Related	**232,744**	**227,986**	**4758**
TRAVEL AND TRANSPORT			
Travel	9,600	10,947	(1,347)
Vehicle leases	9,000	4,180	4,820
Vehicle other	4,020	6,097	(2077)
ADVERTISING / PROMOTION			
Advertising	1,000	37	963
Printing	1,500	450	1,050
COMMUNICATIONS			
Postage		46	(46)
Telephone	3,500	3,103	(397)
ACCOMMODATION			
Office Rental	7,668	31,039	(23,371)
Other		128	(128)

	Budget	Actual Expend	Variation
INFORMATION TECHNOLOGY			
Other Op leases	9,000	8,260	740
Office equip under $5000	3,000	1993	1,007
Software licences	3,500	2,925	575
Other computers			
OTHER EXPENSES			
Other admin		2594	(2594)
Office requisites	3,480	3,565	(85)
Equip maintenance		965	(965)
Miscellaneous		923	(923)
Total non-employee related expenses	**56,268**	**77,254**	**(20,986)**
TOTAL	**289,012**	**305,241**	**(16,229)**