



President's Update

Change to Wide Bay AMHS

As at 17 March 2025, the Maryborough Hospital Sub-Acute Older Persons Mental Health Unit is no longer gazetted as part of the Wide Bay Authorised Mental Health Service. This means that it is no longer considered “inpatient” for the purposes of the *Mental Health Act 2016*.

Statements of reasons – preparation by non-presiding members

As members are aware, the MHRT’s position is that the presiding member is generally requested to prepare the statement of reasons when one is requested for a matter. However, there will be times when the presiding member is not available to do so – this could be, for example, because they are on leave from the MHRT or they have already been allocated multiple sets of SORs to prepare during the same period. In such circumstances, another member from the panel will be asked to prepare the reasons.

The MHRT is required by the *Mental Health Act 2016* to provide reasons on request within 21 days – it is not optional. Preparation of written reasons is one of the role requirements for all membership categories – again this is not optional. For those members who have not prepared an SOR previously or would like additional assistance, we have plenty of resources to assist you. Where members advise that they do not have capacity to take on preparation of an SOR, we can look at revising the MHRT’s monthly schedule to allow a member time to prepare the SOR.

Statements of reasons – human rights considerations

The *Human Rights Act 2019* requires the MHRT to make decisions that are compatible with human rights and to give proper consideration to human rights when making its decisions. It is therefore important to demonstrate how the panel complied with these requirements when preparing a statement of reasons. The MHRT’s standard templates for SORs all include prompts for human rights considerations. We have also recently updated our information sheet on drafting examples for human rights considerations which is available on the members’ website at Hearings > Statements of reasons: [Statements of reasons](#).

Leave arrangements

If a member will be unavailable for MHRT work for a period of time, please ensure that you send an email to MHRT.TeamLeader@mhrt.qld.gov.au (this is in addition to not recording any availability for sittings during that period). This will assist the MHRT office to know that you may not be receiving emails during that time and you are not available for statement of reasons preparation as well as hearings.

Recording patients’ preferred names, pronouns and pronunciation

The Tribunal continues to work through the initiatives suggested for its Diversity and Inclusion

Project. One of those initiatives was that the Tribunal consider ways that it can identify people's preferred names, pronouns and correct name pronunciation. Our research indicated that:

- people's names often have a meaning or significance and can be tied to their identity, culture and heritage.
- using someone's pronouns, preferred name and correct pronunciation are ways to show respect, create a sense of connection and demonstrate an effort to make people feel comfortable and welcome.
- not doing so may undermine the person's identity and lead to the person feeling not included and undervalued.

The Tribunal has therefore developed a way for a patient to let the panel know their pronouns, preferred name and/or name pronunciation ahead of their hearing. Of course, members can still obtain information of this type from other documents (including the pronoun section of the clinical report) and by asking the patient at the commencement of the hearing. We hope that this is another avenue for this information to come to members' attention.

We will let mental health services and legal representatives know that the patient, their representative or another person on their behalf can contact the Tribunal advising:

- their pronouns;
- preferred name; and/or
- name pronunciation.

The hearings team will then record this information so that it appears on future sitting day hearing lists. We therefore ask that members check the sitting day hearing list prior to the hearing for any of this information.

Also, if a patient confirms this information to you during a hearing, please send an email to MHRT.HC@mhrt.qld.gov.au and it can be recorded for future hearings.

New email signature templates

All members should have received an email earlier this month advising that a new suite of email signature templates have been approved for use. The approved templates contain various combinations of the MHRT's standard signature plus our custom Aboriginal and Torres Strait Islander artwork, space for including pronouns and space for including name pronunciation. You can find a copy of the templates on the members' website by navigating to Professional learning and development and then Other resources: [Other](#).

Please ensure that you use one of the approved signatures for all your MHRT-related emails. To add a signature block to your emails:

- Choose the template signature you would like to use and complete the relevant information.
- Select and copy the entire signature.
- In Outlook, click "File" and choose "Options".
- Choose "Mail" and then "Signatures".
- Create a "New" signature and give it a name (e.g. MHRT). Click in the open text box and paste in the signature.
- If you want the signature to automatically appear on all new emails and/or all email replies, select those options.
- If you leave the default signature options as "none", you can still choose to add it to emails on an individual basis.

To add a signature to an email:

- In an email, select "Insert" and then "Signature".

- Choose the name that you gave the signature you added.

Monthly Stats

Please note that this data is approximate only.

March 2025	
MHC Orders	23 orders: <ul style="list-style-type: none"> • 16 new FO(MH) – 3 of which were PPO matters • 1 new FO(D) • 1 amended FO • 5 new TSO
Appeals to MHC lodged	2
MHRT Hearings where a decision was made	1,203
MHRT Hearings where an adjournment occurred	431
SORs requested	42
Audio recordings requested	4
Adjournment rate	26.4%

Executive Officer's Update

Corporate Services

Website changes - We would like to let you know that there will be some changes happening in the back end of the members section of the MHRT website. There will be no change to your experience of the website and how you login, however you will be required to re-register your account for these changes to take effect. We apologise to members as we know it was only late last year that re-registration was required. We are looking to make these changes in the next 1 – 2 weeks and will provide clear instructions on how to do this shortly. If you have any questions in the meantime, please contact Lenny at Lenitson.Muthiah@mhrt.qld.gov.au or via phone on 3338 8310.

Generic email addresses – Just a reminder for members to use generic email addresses as far as possible. This will ensure that if a staff member is not at work, then the email will still be actioned. This applies to MHRT.CorporateServices@mhrt.qld.gov.au, MHRT.HC@mhrt.qld.gov.au, MHRT.TeamLeader@mhrt.qld.gov.au and MHRT.ESO@mhrt.qld.gov.au. Further information on who is best to contact for what can be found on the members section of the website at [Contact information](#) (you must be logged in to the website for this link to work).

Windows 11 update – Members will have seen the recent advice that the Windows 11 rollout has re-commenced. Just a reminder that you will need to be on the Qld Health network for the update to occur. Also, you can continue to work while the first part of the installation takes place, however, when the re-start is required (you manually select re-start) you cannot use your device for up to 1

hour.

Hearings

Notices of absence and return - Recently we've had a few queries regarding sections 730 the MHA in relation to the Administrator giving the MHRT written notice of the relevant patient's absence. You may hear this form referred to as an AWA form or WNORPA (written notice of relevant person's absence). Staff at the AMHS will usually generate these forms in CIMHA. There are a couple of things members may find useful to check when provided with one of these forms for consideration.

Signature - Section 730 of the Act does not require the Administrator to sign the written notice. In fact, the Act does not specifically require the notice to be signed. However, to be complete, it is arguable that the form must be signed. "Signature" for these purposes need not be a handwritten signature but can be an electronic form of signature which can be done in CIMHA when completing the form. Members can see if the form has been electronically signed by checking at the bottom of the pages of the form and/or on its last page, similar to how a clinical report produced in CIMHA is signed.

Given - The Act requires that the Administrator give the written notice to the Tribunal. So while the Administrator is not required to sign the form, the Administrator is required to provide the completed form the Tribunal. This could be via an authorisation to push the document electronically via CIMHA to Resolve or via by sending the document via email. In practice, many Administrators have delegated that authority to staff within the AMHS. Therefore, if you are unsure as to whether the form has been appropriately *given* to the Tribunal, you can contact the Hearings Coordinator. The Tribunal can then check who is delegated to give the form and confirm whether that person has authorised the form to be given or whether they provided the Tribunal with the form.

Q&A

New Appeal to MHC 066 – Appeal dismissed, FO(D) revoked – FO(D) operated as intended to provide appropriate care and developed understanding re offending for community protection. AG appeal reasons did not provide contrary evidence

This was an appeal of the Tribunal's decision to revoke the patient's forensic order (disability) (FO) by the Attorney-General. In its reasons, the Mental Health Court (MHC) noted that the Attorney-General focused her arguments on an attempt to show error on the part of the Tribunal and confirmed that establishing error would not automatically mean the Tribunal's decision would be set aside. The MHC reasons highlighted that the Attorney-General had gathered no contemporaneous evidence to counter the evidence supporting revocation, nor could the Attorney-General point to anything in the contemporary material before either the Tribunal or the MHC to support the position that the FO ought not to have been revoked.

The MHC reasons give a detailed overview of the patient's history, including the making of the FO, noting that since the FO was made the patient had not been involved in any incidents of concern. Her Honour noted the response to education programs and therapy sessions as positive. Her Honour referred to a previous report from the treating psychiatrist recommending the FO remain in place and suggested that report, which she described as careful and

measured, gave weight to the later recommendation by that doctor to revoke the FO when circumstances had changed.

The MHC reasons dealt with the differences in two TOE reports obtained by the Tribunal over time and addressed the evidence of how the treating team would manage the patient's transition to voluntary care and then their withdrawal of involvement. In reaching the conclusion that the FO was no longer required, Her Honour had regard to the number of factors contributing to the patient's low risk of reoffending, including he intended to continue to engage with a psychologist, he understood the conditions of the FO and would apply them whether the FO was in place or not, he was supported by his parents, stable living arrangements were in place and he engaged regularly with NDIS supports. The patient was subject to external monitoring by his NDIS supports and his parents.

Her Honour suggested that the FO had operated as intended to provide appropriate care to the patient for the purposes of community protection and noted that the patient had developed an understanding of the risks of his re-offending and was deterred from doing so. Her Honour therefore dismissed the appeal and confirmed the decision of the Tribunal.

New Appeal to MHC 067 – Appeal upheld, FO reinstated – Revocation not supported by treating team or ARMC, MHC commentary regarding MHRT reasoning. Escalation of risk post revocation re drug use

This was an appeal by the Attorney-General of the Tribunal's decision to revoke the patient's forensic order (FO) and make a treatment support order (TSO). The Mental Health Court's (MHC) reasons noted the material the Tribunal had before it when it made its decision including a clinical report and Assessment and Risk Management Committee (ARMC) minutes. Her Honour referred the comments of the treating psychiatrist as "at best ambivalent about the stepping down" of the FO to a TSO and noted the doctor's opinion that the FO remained part of the patient's risk mitigation strategy and the patient was likely to discontinue treatment if taken off the FO. The ARMC minutes suggested that at the time of the meeting a step down to a TSO was not being considered, nor had it been considered by CFOS.

The MHC reasons confirmed that Her Honour had reviewed the Tribunal's statement of reasons and in particular noted:

- The Tribunal was aware that the patient was methylamphetamine dependent, had been a user of illicit substances since his teenage years and had no intention of ceasing its use.
- There were some suggestions the patient had reduced his drug use around the time of the hearing, however, the Tribunal noted evidence from the Forensic Liaison Officer (FLO) at hearing that there were no clinical indications of *increased* drug use or the use of other substances.
- In lieu of a more up to date report, the Tribunal relied upon the evidence of the FLO that the patient's mental state was consistent with a psychiatrist's assessment performed some seven months earlier about the patient's insight.
- The Tribunal relied primarily upon the patient's long and successful treatment in the community in stepping down the order.
- The Tribunal had not explicitly outlined why it had revoked the FO and made a TSO despite such decision not being supported by the treating team.

From the MHC reasons, it appears that shortly after the Tribunal hearing, the patient's drug use and consequent risk to the community increased. In an updated report, the treating psychiatrist gave the view that the patient's level of risk could be managed under a TSO, however, despite this, he concluded by suggesting that given the patient's history of multiple criminal charges, poor compliance with medical reviews and his methylamphetamine addiction, Her Honour may consider confirming the FO. At the appeal hearing, the treating psychiatrist indicated that whatever the MHC's decision, the team's goal was to mitigate risk and, because risk had

increased, the team had increased the patient's supports.

Ultimately, the MHC allowed the appeal, set aside the decision of the Tribunal and reimposed the FO on the same conditions.

Condition: Person must attend MHRT hearings

Members may have come across a situation where a doctor has imposed a condition on a person's treatment authority (s209), forensic order (s212) or treatment support order (s216) that requires the person to attend their MHRT hearings. This is not a condition that the MHRT would generally recommend members include in their decision-making.

All persons the subject of a review have a right to appear at their hearing and the MHRT encourages patients to attend and participate in their hearings to the extent that they feel comfortable. However, there may be a variety of reasons that a person does not wish to attend their hearing and so it is not compulsory for them to do so. The imposition of such a condition would, as with all conditions, also require consideration of any potential limitation on the person's human rights.

Decision conditions – examples

As many of you will already be aware, we publish a document containing example conditions covering a range of matters on the members' website. You can find the examples by navigating to Hearings, Examples and then Tables of Examples: [Tables of examples](#). It is not mandatory to use the wording of the conditions in the table, but we hope that the examples provided give members some guidance on how to write clear, logical conditions. If you are looking for assistance in wording a novel condition, please feel free to reference this resource.

If you are part of a panel that drafts a unique condition that you think other members may be able to use for other matters, please send through a copy of the condition wording to Kimberley Kiehne, Senior Principal Lawyer at Kimberley.kiehne@mhrt.qld.gov.au.

PL&D update

Masterclass - We would like to inform you that the May Masterclass has been rescheduled due to a change in the presenter's availability. We remain hopeful that we will be able to conduct the masterclass in May. Thank you for your understanding.

