

Queensland



MENTAL HEALTH ACT 2000

Act No. 16 of 2000

Queensland



MENTAL HEALTH ACT 2000

TABLE OF PROVISIONS

Section		Page
CHAPTER 1—PRELIMINARY		
PART 1—INTRODUCTION		
1	Short title	32
2	Commencement	32
3	Act binds all persons	32
PART 2—PURPOSE AND APPLICATION OF ACT		
4	Purpose of Act	32
5	How purpose of Act is to be achieved	33
6	Application of Act	33
7	Attachment—flowcharts	33
PART 3—PRINCIPLES FOR ADMINISTRATION OF ACT		
8	General principles for administration of Act	34
9	Principles for exercising powers and performing functions	36
PART 4—INTERPRETATION		
<i>Division 1—Dictionary and notes in text</i>		
10	Definitions	36
11	Notes in text	36
<i>Division 2—Key definitions</i>		
12	What is “mental illness”	36
13	What are the “assessment criteria”	37
14	What are the “treatment criteria”	38
CHAPTER 2—INVOLUNTARY ASSESSMENT		
PART 1—INTERPRETATION		
15	Definition of “authorised mental health service” for ch 2	39

PART 2—REQUIREMENTS FOR INVOLUNTARY ASSESSMENT

Division 1—Preliminary

16 Assessment documents 39

Division 2—Request for assessment

17 Who may make request for assessment 40

18 Making request for assessment 40

Division 3—Recommendation for assessment

19 Who may make recommendation for assessment 40

20 Making recommendation for assessment 41

21 How long recommendation for assessment is in force 41

Division 4—Miscellaneous provisions

22 When request for assessment may be made and when it is in force 41

23 Assessment documents must be made by different persons 41

24 Person making request must not be relative of practitioner making recommendation 42

PART 3—PROCEDURES LEADING TO INVOLUNTARY ASSESSMENT

Division 1—Provisions about taking persons to authorised mental health services for involuntary assessment

25 Taking person to authorised mental health service 42

26 Administration of medication while being taken to authorised mental health service 43

Division 2—Justices examination orders

27 Application for order 44

28 Making of order 44

29 Procedures after making order 45

30 Effect of order 45

31 Duration of order 47

32 Notifications to director 47

Division 3—Emergency examination orders

Subdivision 1—Emergency examination orders by police officers and ambulance officers

33 Application of sdiv 1 47

34	Taking person to authorised mental health service	48
35	Making of emergency examination order	48
36	Detention and examination	49
	<i>Subdivision 2—Emergency examination orders by psychiatrists</i>	
37	Application of sdiv 2	49
38	Making of emergency examination order	49
39	Taking of person to authorised mental health service for examination	50
40	Detention and examination	50
	<i>Subdivision 3—General</i>	
41	Procedure if assessment documents not made	50
	PART 4—DETENTION AS INVOLUNTARY PATIENT FOR INVOLUNTARY ASSESSMENT	
	<i>Division 1—Preliminary</i>	
42	Application of pt 4	51
43	Purpose of pt 4	51
	<i>Division 2—Involuntary assessment</i>	
44	Detention for assessment	51
45	Patient and other persons to be told about assessment	52
46	Initial assessment	53
47	Extension of assessment period	53
48	When patient ceases to be involuntary patient	53
	CHAPTER 3—PERSONS BEFORE A COURT OR IN CUSTODY REQUIRING ASSESSMENT OR DETENTION	
	PART 1—REQUIREMENTS FOR ASSESSMENT	
	<i>Division 1—Preliminary</i>	
49	Assessment documents	54
	<i>Division 2—Recommendations for assessment</i>	
50	Who may make recommendation for assessment	55
51	Making recommendation for assessment	55
52	How long recommendation for assessment is in force	55
	<i>Division 3—Agreements for assessment</i>	
53	Who may give agreement for assessment	56
54	When agreement for assessment may be given by administrator	56

55	When agreement for assessment may be given by director	57
56	How long agreement for assessment is in force	57
PART 2—PERSONS HAVING A MENTAL ILLNESS BEFORE COURT		
<i>Division 1—Court assessment orders</i>		
57	Application of div 1	57
58	Court may make court assessment order for person	58
59	Court’s powers if court assessment order is not made for person	58
<i>Division 2—Orders by Supreme and District Courts if person pleads guilty to indictable offence</i>		
60	Definition for div 2	58
61	Application of div 2	59
62	Supreme or District Court may order plea of not guilty	59
63	How reference to Mental Health Court is made	60
PART 3—PERSONS HAVING A MENTAL ILLNESS IN LAWFUL CUSTODY		
64	Application of pt 3	60
65	Custodian’s assessment authority	60
66	Making of custodian’s assessment authority	61
PART 4—DETENTION AS CLASSIFIED PATIENT ON COMPLETION OF ASSESSMENT DOCUMENTS		
<i>Division 1—Preliminary</i>		
67	Application of pt 4	61
<i>Division 2—Provisions about taking person to, and detaining person in, authorised mental health service</i>		
68	Taking person to authorised mental health service	61
69	Classified patients	62
70	Giving information about detention	62
<i>Division 3—Assessment and treatment as classified patient</i>		
71	Initial assessment	63
72	Treatment plan for patient needing to be detained for treatment as classified patient	64
73	Regular assessments of patient	64
74	Authorised doctor to report to director if patient does not need to be detained for treatment	65

Division 4—Provisions about legal proceedings

75 Suspension of particular proceedings 65

76 What happens for proceedings for Commonwealth offences 65

77 Court may grant bail and proceedings may be discontinued 66

78 When patient ceases to be classified patient 66

79 Notice of patient ceasing to be classified patient 66

Division 5—What happens on patient ceasing to be classified patient

80 Application of div 5 67

81 Release or other arrangements for admission for patients who
cease to be involuntary patients 67

82 Continued detention of particular involuntary patients 67

**PART 5—RETURN OF CLASSIFIED PATIENTS TO COURT OR
CUSTODY**

Division 1—Preliminary

83 Application of pt 5 68

84 Notice of application of pt 5 68

Division 2—Patients under court assessment orders

85 Application of div 2 69

86 Notices about patient not to be detained as classified patient 69

87 Taking patient before court 69

Division 3—Patients under custodian’s assessment authorities

88 Application of div 3 70

89 Director to decide whether particular patients should be returned
to court 70

90 When custodian is to take custody of patient 70

91 When patient to be brought before court 71

92 Taking patient before court 71

Division 4—Miscellaneous provisions

93 When administrator’s custody of patient ends 72

94 When patient ceases to be classified patient 72

95 Notice of patient ceasing to be classified patient 72

**PART 6—PROCEDURES FOLLOWING END OF SENTENCE OR
PAROLE**

96 Application of pt 6 73

97	Chapter does not affect parole	73
98	Administrator to give notice of end of period of imprisonment or detention or on parole	73
99	When patient ceases to be classified patient	73
100	Notice of patient ceasing to be classified patient	73

PART 7—DETENTION IN AUTHORISED MENTAL HEALTH SERVICE DURING TRIAL

101	Court may order person's detention in authorised mental health service . .	74
102	Who may give agreement for detention	74
103	When agreement for detention may be given by administrator	75
104	When agreement for detention may be given by director	75
105	How long agreement for detention is in force	75
106	Taking person to authorised mental health service and return to court	75
107	Detention in authorised mental health service	76

CHAPTER 4—TREATMENT OF PERSONS WHO HAVE MENTAL ILLNESSES

PART 1—INVOLUNTARY TREATMENT ORDERS

Division 1—Making and effect of involuntary treatment orders

108	Making of involuntary treatment order	76
109	Category of order	77
110	Treatment plan for patient	77
111	Authorised doctor must tell patient about order and treatment plan	77
112	Second examination in particular cases	78
113	Notice of making of involuntary treatment order	79
114	Detention under in-patient order	79
115	Treatment under treatment plan	79
116	Regular assessments of patient	79
117	Noncompliance with treatment under community category of involuntary treatment order	80
118	Duration of order	81

Division 2—Changing category of involuntary treatment orders

119	Change of category of order by authorised doctor	81
120	Notice of change of involuntary treatment order	82

Division 3—Revoking involuntary treatment orders

121	Revocation of order by authorised doctor	83
122	Revocation of order by director	83
123	Notice of revocation of order	83

PART 2—TREATMENT PLANS***Division 1—Preparing and changing treatment plans***

124	Preparing treatment plan	84
125	Change of treatment plan by, or authorised by, doctor	85
126	Change of treatment plan to give effect to director’s transfer order	85
127	Other change of treatment plan—classified patients	85

Division 2—Limited community treatment

128	Application of div 2	86
129	Authorising limited community treatment	86
130	Limited community treatment on order of tribunal or Mental Health Court	87
131	What treatment plan must state for limited community treatment	87
132	Particular patients to be accompanied while undertaking limited community treatment	88

PART 3—REGULATED AND PROHIBITED TREATMENTS, SECLUSION AND RESTRAINT***Division 1—Informed consent***

133	Requirements for informed consent	89
134	Capacity to give informed consent	89
135	Consent to be written	89
136	Consent to be given freely and voluntarily	89
137	Explanation to be given	89

Division 2—Electroconvulsive therapy

138	Offence to perform electroconvulsive therapy	90
139	Performance of electroconvulsive therapy with consent or tribunal approval	90
140	Performance of electroconvulsive therapy in emergency	90

Division 3—Restraint

141	Meaning of “mechanical restraint” for div 3	91
142	Offence to use mechanical restraint	91

143	Doctor may authorise use of mechanical restraint	91
144	How authorisation is given	91
145	Obligations of senior registered nurse	92
146	When nurse may authorise end of restraint	93
147	Director may require reports about mechanical restraint	93
<i>Division 4—Seclusion</i>		
<i>Subdivision 1—Interpretation</i>		
148	Meaning of “seclusion” for div 4	93
<i>Subdivision 2—Prohibition of seclusion</i>		
149	Offence to keep patient in seclusion	93
<i>Subdivision 3—Authorisation of seclusion</i>		
150	Who may authorise seclusion	94
151	When seclusion may be authorised	94
152	Patient’s consent not required	94
<i>Subdivision 4—Provisions about seclusion authorised by doctor</i>		
153	Seclusion authorised by doctor	94
154	Observation of patient	95
155	When nurse may authorise end to seclusion	95
<i>Subdivision 5—Provisions about seclusion authorised by senior registered nurse</i>		
156	Seclusion authorised by senior registered nurse	96
157	Observation of patient	96
<i>Subdivision 6—General provisions about seclusion</i>		
158	Nurse to ensure patient’s needs are met	96
159	Use of reasonable force	97
160	Director may require reports about seclusions	97
<i>Division 5—Other treatments</i>		
161	Psychosurgery	97
162	Prohibited treatment	97

CHAPTER 5—MOVING, TRANSFER AND TEMPORARY ABSENCE OF PATIENTS

PART 1—MOVING AND TRANSFER OF PATIENTS

Division 1—Moving patients within authorised mental health services

163 Involuntary patient may be moved within authorised mental health service 98

164 Administration of medication while being moved in an authorised mental health service 98

Division 2—Transfers between authorised mental health services

165 Transfer orders—involuntary patients other than classified or forensic patients 99

166 Transfer orders—other patients 100

167 Transfers to high security units 100

168 Taking involuntary patient to authorised mental health service 101

169 Notice of transfer 101

Division 3—Moving and transfer of patients out of Queensland

Subdivision 1—Interpretation

170 Application of div 3 102

Subdivision 2—Moving of patients out of Queensland

171 Application for approval for patient to move out of Queensland 102

172 Notice of hearing of application 103

173 Tribunal’s powers on application 103

174 Notice of decision 104

175 Effect of patient moving on involuntary treatment order 105

PART 2—INTERSTATE APPLICATION OF MENTAL HEALTH LAWS

Division 1—Preliminary

176 Interstate agreements 105

Division 2—Making involuntary treatment orders and exercise of powers

177 Involuntary treatment orders for interstate residents 105

178 Queensland officers may exercise powers etc. under corresponding laws . . 106

179 Interstate officers may exercise powers etc. in this State 106

Division 3—Interstate admissions and transfers of persons and patients

180	Admission of persons to interstate mental health services	106
181	Transfer of involuntary patients to interstate mental health services	107
182	Admission of interstate persons to authorised mental health services	107
183	Transfer of patients to authorised mental health services	108

Division 4—Apprehension and return of persons

184	Apprehension of persons absent from interstate mental health services	109
185	Apprehension of involuntary patients interstate	110

PART 3—TEMPORARY ABSENCES

186	Absence of particular patients with director’s approval	111
-----	---	-----

CHAPTER 6—TRIBUNAL REVIEWS, NOTIFICATION ORDERS AND TREATMENT APPLICATIONS

PART 1—REVIEWS BY TRIBUNAL FOR PATIENTS UNDER INVOLUNTARY TREATMENT ORDERS

187	When reviews are conducted	112
188	Application for review	113
189	Notice of hearing for review	113
190	Matters to be considered on particular reviews	114
191	Decisions on review	114
192	Notice of decision	115
193	Decision to transfer to be given effect	116

PART 2—REVIEWS BY TRIBUNAL FOR YOUNG PATIENTS DETAINED IN HIGH SECURITY UNITS

194	When reviews are conducted	116
195	Application for review	117
196	Notice of hearing for review	117
197	Decision on review	118
198	Notice of decision	118
199	Decision to be given effect	119

PART 3—REVIEWS BY TRIBUNAL FOR FORENSIC PATIENTS

200	When reviews are conducted	120
201	Application for review	121
202	Notice of hearing for review	121

203 Decisions on review 122
 204 Restrictions on review decisions 122
 205 Notice of decision 123
 206 Decision to be given effect 124
 207 When patient ceases to be forensic patient 125

**PART 4—REVIEWS BY TRIBUNAL OF MENTAL CONDITION
 OF PERSONS TO DECIDE FITNESS FOR TRIAL**

Division 1—Conduct of reviews

208 Application of div 1 125
 209 When reviews are conducted 125
 210 Application for review 126
 211 Notice of hearing for review 127
 212 Decision on review 127
 213 Notice of decision 128

Division 2—Procedures following reviews

214 Attorney-General’s powers 128
 215 Proceedings discontinued after particular period 129
 216 Effect of discontinuing of proceedings 130
 217 Proceedings may be discontinued 130
 218 When proceedings against person continue 131
 219 Effect of continuing proceedings on forensic patient 131

PART 5—NOTIFICATION ORDERS

Division 1—Interpretation

220 Patients to whom pt 5 applies 132

Division 2—Making of notification orders

221 Tribunal may make notification order 132
 222 Deciding application 133
 223 Restriction on making notification order 133
 224 Matters to be considered by tribunal in making notification order 134
 225 Order may impose conditions 134
 226 Notice of order or decision to refuse 135
 227 Executive officer to give notices under order 136

Division 3—Variation and revocation

228	Variation and revocation of notification orders	136
-----	---	-----

PART 6—TREATMENT APPLICATIONS

229	Application to perform electroconvulsive therapy	136
230	Application to perform psychosurgery	137
231	Time for deciding application	137
232	Notice of hearing of application	137
233	Decision on application	138
234	Notice of decision	139

**CHAPTER 7—EXAMINATIONS, REFERENCES AND ORDERS
FOR PERSONS CHARGED WITH OFFENCES****PART 1—INTERPRETATION**

235	Definition for ch 7	140
-----	-------------------------------	-----

**PART 2—PROCEDURES FOR PARTICULAR INVOLUNTARY
PATIENTS CHARGED WITH OFFENCES***Division 1—Preliminary*

236	Application of pt 2	141
237	Notice of application of part	141

*Division 2—Examination of patient and procedures following
examination*

238	Examination of patient	142
239	Reports on examination	142
240	Director to refer patient's mental condition to Mental Health Court or Attorney-General	143
241	Director may defer reference	143
242	Reference to Mental Health Court or Attorney-General	144

Division 3—Miscellaneous

243	Suspension of proceedings	144
244	Court may grant bail and proceedings may be discontinued	145
245	Notice if part no longer applies in particular circumstances	145

**PART 3—PROCEDURE ON REFERENCE TO
ATTORNEY-GENERAL**

246	Application of pt 3	146
247	Attorney-General's powers on reference	146

248	Notice of decision to director	147
249	How reference to Mental Health Court is made	147
250	Effect of decision to continue proceedings	147
251	Effect on proceedings of decision to discontinue proceedings	148
252	Notice of decision to discontinue proceedings	148
253	When patient ceases to be classified patient	148
254	Notice of patient ceasing to be classified patient	149
255	Prosecution for offence may be discontinued	149

**PART 4—REFERENCES TO MENTAL HEALTH COURT
GENERALLY**

256	Application of pt 4	149
257	Reference to Mental Health Court	150
258	How reference to Mental Health Court is made	150
259	Suspension of proceedings	151
260	Court may grant bail and proceedings may be discontinued	151

**PART 5—WITHDRAWAL OF REFERENCES TO MENTAL
HEALTH COURT**

261	Withdrawal of reference	151
262	Notices if application to withdraw filed	152
263	Court's powers on deciding application	152

**PART 6—INQUIRIES ON REFERENCES TO MENTAL HEALTH
COURT**

Division 1—Preliminary

264	Notices of reference	152
265	Documents to be disclosed	153
266	Notice of hearing	153

Division 2—Hearing of reference by Mental Health Court

267	Mental Health Court to decide unsoundness of mind and diminished responsibility	154
268	Reasonable doubt person committed offence	154
269	Dispute relating to substantially material fact	155
270	When Mental Health Court must decide fitness for trial	155
271	Mental Health Court to decide whether unfitness for trial is permanent	155

Division 3—Provisions about continuing proceedings**Subdivision 1—Orders about continuing proceedings and custody**

272	When Mental Health Court to order proceedings to continue	156
273	Orders about custody	156

Subdivision 2—Detention in authorised mental health service

274	Application of sdiv 2	157
275	Mental Health Court may approve limited community treatment	157
276	Notice of order	157
277	Detention under order	157
278	Treatment plan for patient	157
279	Treatment or care under treatment plan	158

Division 4—Provisions about staying proceedings

280	Proceedings stayed—not permanently unfit for trial	158
-----	--	-----

Division 5—Provisions about discontinuing proceedings

281	Proceedings discontinued—unsound mind	158
282	Particular proceedings discontinued—diminished responsibility	158
283	Proceedings discontinued—permanently unfit for trial	159

Division 6—Material submitted by non-parties

284	Submission and consideration of relevant material by non-party	159
285	Reasons for decision about non-party material	160

Division 7—Miscellaneous provisions

286	Notices of decisions and orders	160
287	When person ceases to be classified patient	161

PART 7—FORENSIC PATIENTS**Division 1—Forensic orders by Mental Health Court**

288	Mental Health Court may make forensic order	161
289	Mental Health Court may order, approve or revoke limited community treatment	162
290	Effect of forensic order on involuntary treatment order	163
291	Registrar to give notice of order	163
292	Taking patient to authorised mental health service	164
293	Detention under order	164
294	Order to be given effect	164

295	Administrator to give notice of order to patient's allied person	165
296	Treatment plan for patient	165
297	Treatment or care under treatment plan	165
298	Regular assessments of patient	165
<i>Division 2—Forensic orders following jury findings</i>		
<i>Subdivision 1—Preliminary</i>		
299	Application of div 2	166
<i>Subdivision 2—Notices of orders and references</i>		
300	Registrar of court to give notice of order	166
301	Director to refer mental condition of particular persons to tribunal	167
<i>Subdivision 3—Forensic orders by Minister</i>		
302	Minister may make forensic order for persons subject to custody order . . .	167
303	Effect of forensic order (Minister)	167
304	Notice of forensic order (Minister)	168
305	Taking patient to authorised mental health service	168
<i>Subdivision 4—Miscellaneous provisions</i>		
306	Administrator to give notice of forensic order to patient's allied person . .	168
307	Treatment plan for patient	168
308	Treatment or care under treatment plan	168
309	Regular assessments of patient	169
PART 8—RIGHT TO TRIAL RETAINED		
310	Application of pt 8	169
311	Person may elect to go to trial	169
312	Attorney-General's powers on election to go to trial	169
313	Effect of election to go to trial when proceedings continued	169
PART 9—ADMISSIBILITY AND USE OF EVIDENCE		
314	Definition for pt 9	170
315	Admissibility of expert's report at trial	170
316	Particular statements not admissible in any proceeding	170
317	Mental condition may be raised, but court's decision not admissible, at trial	171
318	Use of expert's report received by Mental Health Court	171

CHAPTER 8—APPEALS
PART 1—APPEALS AGAINST TRIBUNAL DECISIONS*Division 1—Making and hearing appeals*

319	Decisions to which part applies	172
320	Who may appeal	172
321	How to start appeal	172
322	Notices of appeal and hearing	173
323	Stay of decision pending appeal	173
324	Notice of stay of decision on review of patient's fitness for trial	174
325	Appeal powers	175
326	Notice of decision	175
327	Mental Health Court's order final	175

Division 2—Participation and representation at appeals

328	Right of appearance—appeals against decisions on reviews	176
329	Right of appearance—appeals against decisions on treatment applications	176
330	Right of appearance—appeals against decisions on application for approval that a patient move out of Queensland	176
331	Director may elect to become party to appeal	177
332	Right of particular persons to attend hearing	177

Division 3—Procedural provisions

333	Hearing procedures	177
-----	--------------------------	-----

PART 2—APPEALS AGAINST MENTAL HEALTH COURT DECISIONS ON REFERENCES

334	Who may appeal	178
335	How to start appeal	178
336	Hearing procedures	178
337	Appeal powers	178
338	Notice of decision	179

CHAPTER 9—ALLIED PERSONS AND PARTICULAR RIGHTS OF INVOLUNTARY PATIENTS**PART 1—ALLIED PERSONS**

339	Who is an allied person	180
340	Function of allied person	180

341	Patient may choose allied person	180
342	Who is allied person if patient does not have capacity to choose allied person	181
343	When allied person ceases to act	181

PART 2—RIGHTS OF PATIENTS

Division 1—Statement of rights

344	Director to prepare statement of rights	182
345	Statement of rights to be given to involuntary patient and patient’s allied person	182
346	Notice of rights	183

Division 2—Examinations of, and visits to, involuntary patients

347	Examining and visiting patient	183
-----	--	-----

CHAPTER 10—SECURITY OF AUTHORISED MENTAL HEALTH SERVICES

PART 1—INTERPRETATION

348	Definitions for ch 10	184
-----	---------------------------------	-----

PART 2—PROVISIONS ABOUT POSTAL ARTICLES AND OTHER THINGS RECEIVED FOR PATIENTS IN HIGH SECURITY UNITS

349	Interfering with postal articles for patients in high security units	184
350	Opening and examining things received for patients in high security units	185

PART 3—SEARCHES

Division 1—Preliminary

351	Definition of “patient” for pt 3	187
352	Purpose of pt 3	187

Division 2—Searches of patients and their possessions

Subdivision 1—Searches on reasonable belief of possession of harmful things

353	Application of sdiv 1	187
354	Authority to search patients and possessions	187

Subdivision 2—Searches of patients and their possessions on admission or entry to high security units

355	Authority to search patients and possessions	188
-----	--	-----

Subdivision 3—Carrying out searches

356	Application of sdiv 3	188
357	Carrying out search	188
358	Seizure of things	190
359	What happens to thing seized	190

Subdivision 4—Miscellaneous

360	Records of searches	191
-----	-------------------------------	-----

Division 3—Searches of visitors to high security units, and their possessions

361	Power to search visitors	191
362	Directions to leave high security unit	192
363	Carrying out the search	192
364	Visitor may leave things with authorised officer	193
365	Visitor may ask for search to stop	193
366	Return of things to visitor	193
367	Seizure of things	194
368	Receipt for seized things	194
369	Procedure after thing seized	194
370	Forfeiture of seized things	194
371	Access to seized things	195

Division 4—Identity cards

372	Approval of identity cards	195
-----	--------------------------------------	-----

Division 5—Compensation

373	Compensation for damage to possessions	196
-----	--	-----

PART 4—EXCLUSION OF VISITORS

374	Administrator may refuse to allow a person to visit a patient	196
375	Who may appeal	197
376	How to start appeal	197
377	Notices of appeal and hearing	197
378	Stay of decision pending appeal	198
379	Appeal powers	198
380	Notice of decision	198

CHAPTER 11—MENTAL HEALTH COURT**PART 1—ESTABLISHMENT, CONSTITUTION, JURISDICTION
AND POWERS**

381	Mental Health Court established	199
382	Constitution	199
383	Jurisdiction	199
384	Powers	200

**PART 2—PROVISIONS ABOUT CONSTITUTING JUDGE OF
COURT**

385	Appointment of constituting judge	200
386	Appointment does not affect constituting judge's tenure of office etc.	200
387	When constituting judge holds office	201
388	Acting constituting judge	201

PART 3—PROVISIONS ABOUT ASSISTING PSYCHIATRISTS

389	Functions	202
390	Appointment	202
391	Terms of appointment	202
392	Resignation	203
393	Termination of appointment of assisting psychiatrists	203
394	Acting appointments	203

**PART 4—MENTAL HEALTH COURT REGISTRY AND
REGISTRAR**

395	Mental Health Court Registry	204
396	Registry's functions	204
397	Registrar's functions	204
398	Registrar's powers—general	204
399	Registrar's power to issue subpoena	205
400	Registrar's power to require production of documents	205
401	Registrar's power to require person to be brought before Mental Health Court	206
402	Delegation by registrar	206

PART 5—PROCEDURAL PROVISIONS

403	Right of appearance and representation in Mental Health Court proceeding	206
-----	---	-----

404	Evidence	206
405	Proof of matters	207
406	Assisting psychiatrists' advice before or during hearing	207
407	Assisting psychiatrist's advice during hearing	207
408	Particular assisting psychiatrist's advice to be stated in reasons for decision	207
409	Court may proceed in absence of person subject of proceeding	207
410	Appointment of assistants	208
411	Court may sit and adjourn hearings	208
412	Hearings about young persons	208
413	Hearings of references open to public	208
414	Other hearings not open to public	209
415	Costs	209

PART 6—PROTECTION AND IMMUNITIES

416	Contempt of court	209
417	Conduct that is contempt and offence	210
418	Protection and immunities for constituting judge of Mental Health Court	210

PART 7—RULES AND PRACTICES

419	Rule-making power	210
420	Directions about practice	211
421	Approved forms—constituting judge	211

PART 8—EXAMINATION AND CONFIDENTIALITY ORDERS

422	Court examination orders	212
423	Recommendations and requests for court examination order on references	212
424	Court examination order may also authorise detention etc.	213
425	What happens at end of examination	214
426	Confidentiality orders	214

PART 9—INQUIRIES INTO DETENTION OF PATIENTS IN AUTHORISED MENTAL HEALTH SERVICES

427	Mental Health Court may inquire into detention—on application	215
428	Mental Health Court may inquire into detention—on own initiative	216
429	Mental Health Court may order inquiry into detention	216

430	Administrator to ensure help given to appointed person	216
431	General powers of appointed person on inquiry	216
432	Appointed person's power to ask questions	217
433	Mental Health Court may order patient's discharge	217
434	Patient's other remedies not affected	218
PART 10—MISCELLANEOUS PROVISIONS		
435	Annual report	218
CHAPTER 12—MENTAL HEALTH REVIEW TRIBUNAL		
PART 1—ESTABLISHMENT, JURISDICTION AND POWERS		
436	Establishment	218
437	Jurisdiction	219
438	Procedure of tribunal	219
439	Powers	219
PART 2—TRIBUNAL MEMBERS AND STAFF		
440	Appointment of members	220
441	Duration of appointment	220
442	Terms of appointment	221
443	Resignation	221
444	Termination of appointment	221
445	Acting appointment	221
446	Executive officer and staff	222
PART 3—CONSTITUTION OF TRIBUNAL FOR HEARINGS		
447	Members constituting tribunal for hearings	222
448	When tribunal may be constituted by less than 3 members	223
449	Presiding member	224
PART 4—PARTICIPATION AND REPRESENTATION AT HEARINGS		
450	Right of appearance—reviews	224
451	Right of appearance—treatment applications	225
452	Right of appearance—application for approval for patient to move out of Queensland	225
453	Right of appearance—application for notification order	226
454	Right of appearance—appeal against decision to exclude a visitor	226

455	Right of particular persons to attend hearing	227
456	Tribunal may proceed in absence of involuntary patient	227

PART 5—EXAMINATION AND CONFIDENTIALITY ORDERS

457	Tribunal may order examination	228
458	Confidentiality orders	228

PART 6—PROCEDURAL PROVISIONS

459	Hearing procedures	229
460	Hearing not open to public	229
461	Way questions decided	230
462	Appointment of assistants	230
463	Tribunal may adjourn hearings	231
464	Submission and consideration of relevant material by non-party	231
465	Reasons for decision about non-party material	231
466	Witnesses	231
467	Inspection of documents	232
468	Offences by witnesses	232
469	Self-incrimination	233
470	False or misleading statements	233
471	False or misleading documents	233
472	Fabricating evidence	234
473	Contempt of tribunal	234
474	Punishment of contempt	235
475	Conduct that is contempt and offence	236
476	Costs	236

PART 7—PROTECTION AND IMMUNITIES

477	Protection and immunities for tribunal members	236
478	Other provisions about protection and immunities	236

PART 8—RULES AND PRACTICES

479	Rule-making power	237
480	Directions about practice	237
481	Approved forms—president	237

PART 9—MISCELLANEOUS PROVISIONS

482	Authentication of documents	238
483	Judicial notice of particular signatures	238
484	Arrangement of business	238
485	Delegation	239
486	Register	239
487	Annual report	239

CHAPTER 13—ADMINISTRATION**PART 1—DIRECTOR OF MENTAL HEALTH***Division 1—Appointment, functions and powers*

488	Appointment	240
489	Functions	240
490	Powers—general	241
491	Independence of director	241
492	Delegation	241
493	Approved forms	241

Division 2—Miscellaneous provisions

494	Annual report	241
-----	-------------------------	-----

PART 2—AUTHORISED MENTAL HEALTH SERVICES, HIGH SECURITY UNITS AND ADMINISTRATORS

495	Declaration of authorised mental health services	242
496	Declaration of high security units	242
497	Declaration of administrators of authorised mental health services and high security units	242
498	Delegations by administrator	242

**PART 3—AUTHORISED MENTAL HEALTH PRACTITIONERS
AND APPROVED OFFICERS**

499	Appointment of authorised mental health practitioners	243
500	Appointment of approved officers	243
501	Terms of appointment	243
502	Powers	243
503	Approval of identity cards	244

PART 4—AUTHORISED DOCTORS

504	Who is an authorised doctor	244
505	Powers	245
506	Register of authorised doctors	245

CHAPTER 14—ENFORCEMENT, EVIDENCE AND LEGAL PROCEEDINGS**PART 1—RETURN OF PATIENTS TO TREATING HEALTH SERVICE FOR ASSESSMENT OR TREATMENT**

507	Authorised doctor may require involuntary patient's return	245
508	Taking patient to authorised mental health service	246
509	Administration of medication while being taken to authorised mental health service	247

PART 2—ENTRY TO PLACES

510	Application of pt 2	248
511	Entry of places	248
512	Application for warrant for apprehension of patient	249
513	Issue of warrant	249
514	Special warrants	250
515	Warrants—procedure before entry	251

PART 3—USE OF REASONABLE FORCE FOR DETENTION AND TREATMENT

516	Use of reasonable force to detain person in authorised mental health service	252
517	Treatment of particular patients without consent and with use of reasonable force	252

PART 4—OFFENCES

518	Offences relating to ill-treatment	253
519	Offences relating to patients in custody absconding	253
520	Other offences relating to absence of patients	254
521	Obstruction of official	255
522	False or misleading documents	255

PART 5—CONFIDENTIALITY

523	Definition for pt 5	256
524	Publication of reports and decisions on references—Mental Health Court and Court of Appeal	256

525	Publication of reports of other proceedings	257
526	Publication of information disclosing identity of parties to proceedings . .	258
527	Publication of information disclosed under notification order	258
528	Confidentiality of information—officials	258
529	Confidentiality of information—allied persons and agents	259
530	Disclosure of confidential information	260

PART 6—INVESTIGATIONS

531	Definition of “patient” for pt 6	260
532	Approved officer may visit authorised mental health services	260
533	Approved officer may require production of documents etc.	261

PART 7—EVIDENCE AND LEGAL PROCEEDINGS

534	Evidentiary provisions	262
535	Proceedings for offences	263
536	Protection of officials from liability	264

PART 8—GENERAL

537	Compliance with particular provisions as soon as practicable	264
538	Compliance with provision to extent reasonably practicable	265
539	Administrator taken to have complied with particular requirements	265

CHAPTER 15—MISCELLANEOUS PROVISIONS

540	Legal custody of particular patients	265
541	Taking patients to appear before court and return to treating health service	266
542	Official to identify himself or herself before exercising powers	266
543	Period counted as imprisonment	267
544	When patient or surety not liable	268
545	Regulation-making power	268
546	References to repealed Act	268

CHAPTER 16—REPEAL AND TRANSITIONAL PROVISIONS

PART 1—REPEAL OF MENTAL HEALTH ACT 1974

547	Act repealed	269
-----	------------------------	-----

PART 2—TRANSITIONAL PROVISIONS

Division 1—Interpretation

548	Definitions for pt 2	269
-----	--------------------------------	-----

549	References to patient's treating health service	269
	<i>Division 2—Provisions about admission, detention and removal to places of safety under part 3 of repealed Act</i>	
550	Application for admission and doctor's recommendation under s 18 of repealed Act	270
551	In-patients detained in hospital under certificate of doctor under s 19 of repealed Act	270
552	Warrants to remove to place of safety under s 25 of repealed Act	270
553	Patients detained in hospital, under s 27 of repealed Act, following removal to place of safety	271
554	Patients detained under s 21 of repealed Act	271
555	Involuntary treatment orders must be made for particular patients	272
556	Category of involuntary treatment orders	272
	<i>Division 3—Provisions about particular patients detained under part 4 of repealed Act</i>	
557	Persons detained under s 29(3) of repealed Act	272
558	Persons detained under s 29(4)(b) of repealed Act	273
559	Persons detained under s 29A(2) or 29C of repealed Act are classified patients	273
560	Persons detained under s 31 or 32 of repealed Act are classified patients	274
561	Persons found not to be in need of detention under s 31A of repealed Act	274
562	Prisoners detained under s 43 of repealed Act are classified patients	274
563	Patients under 17 years detained in security patients' hospitals	275
564	Court orders under s 43E of repealed Act for custody of persons during adjournment	275
	<i>Division 4—Provisions about transfer and leave of absence</i>	
565	Detention of restricted patients transferred to security patients' hospital	276
566	Leave of absence for restricted patients under pt 4 of repealed Act	276
567	Leave of absence for other patients	277
568	Return of patients absent without leave	277
	<i>Division 5—Reviews by Patient Review Tribunal</i>	
569	Reviews by Patient Review Tribunal under ss 15 and 21 of repealed Act	279
570	Reviews by Patient Review Tribunal under s 36 of repealed Act	279

571	Timing of reviews by Mental Health Review Tribunal	279
572	Reviews of mental condition of persons to decide fitness for trial	280
573	When proceedings discontinued for particular persons to whom s 34 of repealed Act applied	281
574	Reviews of mental condition of persons following section 613 or 645 finding	281
575	Trial of persons following section 613 or 645 finding	282
576	When proceedings discontinued for particular persons to whom s 38 of repealed Act applied	282

***Division 6—Examinations, references and orders for persons
charged with offences***

577	Application of ch 7 to particular patients detained under pt 4 of repealed Act	283
578	References of mental condition of persons not started	284
579	References of mental condition of persons being heard	284
580	Determinations and orders on references to Mental Health Tribunal	285
581	Orders by Minister under ss 38 and 39 of repealed Act	285
582	Elections under s 43C of repealed Act to go to trial	286

Division 7—Appeals and inquiries

583	Appeals against Patient Review Tribunal decisions	286
584	Appeals against Mental Health Tribunal decisions	287
585	Inquiries under s 70 of repealed Act	287

Division 8—Miscellaneous provisions

586	Director of Mental Health	288
587	Committees continued under repealed Act	288
588	Mental Health Court or tribunal may make orders about transition from repealed Act to this Act	288
589	Transitional regulation-making power	288

CHAPTER 17—AMENDMENTS OF ACTS

590	Acts amended	289
-----	------------------------	-----

SCHEDULE 1 290

AMENDMENTS OF ACTS

**PART 1—AMENDMENTS OF MENTAL HEALTH ACT 1974
COMMENCING ON ASSENT**

**PART 2—AMENDMENTS OF ACTS COMMENCING AFTER
ASSENT**

ABORIGINAL LAND ACT 1991	291
AMBULANCE SERVICE ACT 1991	292
ASSOCIATIONS INCORPORATION ACT 1981	292
AUCTIONEERS AND AGENTS ACT 1971	292
BAIL ACT 1980	293
BEACH PROTECTION ACT 1968	293
BUILDING AND CONSTRUCTION INDUSTRY (PORTABLE LONG SERVICE LEAVE) ACT 1991	293
BUILDING UNITS AND GROUP TITLES ACT 1980	294
CHICKEN MEAT INDUSTRY COMMITTEE ACT 1976	294
COLLECTIONS ACT 1966	294
COMMISSIONS OF INQUIRY ACT 1950	294
CORRECTIVE SERVICES ACT 1988	296
CRIMES (CONFISCATION) ACT 1989	296
CRIMINAL CODE	297
CRIMINAL JUSTICE ACT 1989	298
CRIMINAL OFFENCE VICTIMS ACT 1995	300
DAIRY INDUSTRY ACT 1993	301
DENTAL ACT 1971	301
DISPUTE RESOLUTION CENTRES ACT 1990	301
DISTRICT COURT ACT 1967	301
FORESTRY ACT 1959	302
GAMING MACHINE ACT 1991	302
GRAIN RESEARCH FOUNDATION ACT 1976	302
GUARDIANSHIP AND ADMINISTRATION ACT 2000	303
HEALTH ACT 1937	303
HOSPITALS FOUNDATIONS ACT 1982	304
INTEGRATED RESORT DEVELOPMENT ACT 1987	304
JUSTICES OF THE PEACE AND COMMISSIONERS FOR DECLARATIONS ACT 1991	304
JUVENILE JUSTICE ACT 1992	304

LAW REFORM COMMISSION ACT 1968	305
LEGISLATIVE STANDARDS ACT 1992	306
LIMITATION OF ACTIONS ACT 1974	306
MEDICAL ACT 1939	306
NATIONAL TRUST OF QUEENSLAND ACT 1963	307
NEWSTEAD HOUSE TRUST ACT 1939	307
PENALTIES AND SENTENCES ACT 1992	308
POLICE POWERS AND RESPONSIBILITIES ACT 2000	308
POWERS OF ATTORNEY ACT 1998	309
PUBLIC SERVICE ACT 1996	309
QUEENSLAND BUILDING SERVICES AUTHORITY ACT 1991	310
QUEENSLAND HERITAGE ACT 1992	310
QUEENSLAND INSTITUTE OF MEDICAL RESEARCH ACT 1945	310
RACING AND BETTING ACT 1980	311
RACING VENUES DEVELOPMENT ACT 1982	311
REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES ACT 1962	311
SANCTUARY COVE RESORT ACT 1985	311
SECURITY PROVIDERS ACT 1993	312
SOUTH BANK CORPORATION ACT 1989	312
STATE DEVELOPMENT AND PUBLIC WORKS ORGANISATION ACT 1971	312
SUCCESSION ACT 1981	313
SUPREME COURT OF QUEENSLAND ACT 1991	313
TORRES STRAIT ISLANDER LAND ACT 1991	313
TRANSPLANTATION AND ANATOMY ACT 1979	313
TRUSTS ACT 1973	314
VETERINARY SURGEONS ACT 1936	314
WATER RESOURCES ACT 1989	315
SCHEDULE 2	316
DICTIONARY	
ATTACHMENT	333

Queensland



Mental Health Act 2000

Act No. 16 of 2000

An Act about treating and protecting people who have mental illnesses, and for other purposes

[Assented to 8 June 2000]

The Parliament of Queensland enacts—

CHAPTER 1—PRELIMINARY

PART 1—INTRODUCTION

Short title

1. This Act may be cited as the *Mental Health Act 2000*.

Commencement

- 2.(1) Section 590 and schedule 1, part 1, commence on assent.
- (2) The remaining provisions of this Act commence on a day to be fixed by proclamation.

Act binds all persons

3.(1) This Act binds all persons, including the State and, as far as the legislative power of the Parliament permits, the Commonwealth and all the other States.

(2) Nothing in this Act makes the State liable to be prosecuted for an offence.

PART 2—PURPOSE AND APPLICATION OF ACT

Purpose of Act

4. The purpose of this Act is to provide for the involuntary assessment and treatment, and the protection, of persons (whether adults or minors) who have mental illnesses while at the same time safeguarding their rights.

How purpose of Act is to be achieved

5. The purpose of this Act is to be achieved in the following ways—

- (a) providing for the detention, examination, admission, assessment and treatment of persons having, or believed to have, a mental illness;
- (b) establishing the Mental Health Review Tribunal to, among other things—
 - (i) carry out reviews relating to involuntary patients; and
 - (ii) hear applications to administer or perform particular treatments;¹
- (c) establishing the Mental Health Court to, among other things, decide the state of mind of persons charged with criminal offences;²
- (d) providing for the making of arrangements for—
 - (i) the transfer to other States of involuntary patients; and
 - (ii) the transfer to Queensland of persons who have mental illnesses.

Application of Act

6. This Act does not prevent a person who has a mental illness being admitted to, or receiving assessment or treatment at, an authorised mental health service other than as an involuntary patient.

Attachment—flowcharts

7.(1) The attachment to this Act shows the way in which provisions of this Act apply in particular circumstances and how the provisions relate to each other.

¹ For the tribunal's jurisdiction, see chapter 12 (Mental Health Review Tribunal), part 1 (Establishment, jurisdiction and powers).

² For the Mental Health Court's jurisdiction, see chapter 11 (Mental Health Court), part 1 (Establishment, constitution, jurisdiction and powers).

(2) The attachment does not form part of this Act.

(3) If the provisions are amended, the attachment must be revised so that it is accurate.

(4) The revision must be made in the first reprint of this Act after the amendments.

PART 3—PRINCIPLES FOR ADMINISTRATION OF ACT

General principles for administration of Act

8. The following principles apply to the administration of this Act in relation to a person who has a mental illness—

(a) Same human rights

- the right of all persons to the same basic human rights must be recognised and taken into account;
- a person's right to respect for his or her human worth and dignity as an individual must be recognised and taken into account;

(b) Matters to be considered in making decisions

- to the greatest extent practicable, a person is to be encouraged to take part in making decisions affecting the person's life, especially decisions about treatment;
- to the greatest extent practicable, in making a decision about a person, the person's views and the effect on his or her family or carers are to be taken into account;
- a person is presumed to have capacity to make decisions about the person's assessment, treatment and choosing of an allied person;

(c) Provision of support and information

- to the greatest extent practicable, a person is to be provided

with necessary support and information to enable the person to exercise rights under this Act, including, for example, facilitating access to independent help to represent the person's point of view;

(d) Achievement of maximum potential and self-reliance

- to the greatest extent practicable, a person is to be helped to achieve maximum physical, social, psychological and emotional potential, quality of life and self-reliance;

(e) Acknowledgment of needs

- a person's age-related, gender-related, religious, cultural, language, communication and other special needs must be taken into account;

(f) Maintenance of supportive relationships and community participation

- the importance of a person's continued participation in community life and maintaining existing supportive relationships are to be taken into account to the greatest extent practicable, including, for example, by treatment in the community in which the person lives;

(g) Maintenance of environment and values

- to the greatest extent practicable, a person's cultural and linguistic environment, and set of values (including religious beliefs) must be maintained;

(h) Provision of treatment

- treatment provided under this Act must be administered to a person who has a mental illness only if it is appropriate to promote and maintain the person's mental health and wellbeing.

(i) Confidentiality

- a person's right to confidentiality of information about the person must be recognised and taken into account.³

³ See chapter 14 (Enforcement, evidence and legal proceedings), part 5 (Confidentiality)

Principles for exercising powers and performing functions

9. A power or function under this Act relating to a person who has a mental illness must be exercised or performed so that—

- (a) the person's liberty and rights are adversely affected only if there is no less restrictive way to protect the person's health and safety or to protect others; and
- (b) any adverse effect on the person's liberty and rights is the minimum necessary in the circumstances.

PART 4—INTERPRETATION*Division 1—Dictionary and notes in text***Definitions**

10. The dictionary in schedule 2 defines particular words used in this Act.

Notes in text

11. A note in the text of this Act is part of the Act.

*Division 2—Key definitions***What is “mental illness”**

12.(1) “**Mental illness**” is a condition characterised by a clinically significant disturbance of thought, mood, perception or memory.

(2) However, a person must not be considered to have a mental illness merely because of any 1 or more of the following—

- (a) the person holds or refuses to hold a particular religious, cultural, philosophical or political belief or opinion;
- (b) the person is a member of a particular racial group;

- (c) the person has a particular economic or social status;
- (d) the person has a particular sexual preference or sexual orientation;
- (e) the person engages in sexual promiscuity;
- (f) the person engages in immoral or indecent conduct;
- (g) the person takes drugs or alcohol;
- (h) the person has an intellectual disability;
- (i) the person engages in antisocial behaviour or illegal behaviour;
- (j) the person is or has been involved in family conflict;
- (k) the person has previously been treated for mental illness or been subject to involuntary assessment or treatment.

(3) Subsection (2) does not prevent a person mentioned in the subsection having a mental illness.

Examples for subsection (3)—

1. A person may have a mental illness caused by taking drugs or alcohol.
2. A person may have a mental illness as well as an intellectual disability.

(4) On an assessment, a decision that a person has a mental illness must be made in accordance with internationally accepted medical standards.⁴

What are the “assessment criteria”

13.(1) The “**assessment criteria**” for a person, are all of the following, based on available information—

- (a) the person appears to have a mental illness;
- (b) the person requires immediate assessment;
- (c) the assessment can properly be made at an authorised mental health service;
- (d) there is a risk that the person may—
 - (i) cause harm to himself or herself or someone else; or

⁴ See United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care, principle 4, paragraph 1.

- (ii) suffer serious mental or physical deterioration;
- (e) there is no less restrictive way of ensuring the person is assessed.
- (2) Also, for chapter 2, the “**assessment criteria**” for a person include—
 - (a) lacking the capacity to consent to be assessed; or
 - (b) having unreasonably refused to be assessed.

(3) Despite the *Guardianship and Administration Act 2000* and the *Powers of Attorney Act 1998*, the person’s own consent only is relevant for subsection (2).

Example for subsection (3)—

If a guardian has been appointed under the *Guardianship and Administration Act 2000* for a person, the guardian’s consent to the person’s assessment is not effective.

What are the “**treatment criteria**”

- 14.(1) The “**treatment criteria**” for a person, are all of the following—
- (a) the person has a mental illness;
 - (b) the person’s illness requires immediate treatment;
 - (c) the proposed treatment is available at an authorised mental health service;
 - (d) because of the person’s illness—
 - (i) there is an imminent risk that the person may cause harm to himself or herself or someone else; or
 - (ii) the person is likely to suffer serious mental or physical deterioration;
 - (e) there is no less restrictive way of ensuring the person receives appropriate treatment for the illness;
 - (f) the person—
 - (i) lacks the capacity to consent to be treated for the illness; or
 - (ii) has unreasonably refused proposed treatment for the illness.
- (2) Despite the *Guardianship and Administration Act 2000* and the

Powers of Attorney Act 1998, the person's own consent only is relevant for subsection (1)(f).

CHAPTER 2—INVOLUNTARY ASSESSMENT

PART 1—INTERPRETATION

Definition of “authorised mental health service” for ch 2

15. In this chapter—

“authorised mental health service” means—

- (a) an authorised mental health service, other than a high security unit; or
- (b) a public hospital if there is no authorised mental health service readily accessible for a person's examination or assessment.

Example of application of paragraph (b)—

If there is no authorised mental health service in a remote or rural area of the State, the person may be assessed at a public hospital in the area.

PART 2—REQUIREMENTS FOR INVOLUNTARY ASSESSMENT

Division 1—Preliminary

Assessment documents

16. For this chapter, the documents required to authorise a person's assessment at an authorised mental health service (“assessment documents”) are—

- (a) a request, that complies with this part, for the person's assessment at an authorised mental health service (a **“request for assessment”**); and
- (b) a recommendation, that complies with this part, for the person's assessment (a **“recommendation for assessment”**).

Note—

In some cases, before assessment documents can be made for a person, it may be necessary to obtain a justices or emergency examination order for the person under part 3, division 2 or 3.

Division 2—Request for assessment

Who may make request for assessment

17. A request for assessment for a person must be made by someone who—

- (a) is an adult; and
- (b) reasonably believes the person has a mental illness of a nature, or to an extent, that involuntary assessment is necessary; and
- (c) has observed the person within 3 days before making the request.

Making request for assessment

18. A request for assessment must be in the approved form.

Division 3—Recommendation for assessment

Who may make recommendation for assessment

19.(1) A recommendation for assessment for a person may only be made by a doctor or authorised mental health practitioner who has examined the person within the preceding 3 days.

(2) However, a doctor or authorised mental health practitioner must not make a recommendation for assessment for a relative of the doctor or practitioner.

(3) An examination mentioned in subsection (1) may be carried out using audiovisual link facilities.

Making recommendation for assessment

20.(1) A recommendation for assessment must—

- (a) be in the approved form; and
- (b) state the facts on which it is based; and
- (c) distinguish between the facts known because of personal observation and facts communicated by others.

(2) A doctor or authorised mental health practitioner must not make a recommendation for assessment for a person unless the doctor or practitioner is satisfied the assessment criteria apply to the person.

How long recommendation for assessment is in force

21. A recommendation for assessment is in force for 7 days after it is made.

Division 4—Miscellaneous provisions

When request for assessment may be made and when it is in force

22.(1) A request for assessment for a person may only be made within 7 days before or after a recommendation for assessment for the person is made.

(2) A request for assessment for a person, whether made before or after the recommendation for assessment for the person, is in force only while the recommendation for assessment for the person is in force.

Assessment documents must be made by different persons

23. A request and recommendation for assessment must be made by different persons.

Person making request must not be relative of practitioner making recommendation

24. The person making a request for assessment for a person must not be an employee or relative of the doctor or authorised mental health practitioner making the recommendation for assessment for the person.

PART 3—PROCEDURES LEADING TO INVOLUNTARY ASSESSMENT***Division 1—Provisions about taking persons to authorised mental health services for involuntary assessment*****Taking person to authorised mental health service**

25.(1) A health practitioner or ambulance officer may take a person for whom assessment documents are in force to an authorised mental health service for assessment.⁵

(2) For subsection (1), the health practitioner or ambulance officer—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.⁶

(3) If asked by a health practitioner or ambulance officer, a police officer must, as soon as reasonably practicable, ensure reasonable help is given.

(4) For giving the help, a police officer is taken to have responded to a request by a public official under the *Police Powers and Responsibilities Act 2000*, section 14(3).

⁵ For provisions about entering places, see chapter 14 (Enforcement, evidence and legal proceedings), part 2 (Entry to places).

⁶ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

(5) In exercising the power under subsection (1), the health practitioner or ambulance officer must, to the extent that it is reasonable and practicable in the circumstances—

- (a) tell the person that assessment documents are in force for the person; and
- (b) explain to the person, in general terms, the nature and effect of the assessment documents.⁷

(6) Failure to comply with subsection (5) does not affect the validity of the exercise of the power.

Administration of medication while being taken to authorised mental health service

26.(1) Despite the absence or refusal of the person's consent, medication may be administered to the person while being taken to the authorised mental health service.

(2) However, the medication—

- (a) may be administered to the person only if a doctor is satisfied it is necessary to ensure the safety of the person or others while being taken to the health service; and
- (b) must be administered by a doctor or a registered nurse under the instruction of a doctor.

(3) The doctor or nurse may administer the medication with the help, and using the force, that is reasonable in the circumstances.

(4) For subsection (2)(b), the doctor's instruction must include the medication's name, the dose and route and frequency of administration.

(5) A doctor or nurse who administers medication under this section must keep a written record of the matters mentioned in subsection (4).

⁷ See also section 542 (Official to identify himself or herself before exercising powers)

(6) This section applies despite the *Guardianship and Administration Act 2000*, chapter 5, part 2, division 1.⁸

Division 2—Justices examination orders

Application for order

27.(1) A person may apply to a magistrate or justice of the peace (qualified) for an order under this division (a “**justices examination order**”) for another person.

(2) The application for the order must—

(a) be made by—

(i) if made to a magistrate—filing an application in the approved form with the registrar of a Magistrates Court; or

(ii) if made to a justice of the peace (qualified)—giving an application in the approved form to the justice; and

(b) be sworn and state the grounds on which it is made.

(3) The application may be made even if the applicant has not made a request for assessment for the person.

Note—

A request for assessment for the person may be made by the applicant or someone else.

For the person to be taken to an authorised mental health service for assessment, assessment documents must be in force for the person, see section 25(1).

Making of order

28.(1) A magistrate or justice of the peace (qualified) may make a justices examination order relating to a person only if the magistrate or justice reasonably believes—

⁸ *Guardianship and Administration Act 1999*, chapter 5 (Health matters and special health matters), part 2 (Scheme for health care and special health care), division 1 (Health care—no consent).

- (a) the person has a mental illness; and
 - (b) the person should be examined by a doctor or authorised mental health practitioner to decide whether a recommendation for assessment for the person be made; and
 - (c) the examination can not be properly carried out unless the order is made.
- (2) The order must be in the approved form.

Procedures after making order

29.(1) If a justices examination order is made by a magistrate, the registrar of the Magistrates Court with whom the application for the order is filed must send the order and a copy of the application documents to the administrator of an authorised mental health service.

(2) If a justices examination order is made by a justice of the peace (qualified), the justice must—

- (a) send the order and a copy of the application documents to the administrator of an authorised mental health service; and
- (b) send a copy of the order to the registrar of the Magistrates Court stated in the order.

(3) If the registrar or justice sends the documents to an authorised mental health service by facsimile, the registrar or justice must send the original of the order and a copy of the application documents to the health service.

Effect of order

30.(1) The justices examination order authorises a doctor or authorised mental health practitioner to examine the person to decide whether a recommendation for assessment for the person should be made.

Note—

If a recommendation for assessment for the person is made, the person may only be taken to an authorised mental health service for assessment if a request for assessment for the person is also made, see section 25(1).

(2) For subsection (1), the doctor or practitioner may enter a place stated in the order or another place the doctor or practitioner reasonably believes

the person may be found.

(3) The doctor or practitioner may exercise a power under this section with the help that is reasonable in the circumstances.

(4) For subsections (1) and (2)—

- (a) the doctor or practitioner is a public official for the *Police Powers and Responsibilities Act 2000*;⁹ and
- (b) a police officer may detain the person at the place for the examination to be carried out by a doctor or authorised mental health practitioner.¹⁰

(5) If asked by the doctor or practitioner, a police officer must, as soon as reasonably practicable, ensure reasonable help is given.

(6) For giving the help, a police officer is taken to have responded to a request by a public official under the *Police Powers and Responsibilities Act 2000*, section 14(3).

(7) In exercising a power under this section, the doctor or practitioner must, to the extent that it is reasonable and practicable in the circumstances—

- (a) explain to the person, in general terms, the nature and effect of the order; and
- (b) produce the order to the person for inspection.¹¹

(8) Production by the doctor or practitioner of a facsimile copy of the order is sufficient compliance with subsection (7)(b).

(9) Failure to comply with subsection (7) does not affect the validity of the exercise of the power.

⁹ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

¹⁰ For a police officer's entry and search powers, see the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant).

¹¹ See also section 542 (Official to identify himself or herself before exercising powers).

(10) A power under this section may be exercised at any reasonable time of the day or night.

Duration of order

31.(1) The justices examination order must state the time when it is to end.

(2) The stated time must be not more than 7 days after the order is made.

(3) The order ends at the stated time.

Notifications to director

32.(1) If a recommendation for assessment for the person is not made after the person's examination under the justices examination order, the examining doctor or authorised mental health practitioner must give to the director—

(a) notice in the approved form; and

(b) a copy of the order and a copy of the application documents.

(2) If, an examination of the person is not carried out under the justices examination order before it ends, the administrator of the authorised mental health service to whom the order was sent must give to the director—

(a) notice in the approved form; and

(b) a copy of the order and a copy of the application documents.

Division 3—Emergency examination orders

Subdivision 1—Emergency examination orders by police officers and ambulance officers

Application of sdiv 1

33. This subdivision applies if a police officer or an ambulance officer reasonably believes—

(a) a person has a mental illness; and

- (b) because of the person's illness there is an imminent risk of significant physical harm being sustained by the person or someone else;¹² and
- (c) proceeding under division 2 would cause dangerous delay and significantly increase the risk of harm to the person or someone else; and
- (d) the person should be taken to an authorised mental health service for examination to decide whether a request and recommendation for assessment should be made for the person.

Taking person to authorised mental health service

34. The police officer or ambulance officer must take the person to an authorised mental health service for examination to decide whether assessment documents for the person should be made.

Making of emergency examination order

35.(1) Immediately after taking the person to the authorised mental health service, the police officer or ambulance officer must make an order under this subdivision (an “**emergency examination order (police or ambulance officer)**”) for the person.

(2) The order must—

- (a) be in the approved form; and
- (b) state the time when it is made.

(3) Immediately after making the order, the police officer or ambulance officer must give the order to a health service employee at the health service.

(4) The person may be detained in the health service while the order is being made.

¹² For a police officer's power to enter a place to prevent an offence, injury or domestic violence, see the *Police Powers and Responsibilities Act 2000*, section 300 (Entry of place to prevent offence, injury or domestic violence).

Detention and examination

36.(1) On the making of the order, the person may be detained for not longer than 6 hours (the “**examination time**”) in the authorised mental health service for examination by a doctor or authorised mental health practitioner.

(2) In carrying out the examination, the doctor or practitioner must, to the extent that it is reasonable and practicable in the circumstances explain to the person, in general terms, the application of this subdivision to the person.¹³

Subdivision 2—Emergency examination orders by psychiatrists

Application of sdiv 2

37. This subdivision applies if a psychiatrist is satisfied—

- (a) a person has a mental illness; and
- (b) because of the person’s illness there is an imminent risk of significant physical harm being sustained by the person or someone else;¹⁴ and
- (c) proceeding under division 2 would cause dangerous delay and significantly increase the risk of harm to the person or someone else; and
- (d) the person should be taken to an authorised mental health service for examination to decide whether a request and recommendation for assessment should be made for the person.

Making of emergency examination order

38.(1) The psychiatrist may make an order under this subdivision (an

¹³ See also section 542 (Official to identify himself or herself before exercising powers).

¹⁴ For a police officer’s power to enter a place to prevent an offence, injury or domestic violence, see the *Police Powers and Responsibilities Act 2000*, section 300 (Entry of place to prevent offence, injury or domestic violence).

“**emergency examination order (psychiatrist)**”) for the person.

(2) The order must be in the approved form.

Taking of person to authorised mental health service for examination

39. The psychiatrist, or a police officer or ambulance officer may take the person to an authorised mental health service for examination to decide whether assessment documents for the person should be made.¹⁵

Detention and examination

40.(1) On production of the examination order for the person to a health service employee at the authorised mental health service, the person may be detained for not longer than 6 hours (the “**examination time**”) in the health service for examination by a doctor or authorised mental health practitioner.

(2) The examination time starts when the order is produced to the health service employee.

(3) For subsection (2), the health service employee must write on the order the time of its production.

(4) In carrying out the examination, the doctor or practitioner must, to the extent that it is reasonable and practicable in the circumstances explain to the person, in general terms, the application of this subdivision to the person.¹⁶

Subdivision 3—General

Procedure if assessment documents not made

41. If assessment documents are not made for a person the subject of an emergency examination order at the end of the examination time for the person, the administrator of the authorised mental health service to which

¹⁵ For a police officer’s power to enter a place to prevent an offence, injury or domestic violence, see the *Police Powers and Responsibilities Act 2000*, section 300 (Entry of place to prevent offence, injury or domestic violence).

¹⁶ See also section 542 (Official to identify himself or herself before exercising powers).

the person was taken for examination must, as soon as practicable—

- (a) make arrangements for the person's return to the place from which the person was taken for the examination or for the person to be taken to another place the person reasonably asks to be taken; and
- (b) give to the director—
 - (i) notice in the approved form; and
 - (ii) a copy of the order.

PART 4—DETENTION AS INVOLUNTARY PATIENT FOR INVOLUNTARY ASSESSMENT

Division 1—Preliminary

Application of pt 4

42. This part applies to a person for whom assessment documents are in force.¹⁷

Purpose of pt 4

43. The purpose of this part is to provide for the person's detention for assessment in an authorised mental health service.

Division 2—Involuntary assessment

Detention for assessment

44.(1) The person may be detained in an authorised mental health service for assessment for the assessment period.

¹⁷ Part 2, states the requirements for assessment documents.

Note—

The assessment period is initially not longer than 24 hours or, if that period is extended or further extended under section 47, the extended period, see schedule 2 (Dictionary), definition “assessment period”.

(2) The assessment period starts—

- (a) if the person is not a patient in the health service—when the person is received at the health service for the assessment and the assessment documents are produced to a health service employee at the health service; or
- (b) if the person is a patient in the health service—when assessment documents for the person—
 - (i) are produced to a health practitioner at the health service; or
 - (ii) are made by health practitioners at the health service.

(3) For subsection (2), the health service employee or health practitioner must write on the assessment documents the time when the assessment period starts.

(4) On the production or making of the assessment documents for the person under subsection (2), the person becomes an involuntary patient.

Patient and other persons to be told about assessment

45. On becoming an involuntary patient, the administrator for the authorised mental health service must ensure the following persons are told about the patient’s assessment under this division—

- (a) the patient;
- (b) the patient’s allied person;
- (c) if the patient is a minor—a parent of the minor or the minor’s guardian;
- (d) if the administrator reasonably believes the patient has a personal attorney—the attorney;
- (e) if the administrator reasonably believes the patient has a personal guardian—the guardian.

Initial assessment

46.(1) As soon as practicable after the person becomes an involuntary patient, an authorised doctor for the authorised mental health service must make an assessment of the patient to decide whether the treatment criteria apply to the patient.

Note—

If, on the assessment, the authorised doctor is satisfied the treatment criteria apply to the person, the doctor may make an involuntary treatment order for the patient, see section 108.

(2) The assessment may be carried out using audiovisual link facilities.

Extension of assessment period

47.(1) An authorised doctor for the authorised mental health service may, from time to time, by written declaration, extend the assessment period for the patient for a further period of not longer than 24 hours.

(2) However, the patient must not be detained for assessment for more than 72 hours.

(3) The doctor may make a declaration under subsection (1) only if the doctor is satisfied the further period is necessary to carry out or finish the assessment.

When patient ceases to be involuntary patient

48.(1) If an authorised doctor for the authorised mental health service has not made an involuntary treatment order for the patient at the end of the assessment period for the patient—

- (a) the patient ceases to be an involuntary patient; and
- (b) the doctor must tell the patient that the patient is no longer an involuntary patient.

(2) However, the person may continue to be a patient of the authorised mental health service other than as an involuntary patient.

(3) Subsection (4) applies if the person—

- (a) was taken to the health service for—

- (i) assessment under part 3, division 1; or
 - (ii) examination under part 3, division 3, and assessment documents were made for the person before the end of the examination time for the person; and
- (b) is not an in-patient of the health service.

(4) The administrator of the health service must, as soon as practicable, make arrangements for the person's return to the place from which the person was taken for the assessment or examination or for the person to be taken to another place the person reasonably asks to be taken.

CHAPTER 3—PERSONS BEFORE A COURT OR IN CUSTODY REQUIRING ASSESSMENT OR DETENTION

PART 1—REQUIREMENTS FOR ASSESSMENT

Division 1—Preliminary

Assessment documents

49. For this chapter, the documents required to authorise a person's detention in an authorised mental health service for assessment (“**assessment documents**”) are—

- (a) a recommendation, that complies with division 2, for the person's assessment (a “**recommendation for assessment**”); and
- (b) an agreement, that complies with division 3, for the person's assessment (an “**agreement for assessment**”); and
- (c) for assessment of a person to whom—
 - (i) part 2 applies—a court assessment order for the person; or

- (ii) part 3 applies—a custodian’s assessment authority for the person.

Division 2—Recommendations for assessment

Who may make recommendation for assessment

50.(1) A recommendation for assessment for a person may only be made by a doctor or an authorised mental health practitioner who has examined the person within the preceding 3 days.

(2) However, a doctor or authorised mental health practitioner must not make a recommendation for assessment for a relative of the doctor or health practitioner.

(3) An examination mentioned in subsection (1) may be carried out using audiovisual link facilities.

Making recommendation for assessment

51.(1) A recommendation for assessment must—

- (a) be in the approved form; and
- (b) state the facts on which it is based; and
- (c) distinguish between the facts known because of personal observation and facts communicated by others.

(2) A doctor or authorised mental health practitioner must not make a recommendation for assessment for a person unless the doctor or practitioner is satisfied the assessment criteria apply to the person.

How long recommendation for assessment is in force

52. A recommendation for assessment is in force for 7 days after it is made.

Division 3—Agreements for assessment

Who may give agreement for assessment

53.(1) An agreement for assessment for a person's assessment at an authorised mental health service may be given by the administrator of the health service or, if the health service is a public sector mental health service, the director.

(2) However, the administrator of a high security unit must not give an agreement for assessment for either of the following persons without the director's approval—

- (a) a young person;¹⁸
- (b) a person charged only with a simple offence.

(3) The director must not give the approval unless the director is satisfied it is in the person's best interests to do so having regard to the following—

- (a) the person's mental state and psychiatric history;
- (b) the person's treatment and security requirements;
- (c) any offence with which the person is charged or for which the person is serving a sentence of imprisonment or period of detention.

When agreement for assessment may be given by administrator

54.(1) The administrator of an authorised mental health service may give an agreement for assessment for a person's assessment at the health service if the administrator is satisfied the health service has the capacity to carry out the assessment.

(2) For subsection (1), the administrator of an authorised mental health service that is not a high security unit must be satisfied the person's assessment at the health service does not present an unreasonable risk to the safety of the person or others having regard to—

¹⁸ For reviews of the detention of a young patient in high security unit, see chapter 6 (Tribunal reviews, notification orders and treatment applications), part 2 (Reviews by tribunal for young patients detained in high security units).

- (a) the person's criminal and psychiatric history; and
- (b) the person's current treatment and security requirements.

When agreement for assessment may be given by director

55. The director may give an agreement for assessment for a person's assessment at a public sector mental health service only if—

- (a) the administrator of the health service has refused to give an agreement under section 54; and
- (b) on reviewing the administrator's decision and considering the circumstances of the particular case, the director is satisfied about the matters mentioned in—
 - (i) section 54; and
 - (ii) if the person is a young person or charged only with a simple offence—section 53(3).

How long agreement for assessment is in force

56. An agreement for assessment is in force for 7 days after it is made.

PART 2—PERSONS HAVING A MENTAL ILLNESS BEFORE COURT

Division 1—Court assessment orders

Application of div 1

57. This division applies to a person charged with a simple or indictable offence who is before a court.

Court may make court assessment order for person

58.(1) The court may make an order under this section (a “**court assessment order**”) for the person if—

- (a) a recommendation and agreement for assessment that are in force for the person are given to the court; and
- (b) the court is satisfied the person should be detained in an authorised mental health service for assessment.

(2) The court assessment order must state the authorised mental health service where the person’s assessment is to be carried out.

(3) On the making of the court assessment order for the person, the court must—

- (a) adjourn the proceedings for the offence with which the person is charged; and
- (b) remand the person accordingly.

Court’s powers if court assessment order is not made for person

59. If the court is satisfied the person can be assessed other than as an in-patient of an authorised mental health service, the court must—

- (a) remand the person in custody or grant the person bail under the *Bail Act 1980*, part 2;¹⁹ and
- (b) ensure arrangements are made for the person’s assessment.

Division 2—Orders by Supreme and District Courts if person pleads guilty to indictable offence

Definition for div 2

60. In this division—

“**offence**” does not include an offence against a Commonwealth law.

¹⁹ *Bail Act 1980*, part 2 (Grant and enlargement of bail)

Application of div 2

61. This division applies if—

- (a) at the trial of a person charged with an indictable offence, the person pleads guilty and it is alleged or appears the person is mentally ill, or was, or may have been, mentally ill when the alleged offence was committed; or
- (b) on the appearance for sentence of a person who has pleaded guilty to a charge of an indictable offence before a court and has been committed by the court for sentence, it is alleged or appears the person is mentally ill, or was, or may have been, mentally ill when the alleged offence was committed.

Supreme or District Court may order plea of not guilty

62.(1) The Supreme or District Court before which the person appears may order a plea of not guilty be entered for the person for—

- (a) the indictable offence the person is charged with; and
- (b) if, under the Criminal Code, section 651, a charge of a summary offence laid against the person is to be heard and decided by the court—the summary offence.

(2) On the making of the order, the court must—

- (a) adjourn the trial; and
- (b) refer the matter of the person's mental condition relating to the offence to the Mental Health Court;²⁰ and
- (c) remand the person in custody or grant the person bail under the *Bail Act 1980*.

(3) If the court remands the person in custody, it may also make a court assessment order for the person.

²⁰ See chapter 7 (Examinations, references and orders for persons charged with offences), part 6 (Inquiries on references to Mental Health Court).

How reference to Mental Health Court is made

63.(1) The registrar of the Supreme or District Court must file notice of the reference in the approved form in the Mental Health Court Registry.

(2) The notice must be accompanied by a copy of any medical report produced in the court relating to the person's mental condition.

PART 3—PERSONS HAVING A MENTAL ILLNESS IN LAWFUL CUSTODY

Application of pt 3

64.(1) This part applies to a person in lawful custody who—

- (a) has been charged with an indictable offence and is in custody awaiting the start or continuation of committal or summary proceedings for the offence; or
- (b) has been committed for trial or sentence on a charge of an indictable offence and is in custody pending the person's appearance at a criminal sittings of the Supreme Court, District Court or Childrens Court for the charge; or
- (c) has been charged with a simple offence and is in custody awaiting the hearing of the complaint for the offence; or
- (d) is serving a sentence of imprisonment or detention for a period under a court order.

(2) To remove any doubt, it is declared that an offence mentioned in subsection (1) includes an offence against a Commonwealth law.²¹

Custodian's assessment authority

65.(1) The person's custodian may authorise the person's assessment (a "**custodian's assessment authority**") at an authorised mental health

²¹ See the *Judiciary Act 1903* (Cwlth), section 68.

service.

(2) The assessment authority must state the authorised mental health service where the person's assessment is to be carried out.

Making of custodian's assessment authority

66.(1) The person's custodian may make a custodian's assessment authority for the person only if a recommendation and agreement for assessment that are in force for the person are given to the custodian.

(2) The assessment authority for the person must be in the approved form.

PART 4—DETENTION AS CLASSIFIED PATIENT ON COMPLETION OF ASSESSMENT DOCUMENTS

Division 1—Preliminary

Application of pt 4

67. This part applies to a person for whom a court assessment order or custodian's assessment authority is in force.

Division 2—Provisions about taking person to, and detaining person in, authorised mental health service

Taking person to authorised mental health service

68.(1) The person must be taken to an in-patient facility of the authorised mental health service stated in the court assessment order or custodian's assessment authority as soon as practicable after the order or authority is made.

(2) For subsection (1), a police officer, correctional officer or detention centre officer may take the person to the in-patient facility.

(3) A correctional officer or detention centre officer may exercise the power under subsection (2) with the help, and using the force, that is reasonable in the circumstances.²²

Classified patients

69.(1) On production of the following assessment documents for the person to a health service employee at the authorised mental health service, the person becomes a classified patient—

- (a) the recommendation for assessment for the person;
- (b) court assessment order or custodian's assessment authority.

(2) The classified patient may be detained in the health service.

(3) The patient is a classified patient until the patient ceases to be a classified patient under section 78, 94, 99, 253 or 287.²³

Giving information about detention

70.(1) On becoming a classified patient, the administrator of the authorised mental health service must—

- (a) give written notice to the director of the patient's detention as a classified patient; and
- (b) ensure the following persons are told about the patient's detention as a classified patient—
 - (i) the patient;
 - (ii) the patient's allied person;
 - (iii) if the patient is a minor—a parent of the minor or the minor's guardian;
 - (iv) if the administrator reasonably believes the patient has a personal attorney—the attorney;
 - (v) if the administrator reasonably believes the patient has a

²² For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

²³ For what happens on patient ceasing to be classified patient, see division 5.

personal guardian—the guardian; and

- (c) if the health service is a high security unit and the patient is a young patient—give written notice to the tribunal of the patient’s detention as a classified patient.

(2) For a classified patient who is a person mentioned in section 64(1)(a), (b) or (c), the director must give written notice to the chief executive for justice of the patient’s detention as a classified patient.

(3) The chief executive for justice must give written notice to the following persons of the patient’s detention as a classified patient—

- (a) the registrar of the court before which the patient is to appear for the offence;
- (b) the commissioner of the police service or the director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

Division 3—Assessment and treatment as classified patient

Initial assessment

71.(1) Within 3 days after the person becomes a classified patient, an authorised doctor for the authorised mental health service must make an assessment of the patient to decide whether the treatment criteria apply to the patient.

Note—

If, on the assessment, the authorised doctor is satisfied the treatment criteria apply to the person, the doctor may make an involuntary treatment order for the patient, see section 108.

(2) If, on the assessment, the doctor decides the person has a mental illness, the doctor must also decide whether the patient needs to be detained in the health service as a classified patient for treatment for the illness.

(3) The doctor may, under subsection (2), decide the patient needs to be detained in the health service even if the doctor reasonably believes limited

community treatment may be authorised for the patient.²⁴

(4) Subsection (2) applies regardless of whether the patient consents to treatment for the illness.

Treatment plan for patient needing to be detained for treatment as classified patient

72. If, on the assessment, the authorised doctor decides the patient needs to be detained in the authorised mental health service as a classified patient for treatment for a mental illness, the doctor must—

- (a) ensure a treatment plan is prepared for the patient;²⁵ and
- (b) talk to the patient about the patient's treatment under the treatment plan.

Regular assessments of patient

73.(1) The administrator of the authorised mental health service must ensure an authorised psychiatrist for the health service carries out regular assessments of the patient as required under the patient's treatment plan.

(2) The authorised psychiatrist must record details of each assessment in the patient's clinical file.

(3) In carrying out an assessment, the psychiatrist must decide whether the treatment criteria continue to apply to the patient.

(4) If, on an assessment, the psychiatrist decides the person has a mental illness, the psychiatrist must also decide whether the patient needs to continue to be detained in the health service as a classified patient for treatment for the illness.

(5) The psychiatrist may, under subsection (4), decide the patient needs to continue to be detained in the health service even if limited community treatment has been authorised for the patient or the psychiatrist reasonably

²⁴ See section 129 (Authorising limited community treatment).

²⁵ See chapter 4 (Treatment of persons who have mental illnesses), part 2 (Treatment plans).

believes limited community treatment may be authorised for the patient.²⁶

(6) Subsection (4) applies regardless of whether the patient consents to treatment for the illness.

Authorised doctor to report to director if patient does not need to be detained for treatment

74.(1) This section applies if, on an initial or regular assessment of a patient, an authorised doctor decides the patient does not need to continue to be detained in the authorised mental health service as a classified patient for treatment for the illness.

(2) The doctor must give the director a report stating the decision and the reasons for the decision.

Division 4—Provisions about legal proceedings

Suspension of particular proceedings

75. On the person becoming a classified patient, proceedings for any offence, other than an offence against a Commonwealth law, against the person are suspended until the person ceases to be a classified patient.

What happens for proceedings for Commonwealth offences

76.(1) If, in a proceeding against a classified patient for an offence against a Commonwealth law, the court remands the patient in custody for the offence, the place of custody is to be the patient's treating health service.

Note—

A person has ceased to be a classified patient when, under part 5, the patient is returned to court or custody for the proceedings to continue.

(2) To remove any doubt, it is declared that the patient continues to be a classified patient until the patient ceases, under section 78(1) or part 5, to be a classified patient.

²⁶ See section 129 (Authorising limited community treatment).

Court may grant bail and proceedings may be discontinued

77. This part does not prevent—

- (a) a court making an order granting a classified patient bail under the *Bail Act 1980*; or
- (b) the prosecution of a classified patient for an offence being discontinued at any time by the complainant or director of public prosecutions.

When patient ceases to be classified patient

78.(1) A patient ceases to be a classified patient if—

- (a) for an offence against any law—
 - (i) a court makes an order granting the patient bail under the *Bail Act 1980*; or
 - (ii) the prosecution of the patient for the offence is discontinued, other than under the decision of the Attorney-General under section 247(1)(b);²⁷ or
- (b) for an offence against a Commonwealth law—proceedings for the offence are finally decided according to law and the patient is not awaiting the start or continuation of proceedings for another offence.

(2) However, subsection (1) does not apply if the patient is serving a sentence of imprisonment or detention under a court order.

(3) Also, the patient may continue to be an involuntary patient under another provision of this Act.

Notice of patient ceasing to be classified patient

79. Within 7 days after a patient ceases, under section 78, to be a classified patient, the administrator of the patient's treating health service must give written notice of the ceasing to the following persons—

- (a) the patient;

²⁷ Also, see section 253 (When patient ceases to be classified patient).

- (b) the patient's allied person;
- (c) the director;
- (d) if an involuntary treatment or forensic order is in force for the patient—the tribunal.

Division 5—What happens on patient ceasing to be classified patient

Application of div 5

80. This division applies if, under section 78, 99, 253 or 287, a patient ceases to be a classified patient.

Release or other arrangements for admission for patients who cease to be involuntary patients

81.(1) This section applies if, on the ceasing to be a classified patient, the person is not an involuntary patient.

(2) The administrator of the health service must immediately—

- (a) release the person; or
- (b) make arrangements for the person's admission to an authorised mental health service that is not a high security unit.

Continued detention of particular involuntary patients

82.(1) This section applies if, on the ceasing to be a classified patient, the patient—

- (a) is an involuntary patient under an involuntary treatment order; and
- (b) is detained in a high security unit.

(2) The patient may continue to be detained in the high security unit for not longer than 3 days.

(3) However, the director may approve the continued detention of the patient in the high security unit.

(4) The director may give an approval under subsection (3) only if the

director is satisfied it is in the patient's best interests to do so having regard to the following—

- (a) the patient's mental state and psychiatric history;
- (b) the patient's treatment and security requirements.

PART 5—RETURN OF CLASSIFIED PATIENTS TO COURT OR CUSTODY

Division 1—Preliminary

Application of pt 5

83.(1) This part applies if, on receiving a report under section 74 or at any other time, the director is satisfied a classified patient does not need to be detained in an authorised mental health service for treatment for a mental illness.

Note—

If the director is satisfied the patient still needs to be detained in the health service, the director may approve that an authorised doctor for the health service authorise limited community treatment for the patient, see section 129.

(2) Also, this part applies if, after the end of the period for an initial assessment under section 71(1)—

- (a) an involuntary treatment order is not made for the patient; and
- (b) the patient asks that he or she no longer be detained in the health service.

(3) However, subsection (2) does not apply if the patient is a forensic patient.

Notice of application of pt 5

84. If this part applies to the patient under section 83(2), the administrator

of the authorised mental health service must give written notice of the application of this part to the director.

Division 2—Patients under court assessment orders

Application of div 2

85. This division applies if—

- (a) the director receives a notice for the patient under section 84 or is satisfied this part applies to the patient under section 83(1); and
- (b) a court assessment order is in force for the patient.

Notices about patient not to be detained as classified patient

86.(1) The director must immediately give written notice to the chief executive for justice stating this division applies to the patient.

(2) The chief executive for justice must immediately give written notice to the following persons of the application of this division to the patient—

- (a) the registrar of the court in which proceedings for the offence that led to the patient becoming a classified patient are to be heard;
- (b) the commissioner of the police service or director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

Taking patient before court

87.(1) As soon as practicable after receiving the notice under section 86(2), but in any case within 3 days, the commissioner of the police service or director of public prosecutions must ensure the patient is brought before the appropriate court to be dealt with according to law.

(2) A police officer may take the patient from the authorised mental health service to appear before the court.²⁸

²⁸ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

Division 3—Patients under custodian’s assessment authorities**Application of div 3**

88. This division applies if—

- (a) the director receives a notice for the patient under section 84 or is satisfied this part applies to the patient under section 83(1); and
- (b) a custodian’s assessment authority is in force for the patient.

Director to decide whether particular patients should be returned to court

89.(1) This section applies if the patient is awaiting the start or continuation of proceedings for the offence that led to the patient becoming a classified patient.

(2) The director must decide whether the patient should—

- (a) under section 90, be returned to custody; or
- (b) under section 91, be brought before the appropriate court to be dealt with according to law.

(3) The director must not make a decision under subsection (2)(b) unless the director is satisfied it is in the patient’s best interests and it is proper and expedient to do so.

When custodian is to take custody of patient

90.(1) This section applies to a patient—

- (a) who is serving a sentence of imprisonment or period of detention under a court order; or
- (b) for whom the director has made a decision under section 89(2)(a).

(2) The director must immediately give written notice to the custodian who made the custodian’s assessment authority for the patient that this section applies to the patient.

(3) Within 1 day after receiving the director’s notice, the custodian must cause a police officer, correctional officer or detention centre officer to take

the patient from the authorised mental health service into the custodian's custody.

(4) The police officer, correctional officer or detention centre officer may take the patient from the authorised mental health service into the custodian's custody.

(5) A correctional officer or detention centre officer may exercise the power under subsection (4) with the help, and using the force, that is reasonable in the circumstances.²⁹

When patient to be brought before court

91.(1) This section applies to a patient for whom the director has made a decision under section 89(2)(b).

(2) The director must immediately give written notice to the following persons stating that this section applies to the patient—

- (a) the chief executive for justice;
- (b) the custodian who made the custodian's assessment authority for the patient.

(3) The chief executive for justice must immediately give written notice to the following persons of the application of this section to the patient—

- (a) the registrar of the court in which proceedings for the offence that led to the patient becoming a classified patient are to be heard;
- (b) the commissioner of the police service or director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

Taking patient before court

92.(1) As soon as practicable after receiving the notice under section 91(3), but in any case within 3 days, the commissioner of the police service or director of public prosecutions must ensure the patient is brought before the appropriate court to be dealt with according to law.

²⁹ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

(2) A police officer may take the patient from the authorised mental health service to appear before the court.³⁰

Division 4—Miscellaneous provisions

When administrator's custody of patient ends

93. The administrator's custody of the patient ends when the patient is taken from the authorised mental health service under section 90 or 92.

When patient ceases to be classified patient

94.(1) The patient ceases to be a classified patient when the administrator's custody of the patient ends.

(2) However, the patient may continue to be an involuntary patient under another provision of this Act.

Notice of patient ceasing to be classified patient

95. Within 7 days after a patient ceases, under section 94, to be a classified patient, the administrator of the patient's treating health service must give written notice of the ceasing to the following persons—

- (a) the patient's allied person;
- (b) if an involuntary treatment or forensic order is in force for the patient—the tribunal.

³⁰ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

PART 6—PROCEDURES FOLLOWING END OF SENTENCE OR PAROLE

Application of pt 6

96. This part applies to a person who, while serving a sentence of imprisonment or detention under a court order, becomes a classified patient.

Chapter does not affect parole

97. Nothing in this chapter prevents the classified patient from being paroled.

Administrator to give notice of end of period of imprisonment or detention or on parole

98. The administrator of the authorised mental health service must, at least 7 days before the end of the patient's period of imprisonment or detention or on the patient's parole, give written notice of the ending or parole to the director.

When patient ceases to be classified patient

99.(1) At the end of the patient's period of imprisonment or detention under the court order or on the patient's parole, the patient ceases to be a classified patient unless the patient is awaiting the start or continuation of proceedings for an offence.³¹

(2) However, the patient may continue to be an involuntary patient under another provision of this Act.

Notice of patient ceasing to be classified patient

100. Within 7 days after a patient ceases, under section 99, to be a classified patient, the administrator of the patient's treating health service

³¹ For what happens on patient ceasing to be classified patient, see part 4, division 5.

must give written notice of the ceasing to the following persons—

- (a) the patient;
- (b) the patient's allied person;
- (c) if an involuntary treatment or forensic order is in force for the patient—the tribunal.

PART 7—DETENTION IN AUTHORISED MENTAL HEALTH SERVICE DURING TRIAL

Court may order person's detention in authorised mental health service

101.(1) This section applies if, after the start of the trial of a person charged with an indictable offence, a court—

- (a) decides the person should be remanded in custody during an adjournment of the trial; and
- (b) because of the person's mental condition, is satisfied the person should be detained in an authorised mental health service for treatment or care during the adjournment.

(2) The court may order that the person be detained for treatment or care, during the adjournment, in a stated authorised mental health service if there is in force an agreement under this part for the person's detention.

Who may give agreement for detention

102.(1) An agreement for a person's detention in an authorised mental health service may be given by the administrator of the health service or the director.

(2) However, an agreement must not be given for a young person's detention in a high security unit.

When agreement for detention may be given by administrator

103.(1) The administrator of an authorised mental health service may give an agreement for a person's detention in the health service if the administrator is satisfied the health service has the capacity to detain the person for treatment or care.

(2) For subsection (1), the administrator of an authorised mental health service that is not a high security unit must be satisfied the person's detention at the health service does not present an unreasonable risk to the safety of the person or others having regard to—

- (a) the person's criminal and psychiatric history; and
- (b) the person's current treatment and security requirements.

When agreement for detention may be given by director

104. The director may give an agreement for a person's detention in a public sector mental health service only if—

- (a) the administrator of the health service has refused to give an agreement under section 103; and
- (b) on reviewing the administrator's decision and considering the circumstances of the particular case, the director is satisfied about the matters mentioned in the section.

How long agreement for detention is in force

105. An agreement for detention for a person is in force for 7 days after it is made.

Taking person to authorised mental health service and return to court

106.(1) A police officer, correctional officer or detention centre officer may—

- (a) take the person to an in-patient facility of the authorised mental health service stated in the court's order; and
- (b) at the end of the adjournment, take the person from the health service to appear before the court.

(2) A correctional officer or detention centre officer may exercise the power under subsection (1) with the help, and using the force, that is reasonable in the circumstances.³²

Detention in authorised mental health service

107. The person may be detained under the court's order in the authorised mental health service stated in the order.

CHAPTER 4—TREATMENT OF PERSONS WHO HAVE MENTAL ILLNESSES

PART 1—INVOLUNTARY TREATMENT ORDERS

Division 1—Making and effect of involuntary treatment orders

Making of involuntary treatment order

108.(1) If, on the assessment of a patient under chapter 2, part 4, or on an initial or regular assessment under chapter 3, part 4, an authorised doctor for an authorised mental health service is satisfied the treatment criteria apply to the patient, the doctor may make an order under this section (an “**involuntary treatment order**”) for the patient.

(2) However, a psychiatrist must not make the order if the psychiatrist made the recommendation for assessment under chapter 2 or 3 for the patient.

(3) The order must—

- (a) be in the approved form; and
- (b) state the following—

³² For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

- (i) the time when it is made;
- (ii) the basis on which the doctor is satisfied the treatment criteria apply to the patient, including the facts indicating mental illness observed by the doctor;
- (iii) the authorised mental health service responsible for ensuring the person receives treatment.

(4) For an involuntary patient, other than a classified patient, the health service stated in the order must not be a high security unit without the director's prior agreement.

Category of order

109.(1) In making the involuntary treatment order, the authorised doctor must decide the category of the order.

(2) The category of the order must be—

- (a) if the patient needs to be treated as an in-patient of an authorised mental health service or the patient is a classified patient—in-patient; or
- (b) if paragraph (a) does not apply—community.

Note—

In deciding the category of the order, the doctor must have regard to the general principles for the administration of this Act and the principles for exercising powers and performing functions under this Act, see sections 8 and 9.

Treatment plan for patient

110. The authorised doctor must ensure a treatment plan is prepared for the patient.³³

Authorised doctor must tell patient about order and treatment plan

111. The authorised doctor must—

- (a) tell the patient—

³³ See part 2 (Treatment plans).

- (i) the order has been made for the patient; and
 - (ii) the category of the order; and
 - (iii) the basis on which the doctor is satisfied the treatment criteria apply to the patient; and
- (b) talk to the patient about the patient's treatment under the treatment plan.³⁴

Second examination in particular cases

112.(1) This section applies if the involuntary treatment order for the patient was made—

- (a) by an authorised doctor who is not a psychiatrist; or
- (b) solely on an assessment carried out using audiovisual link facilities.

(2) Within 72 hours after the order is made, the patient must be examined by an authorised psychiatrist for the patient's treating health service.

(3) The psychiatrist's examination may be carried out using audiovisual link facilities only if the involuntary treatment order was made on an assessment carried out in person.

(4) If the order was made by a psychiatrist as mentioned in subsection (1)(b), the same psychiatrist may carry out the examination.

(5) If the psychiatrist is not satisfied the treatment criteria apply to the patient, the psychiatrist must revoke the order.

(6) If the psychiatrist is satisfied the treatment criteria apply to the patient, the psychiatrist must confirm the order.

(7) A revocation or confirmation must be endorsed on the order.

(8) If the order is not revoked or confirmed at the end of the 72 hours after it is made—

³⁴ See section 537 (Compliance with particular provisions as soon as practicable). For a doctor's obligations to give particular information to the patient's personal attorney or personal guardian, see the *Guardianship and Administration Act 2000*, section 76.

- (a) the patient ceases to be an involuntary patient; and
- (b) an authorised doctor must tell the patient that the patient is no longer an involuntary patient.

Notice of making of involuntary treatment order

113.(1) Within 7 days after an involuntary treatment order for a patient is made, the administrator of the patient's treating health service must give written notice of the order to—

- (a) the patient; and
- (b) the tribunal; and
- (c) the patient's allied person.

(2) Subsection (1) applies to an involuntary treatment order to which section 112 applies only if the order is confirmed under the section.

Detention under in-patient order

114. If the category of the involuntary treatment order is in-patient, the patient may be detained in the patient's treating health service.

Treatment under treatment plan

115. The administrator of the treating health service must ensure the patient is treated as required under the patient's treatment plan.

Regular assessments of patient

116.(1) The administrator of the treating health service must ensure an authorised psychiatrist for the health service carries out regular assessments of the patient as required under the patient's treatment plan.

(2) The authorised psychiatrist must record details of each assessment in the patient's clinical file.

(3) In carrying out an assessment, the psychiatrist must consider whether the treatment criteria continue to apply to the patient.

Noncompliance with treatment under community category of involuntary treatment order

117.(1) This section applies if—

- (a) the category of the involuntary treatment order for a patient is community; and
- (b) in the opinion of an authorised doctor for a patient’s treating health service—
 - (i) the patient has not complied with the patient’s treatment plan; and
 - (ii) reasonable steps have been taken to obtain compliance with the treatment plan without success; and
 - (iii) there is a significant risk of deterioration in the patient’s mental or physical condition because of the noncompliance.

(2) The doctor must—

- (a) make a written record of the doctor’s opinion and the reasons for the opinion; and
- (b) if practicable, tell the patient about the noncompliance and the consequences of a further noncompliance.

(3) If the patient again fails to comply with the patient’s treatment plan, the administrator of the health service may, by written notice given to the patient, order the patient attend a stated authorised mental health service on a day stated in the notice for treatment (the “**stated day**”).

(4) If the patient does not comply with the notice—

- (a) a health practitioner may take the patient to the health service for treatment as soon as practicable after the stated day;³⁵ and
- (b) the patient may be detained in the health service until the treatment is provided.

(5) For subsection (4)(a), the practitioner—

- (a) may exercise the power with the help, and using the force, that is

³⁵ For provisions about entering places, see chapter 14 (Enforcement, evidence and legal proceedings), part 2 (Entry to places).

reasonable in the circumstances; and

- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.³⁶

(6) As soon as practicable after the person's treatment, the administrator of the health service must make arrangements for the person's return to the place from which the person was taken for the treatment or for the person to be taken to another place the person reasonably asks to be taken.

Duration of order

118.(1) An involuntary treatment order made by a psychiatrist, or an authorised doctor and confirmed by a psychiatrist under section 112(6), continues in force until it is revoked—

- (a) by an authorised doctor for the patient's treating health service or the director; or
- (b) on a review or appeal against a review decision.

(2) However, the order ends if the patient does not receive treatment under the order for 6 months.

Division 2—Changing category of involuntary treatment orders

Change of category of order by authorised doctor

119.(1) An authorised doctor for the patient's treating health service must change the category of the involuntary treatment order for the patient—

- (a) if the doctor is satisfied it is necessary to make the change because of the patient's treatment needs; or
- (b) to give effect to an order of the tribunal.

(2) Also, if the category of the order is community and the patient becomes a classified patient, an authorised doctor for the patient's treating health service must change the category of the involuntary treatment order

³⁶ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

for the patient to in-patient.

(3) The doctor must—

- (a) make a written record of the change and the reasons for it; and
- (b) talk to the patient about the change and the reasons for it.³⁷

(4) However, the doctor need not comply with subsection (3)(b) if—

- (a) it is not reasonably practicable to do so; or
- (b) the doctor reasonably believes that to do so would not be in the interests of the health or safety of the patient or the safety of others.

(5) If the category of an involuntary treatment order is changed from community to in-patient, a health practitioner may take the patient to the authorised mental health service.³⁸

(6) For subsection (5), the practitioner—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.³⁹

Notice of change of involuntary treatment order

120.(1) If the category of an involuntary treatment order for a patient is changed, the administrator of the authorised mental health service concerned must, within 7 days after the change is made, give written notice of the change to the following persons—

- (a) the patient;

³⁷ For a doctor's obligations to give particular information to the patient's personal attorney or personal guardian, see the *Guardianship and Administration Act 2000*, section 76 (Health providers to give information).

³⁸ For provisions about entering places, see chapter 14 (Enforcement, evidence and legal proceedings), part 2 (Entry to places).

³⁹ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

- (b) the tribunal;
- (c) the patient's allied person.

(2) If the category of an involuntary treatment order for a patient is changed from community to in-patient, the notice to the tribunal must state the reasons for the change.⁴⁰

Division 3—Revoking involuntary treatment orders

Revocation of order by authorised doctor

121. If an authorised doctor for an involuntary patient's treating health service is satisfied the treatment criteria no longer apply to the patient, the doctor must revoke the involuntary treatment order for the patient.

Revocation of order by director

122. The director may, by written notice given to the administrator of an authorised mental health service, revoke an involuntary treatment order for a patient if the director is satisfied the treatment criteria no longer apply to the patient.

Notice of revocation of order

123. Within 7 days after an involuntary treatment order for a patient is revoked by an authorised doctor or the director, the administrator of the patient's treating health service must give written notice of the revocation to the following persons—

- (a) the patient;
- (b) the patient's allied person;
- (c) the tribunal;
- (d) the director if—
 - (i) the order is revoked by an authorised doctor; and

⁴⁰ For an order that the category of an involuntary treatment order for a patient be changed on a review, see section 191 (Decisions on review).

- (ii) the patient is a classified patient or, immediately before the revocation, chapter 7, part 2, applied to the patient.⁴¹

PART 2—TREATMENT PLANS

Division 1—Preparing and changing treatment plans

Preparing treatment plan

124.(1) A patient's treatment plan must state—

- (a) in general terms, an outline of the proposed treatment, rehabilitation and other services to be provided in relation to the patient; and
- (b) in specific terms, the method by which, the frequency with which, the place where, the duration of and the persons by whom, the services are to be provided; and
- (c) the intervals for the patient's regular assessment.⁴²

(2) Also, for a patient under the community category of an involuntary treatment order, the treatment plan for the patient must—

- (a) if the patient is to be treated at a health service other than an authorised mental health service—state the health service; and
- (b) if the patient is to be treated by a health practitioner who is not an employee of a public sector mental health service—state the name of the practitioner.

(3) However, the treatment plan may only state a health practitioner under subsection (2)(b) with the practitioner's agreement.

(4) The treatment plan must take into account any existing plan of

⁴¹ For notices that must be given if chapter 7 (Examinations, references and orders for persons charged with offences), part 2 (Procedures for particular involuntary patients charged with offences) no longer applies to the patient, see section 245.

⁴² See section 116 (Regular assessments of patient).

treatment, or advance health directive under the *Powers of Attorney Act 1998*⁴³, for the patient.

Change of treatment plan by, or authorised by, doctor

125.(1) An authorised doctor for a patient’s treating health service may change the patient’s treatment plan or authorise a health practitioner to change the patient’s treatment plan.

(2) Also, an authorised doctor for a patient’s treating health service must change the patient’s treatment plan to give effect to a decision or order of the tribunal or Mental Health Court.⁴⁴

(3) The doctor or health practitioner must—

- (a) make a written record of the change and the reasons for it; and
- (b) talk to the patient about the change and the reasons for it.⁴⁵

Change of treatment plan to give effect to director’s transfer order

126. If the director orders the transfer of an involuntary patient from one authorised mental health service to another authorised mental health service, the administrator for the health service to which the patient is transferred must ensure the patient’s treatment plan is changed to give effect to the order.

Other change of treatment plan—classified patients

127.(1) If the director revokes an approval given under section 129(2)(b), the administrator for the patient’s treating health service must ensure the patient’s treatment plan is changed to give effect to the revocation.

⁴³ For meaning of “advance health directive”, see *Powers of Attorney Act 1998*, section 35.

⁴⁴ See sections 193, 199, 206 and 294.

⁴⁵ See section 537 (Compliance with particular provisions as soon as practicable). For a doctor’s obligations to give particular information to the patient’s personal attorney or personal guardian, see the *Guardianship and Administration Act 2000*, section 76 (Health providers to give information).

(2) A health practitioner must talk to the patient about the change and the reasons for it.⁴⁶

(3) Also, if, on the revocation, the patient is not in the health service, an authorised doctor for the health service must, under section 507⁴⁷, require the patient to return to the health service.

Division 2—Limited community treatment

Application of div 2

128. This division does not apply to—

- (a) a patient under an involuntary treatment order if the order's category is community; or
- (b) a patient for whom a court has made an order under section 101(2) or 337(5).

Authorising limited community treatment

129.(1) An authorised doctor for a patient's treating health service may, under the patient's treatment plan, authorise limited community treatment for the patient.

(2) However, the doctor may authorise limited community treatment for the patient only—

- (a) for a forensic patient—with the approval of the tribunal or the Mental Health Court;⁴⁸ or
- (b) for a classified patient—with the director's written approval; or
- (c) for a patient detained in an authorised mental health service under an order of the Mental Health Court under section 273(1)(b)—if

⁴⁶ See section 537 (Compliance with particular provisions as soon as practicable).

⁴⁷ Section 507 (Authorised doctor may require involuntary patient's return)

⁴⁸ See sections 203 (Decisions on review) and 289 (Mental Health Court may order, approve or revoke limited community treatment).

authorised to do so under the order.⁴⁹

(3) The director must not give approval under subsection (2)(b) if the director is satisfied there is an unacceptable risk the patient would, if the treatment were undertaken in the community—

- (a) not return to the authorised mental health service when required; or
- (b) commit an offence while away from the health service; or
- (c) endanger the safety or welfare of the patient or others.

(4) Also, in deciding whether to give the approval, the director must have regard to the following—

- (a) the patient's mental state and psychiatric history;
- (b) the offence leading to the patient becoming a classified patient;
- (c) the patient's social circumstances;
- (d) the patient's response to treatment and willingness to continue treatment.

Limited community treatment on order of tribunal or Mental Health Court

130. If the tribunal or the Mental Health Court orders that a patient have limited community treatment, the administrator of the patient's treating health service must ensure an authorised doctor for the health service changes the patient's treatment plan to give effect to the order.

What treatment plan must state for limited community treatment

131.(1) If, under a patient's treatment plan, the patient is authorised to have limited community treatment, the treatment plan must include in specific terms—

- (a) the continuous periods of limited community treatment; and
- (b) the conditions the doctor considers necessary—

⁴⁹ See section 275 (Mental Health Court may approve limited community treatment).

- (i) for the clinical management of the patient's treatment; and
- (ii) to protect the health or safety of the patient or the safety of others.

(2) A continuous period of limited community treatment for a patient, other than a classified or forensic patient, must not be more than 7 days.

(3) However, an authorised doctor for the health service may, from time to time, extend the period for a further continuous period of not more than 7 days.

Note—

Instead of extending the period for an involuntary patient (other than a classified or forensic patient), the authorised doctor may change the category of the order, see section 119.

In deciding whether to extend the period or change the category, the doctor must have regard to the general principles for the administration of this Act and the principles for exercising powers and performing functions under this Act, see sections 8 and 9.

Particular patients to be accompanied while undertaking limited community treatment

132.(1) This section applies to the following patients—

- (a) a classified patient serving a sentence of imprisonment or detention;
- (b) a patient who is detained in an authorised mental health service under an order of the Mental Health Court under section 273(1)(b).⁵⁰

(2) While undertaking limited community treatment, the patient must be accompanied by an employee of the health service in which the patient is detained.

⁵⁰ Section 273 (Orders about custody)

PART 3—REGULATED AND PROHIBITED TREATMENTS, SECLUSION AND RESTRAINT

Division 1—Informed consent

Requirements for informed consent

133. For this part, a person gives informed consent to treatment of himself or herself only if the requirements of this division have been complied with.

Capacity to give informed consent

134. The person must have capacity to give informed consent.⁵¹

Consent to be written

135. Informed consent must be in writing signed by the person.

Consent to be given freely and voluntarily

136.(1) Informed consent must be given freely and voluntarily by the person.

(2) Without limiting subsection (1), consent is freely and voluntarily given if it is not obtained—

- (a) by force, threat, intimidation, inducement or deception; or
- (b) by exercise of authority.

Explanation to be given

137. Before a person gives informed consent, a full explanation must be given to the person in a form and language able to be understood by the person about—

⁵¹ “Capacity” is defined in the dictionary.

- (a) the purpose, method, likely duration and expected benefit of the treatment; and
- (b) possible pain, discomforts, risks and side effects associated with the treatment; and
- (c) alternative methods of treatment available to the person.

Division 2—Electroconvulsive therapy

Offence to perform electroconvulsive therapy

138. A person must not perform electroconvulsive therapy on another person other than under this division.

Maximum penalty—100 penalty units or 1 year's imprisonment.

Performance of electroconvulsive therapy with consent or tribunal approval

139. A doctor may perform electroconvulsive therapy on a person at an authorised mental health service if the person—

- (a) has given informed consent to the treatment; or
- (b) is an involuntary patient and the tribunal has approved the use of the treatment.

Note—

Only a psychiatrist may apply for approval to perform electroconvulsive therapy, see section 229.

Performance of electroconvulsive therapy in emergency

140.(1) A doctor may perform electroconvulsive therapy on an involuntary patient at an authorised mental health service if—

- (a) a certificate under subsection (2) is in force for the patient; and
- (b) a treatment application to perform electroconvulsive therapy on the patient is made under subsection (4).

(2) For subsection (1)(a), a psychiatrist and the medical superintendent

for the health service must certify in writing that performing electroconvulsive therapy on the patient is necessary to—

- (a) save the patient's life; or
- (b) prevent the patient from suffering irreparable harm.

(3) The certificate is in force for 5 days after it is made.

(4) For subsection (1)(b), the treatment application must be made by the psychiatrist who gives the certificate under subsection (2) immediately after giving the certificate.

Division 3—Restraint

Meaning of “mechanical restraint” for div 3

141.(1) For this division, “**mechanical restraint**”, of a person, is the restraint of the person by the use of a mechanical appliance preventing the free movement of the person's body or a limb of the person.

(2) However, the use of a surgical or medical appliance for the proper treatment of physical disease or injury is not mechanical restraint.

Offence to use mechanical restraint

142. A person must not use mechanical restraint on a patient in an authorised mental health service other than under this division.

Maximum penalty—50 penalty units.

Doctor may authorise use of mechanical restraint

143. For treating an involuntary patient in an authorised mental health service, a doctor may authorise the use of mechanical restraint on the patient only if the doctor is satisfied it is the most clinically appropriate way of preventing injury to the patient or someone else.

How authorisation is given

144. The doctor must give the authorisation by recording the following

details in the patient's clinical file—

- (a) the type of restraint authorised;
- (b) the reasons for the restraint;
- (c) any restrictions on the circumstances in which restraint may be applied;
- (d) the maximum period or periods for which the restraint may be applied;
- (e) the intervals at which the patient must be observed while the restraint is applied;
- (f) any special measures necessary to ensure the patient's proper treatment while the restraint is applied;
- (g) the time when the authorisation ends.

Obligations of senior registered nurse

145. The senior registered nurse on duty must—

- (a) ensure the restraint is applied as authorised by the doctor; and
- (b) ensure the patient's reasonable needs are met, including, for example, being given—
 - (i) sufficient bedding and clothing; and
 - (ii) sufficient food and drink; and
 - (iii) access to toilet facilities; and
- (c) record the following details in the patient's clinical file—
 - (i) the type of restraint applied;
 - (ii) if the doctor has stated any restrictions on the application of the restraint—the circumstances in which the restraint was applied;
 - (iii) the time the restraint was applied;
 - (iv) the person who applied the restraint;
 - (v) the time the restraint was removed.

When nurse may authorise end of restraint

146. If the senior registered nurse on duty is satisfied the patient can be safely treated without the restraint, the nurse must immediately direct the removal of the restraint.

Director may require reports about mechanical restraint

147. If asked by the director, the administrator of an authorised mental health service must send to the director a report in the approved form about the use of the mechanical restraint of patients in the health service for the period identified by the director or for each occasion on which the mechanical restraint of a patient is authorised.

*Division 4—Seclusion**Subdivision 1—Interpretation***Meaning of “seclusion” for div 4**

148.(1) For this division, “**seclusion**”, of a patient, is the confinement of the patient at any time of the day or night alone in a room or area from which free exit is prevented.

(2) However, the overnight confinement for security purposes of an involuntary patient in a high security unit or an in-patient facility of an authorised mental health service prescribed under a regulation for this subsection is not seclusion.

*Subdivision 2—Prohibition of seclusion***Offence to keep patient in seclusion**

149. A person must not keep a patient in an authorised mental health service in seclusion other than under this division.

Maximum penalty—50 penalty units.

Subdivision 3—Authorisation of seclusion

Who may authorise seclusion

150. Seclusion of an involuntary patient in an in-patient facility of an authorised mental health service may be authorised—

- (a) at any time, by a doctor; or
- (b) in urgent circumstances, by the senior registered nurse on duty.

When seclusion may be authorised

151. A doctor or the senior registered nurse on duty must not authorise seclusion of an involuntary patient unless the doctor or nurse is reasonably satisfied—

- (a) it is necessary to protect the patient or other persons from imminent physical harm; and
- (b) there is no less restrictive way of ensuring the safety of the patient or others.

Patient's consent not required

152. It is not necessary to obtain an involuntary patient's consent to the patient's seclusion under this division.

Subdivision 4—Provisions about seclusion authorised by doctor

Seclusion authorised by doctor

153.(1) A doctor must authorise seclusion of a patient by written order.

(2) The order must state—

- (a) the reasons for the seclusion; and
- (b) the time the order is made; and
- (c) the time (not longer than 12 hours after the order is made) when it ends; and

- (d) whether the senior registered nurse on duty is authorised to release the patient from, or return the patient to, seclusion; and
- (e) the specific measures necessary to ensure the patient's proper treatment while secluded.

Observation of patient

154. The senior registered nurse on duty must ensure the patient is continuously observed unless the doctor states in the order—

- (a) that it is not clinically necessary to continuously observe the patient while secluded; and
- (b) the intervals (not longer than 15 minutes) at which the patient must be observed.

When nurse may authorise end to seclusion

155.(1) This section applies if, under the doctor's order, the senior registered nurse on duty is authorised to release the patient from, or return the patient to, seclusion.

(2) The nurse may—

- (a) release the patient from seclusion if the nurse is satisfied seclusion of the patient is no longer necessary; and
- (b) return the patient to seclusion if—
 - (i) the doctor's order is still in force; and
 - (ii) the nurse is satisfied the criteria stated in section 151 apply in relation to the patient.

(3) Immediately after acting under subsection (2), the nurse must record in the patient's clinical file—

- (a) the time of release from, or return to, seclusion; and
- (b) the reasons for the release or return.

Subdivision 5—Provisions about seclusion authorised by senior registered nurse

Seclusion authorised by senior registered nurse

156.(1) If the senior registered nurse on duty authorises a patient's seclusion, the nurse must—

- (a) immediately tell a doctor of the seclusion; and
- (b) record the following in the patient's clinical file—
 - (i) the reasons for the seclusion;
 - (ii) the time the patient was placed in seclusion;
 - (iii) the time the nurse told a doctor of the seclusion.

(2) The doctor must ensure the patient is examined as soon as practicable by a doctor.

(3) On the examination of the patient, the examining doctor must—

- (a) record in the patient's clinical file the time of the examination; and
- (b) order the patient's release from seclusion or authorise the patient's seclusion.

Observation of patient

157. The senior registered nurse on duty must ensure the patient is continuously observed while in seclusion under a nurse's authorisation.

Subdivision 6—General provisions about seclusion

Nurse to ensure patient's needs are met

158. The senior registered nurse on duty must ensure the patient's reasonable needs are met, including, for example, being given—

- (a) sufficient bedding and clothing; and
- (b) sufficient food and drink; and
- (c) access to toilet facilities.

Use of reasonable force

159. A doctor or senior registered nurse on duty who, under this division, authorises a patient's seclusion may, with the help, and using the force, that is reasonable in the circumstances, place the patient in seclusion.

Director may require reports about seclusions

160. If asked by the director, the administrator of an authorised mental health service must send to the director a report in the approved form about seclusions of patients in the health service for a period identified by the director.

Division 5—Other treatments**Psychosurgery**

161.(1) A person must not perform psychosurgery on another person other than under this section.

Maximum penalty—200 penalty units or 2 years imprisonment.

(2) A doctor may perform psychosurgery on a person if—

- (a) the person on whom the treatment is performed has given informed consent to the treatment; and
- (b) the tribunal has given approval to the treatment.⁵²

Prohibited treatment

162. A person must not administer to another person—

- (a) insulin induced coma therapy; or
- (b) deep sleep therapy.

Maximum penalty—200 penalty units or 2 years imprisonment.

⁵² For application for approval to perform psychosurgery, see section 233.

CHAPTER 5—MOVING, TRANSFER AND TEMPORARY ABSENCE OF PATIENTS

PART 1—MOVING AND TRANSFER OF PATIENTS

Division 1—Moving patients within authorised mental health services

Involuntary patient may be moved within authorised mental health service

163.(1) For assessing or treating an involuntary patient in an authorised mental health service, the administrator of the health service may move the patient from one facility in the health service to another facility in the health service.

(2) For subsection (1), the administrator and anyone lawfully helping the administrator—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.⁵³

(3) If the patient is a classified or forensic patient and the patient is moved from one in-patient facility to another in-patient facility in the health service, the administrator of the health service must give written notice of the move to the director.

Administration of medication while being moved in an authorised mental health service

164.(1) This section applies if an involuntary patient is being moved in an authorised mental health service for assessment.

⁵³ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

(2) Despite the absence or refusal of the patient's consent, medication may be administered to the patient while being moved.

(3) However, the medication—

- (a) may be administered to the patient only if a doctor is satisfied it is necessary to ensure the safety of the patient or others while being moved; and
- (b) must be administered by a doctor or a registered nurse under the instruction of a doctor.

(4) The doctor or nurse may administer the medication with the help, and using the force, that is reasonable in the circumstances.

(5) For subsection (3)(b), the doctor's instruction must include the medication's name, the dose and route and frequency of administration.

(6) A doctor or nurse who administers medication under this section must keep a written record of the matters mentioned in subsection (5).

(7) This section applies despite the *Guardianship and Administration Act 2000*, chapter 5, part 2, division 1.⁵⁴

Division 2—Transfers between authorised mental health services

Transfer orders—involuntary patients other than classified or forensic patients

165.(1) This section does not apply to a classified or forensic patient.

(2) An involuntary patient may be transferred from one authorised mental health service to another authorised mental health service on the written order of—

- (a) for a patient detained for assessment—the director or a doctor at the health service where the patient is detained; or
- (b) for a patient detained under an involuntary treatment order—the director or an authorised doctor for the patient's treating health

⁵⁴ *Guardianship and Administration Act 1999*, chapter 5 (Health matters and special health matters), part 2 (Scheme for health care and special health care), division 1 (Health care—no consent).

service.

(3) Also, an authorised doctor for an involuntary patient's treating health service must order the patient's transfer from one authorised mental health service to another authorised mental health service to give effect to the tribunal's decision under section 191(2)(c).

(4) However, an involuntary patient must not be transferred to a high security unit without the director's approval under section 167.

Transfer orders—other patients

166.(1) This section applies to the following patients—

- (a) a classified or forensic patient;
- (b) a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5).⁵⁵

(2) The patient may be transferred from one authorised mental health service to another authorised mental health service only on the written order of the director.

(3) Also, the director must order the patient's transfer from one authorised mental health service to another authorised mental health service to give effect to a decision of the tribunal under section 203(2)(d).

Transfers to high security units

167.(1) The director must not give an approval for, or order, the transfer of an involuntary patient to a high security unit unless the director is satisfied it is in the patient's best interests to do so having regard to the following—

- (a) the person's mental state and psychiatric history;
- (b) the person's treatment and security requirements;
- (c) any offence with which the person has been charged or for which the person is serving a sentence of imprisonment or period of detention.

⁵⁵ Sections 101 (Court may order person's detention in authorised mental health service), 273 (Orders about custody) and 337 (Appeal powers)

(2) Immediately after giving the approval for, or ordering, the transfer of a young patient, the director must give written notice of the approval or order to the tribunal.⁵⁶

Taking involuntary patient to authorised mental health service

168.(1) Under an order for the transfer of an involuntary patient—

- (a) a health practitioner may take the patient to the authorised mental health service to which the patient is transferred;⁵⁷ and
- (b) the patient may be detained in the health service.

(2) For subsection (1), the practitioner—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.⁵⁸

Notice of transfer

169. Within 7 days after the order for the patient's transfer is made, written notice of the order must be given to the tribunal—

- (a) if the order is made by an authorised doctor at the patient's treating health service—by the administrator of the health service; or
- (b) if the order is made by the director—by the director.

⁵⁶ For reviews of the detention of a young patient in a high security unit, see chapter 6 (Tribunal reviews, notification orders and treatment applications), part 2 (Reviews by tribunal for young patients detained in high security units).

⁵⁷ For provisions about entering places, see chapter 14 (Enforcement, evidence and legal proceedings), part 2 (Entry to places).

⁵⁸ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

Division 3—Moving and transfer of patients out of Queensland***Subdivision 1—Interpretation*****Application of div 3**

170. This division applies to an involuntary patient other than—

- (a) a classified patient; or
- (b) a forensic patient—
 - (i) for whom a jury has made a section 613 or 645 finding or who the Mental Health Court has decided is unfit for trial; and
 - (ii) for whom proceedings for the offence to which the finding or decision relates have not been discontinued under chapter 6, part 4 or chapter 7, part 6.⁵⁹

Subdivision 2—Moving of patients out of Queensland**Application for approval for patient to move out of Queensland**

171. The following persons may apply in writing to the tribunal for an approval that a patient move out of Queensland—

- (a) the patient;
- (b) a person on behalf of the patient;
- (c) the administrator of the patient's treating health service;
- (d) the director.

⁵⁹ Chapter 6 (Tribunal reviews, notification orders and treatment applications), part 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial) or chapter 7 (Examinations, references and orders for persons charged with offences), part 6 (Inquiries on references to Mental Health Court)

Notice of hearing of application

172.(1) The tribunal must give written notice of the hearing of the application to the following persons—

- (a) the parties to the proceeding for the application;
- (b) the administrator of the patient's treating health service;
- (c) if the patient is a forensic patient—the director;
- (d) the patient's allied person.

(2) The notice must—

- (a) be in the approved form; and
- (b) be given—
 - (i) at least 7 days before the hearing; or
 - (ii) if the patient agrees to a period of less than 7 days—the lesser period; and
- (c) state the following information—
 - (i) the time and place of the hearing;
 - (ii) the nature of the hearing;
 - (iii) the patient's right to be represented at the hearing.

Tribunal's powers on application

173.(1) In deciding the application, the tribunal must grant or refuse the application.

(2) However, the tribunal may approve that the patient move out of Queensland only if it is satisfied appropriate arrangements exist for the patient's treatment or care at the place where the patient is to move.

(3) Also, the tribunal may impose the reasonable conditions on the approval the tribunal considers appropriate.

Notice of decision

174.(1) The tribunal must give a copy of its decision to the following persons—

- (a) the parties to the proceeding for the application;
- (b) the patient's allied person;
- (c) the administrator of the patient's treating health service;
- (d) for a forensic patient—the director.

(2) In addition, the tribunal must give the parties a written notice stating—

- (a) a party may ask the tribunal for written reasons for its decision; and
- (b) a party may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and
- (c) how to appeal.

(3) If asked to do so by a party, the tribunal must give the party reasons for the decision.

(4) If the request is made within 7 days after receiving the notice, the tribunal must comply with the request within 7 days after receiving the request.

(5) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the patient.⁶⁰

(6) Despite subsections (2) to (4), the tribunal must give written reasons for the decision—

- (a) for a forensic patient—to the Attorney-General and director if asked to do so by the Attorney-General or director; or
- (b) for another patient—to the director if asked to do so by the director.

(7) The tribunal must give the Attorney-General or director the reasons for the decision within 7 days after receiving the request from the Attorney-General or director.

⁶⁰ See section 458 (Confidentiality orders).

Effect of patient moving on involuntary treatment order

175.(1) This section applies if the patient is an involuntary patient under an involuntary treatment order.

(2) On the patient moving out of Queensland under the tribunal's approval, the involuntary treatment order for the patient is in force only if the patient returns to Queensland and while the patient is in Queensland.

PART 2—INTERSTATE APPLICATION OF MENTAL HEALTH LAWS***Division 1—Preliminary*****Interstate agreements**

176.(1) The Minister may, for the State, enter into an agreement with another State about the following—

- (a) the application of mental health laws of this State or the other State;
- (b) the transfer, detention and apprehension of persons in this State and the other State under mental health laws;
- (c) administrative and other matters incidental to a matter mentioned in paragraph (a) or (b).

(2) The Minister must, by gazette notice, give notice of the making of the agreement and its terms.

Division 2—Making involuntary treatment orders and exercise of powers**Involuntary treatment orders for interstate residents**

177. An involuntary treatment order may be made for a person who is detained under this Act even if the person does not live in Queensland.

Queensland officers may exercise powers etc. under corresponding laws

178.(1) A person authorised by the Minister for this section or a health practitioner, may exercise a power or perform a function conferred on him or her under a corresponding law.

(2) Subsection (1) has effect subject to the provisions of an interstate agreement about the exercise of a power or performance of a function by the person or health practitioner.

Interstate officers may exercise powers etc. in this State

179. A person who is authorised to exercise a power or perform a function for treating a patient under an interstate order may exercise the power or perform the function in this State.

Division 3—Interstate admissions and transfers of persons and patients**Admission of persons to interstate mental health services**

180.(1) A person who may be taken to and involuntarily detained in an authorised mental health service under chapter 2 may instead be taken to an interstate mental health service, if permitted under a corresponding law, by—

- (a) a person authorised under this Act to take the person to an authorised mental health service; or
- (b) a person who, under the corresponding law, is authorised to take the person to an interstate mental health service.

(2) A person exercising a power under subsection (1) may do so with the help, and using the force, that is reasonable in the circumstances.

(3) Despite the absence or refusal of the person's consent, medication may be administered to the person while being taken to the interstate mental health service.

(4) Section 26(2) to (6) applies to the administration of the medication.

Transfer of involuntary patients to interstate mental health services

181.(1) The director or an authorised doctor for an involuntary patient's treating health service may, by written order, transfer the patient to an interstate mental health service if—

- (a) the director or doctor is satisfied the transfer is in the patient's best interests; and
- (b) the transfer is permitted under a corresponding law; and
- (c) the interstate authority for the interstate mental health service agrees to the transfer.

(2) The patient may be taken to the interstate mental health service by—

- (a) a person authorised under this Act to take the person to an authorised mental health service; or
- (b) a person who, under the corresponding law, is authorised to take the person to an interstate mental health service.

(3) A person exercising a power under subsection (2) may do so with the help, and using the force, that is reasonable in the circumstances.

(4) Despite the absence or refusal of the person's consent, medication may be administered to the person while being taken to the interstate mental health service.

(5) Section 26(2) to (6) applies to the administration of the medication.

(6) The patient ceases to be an involuntary patient on the patient's detention in the interstate mental health service.

(7) Within 7 days after the order for the patient's transfer is made, written notice of the order must be given to the tribunal—

- (a) if the order is made by an authorised doctor at the patient's treating health service—by the administrator of the health service; or
- (b) if the order is made by the director—by the director.

Admission of interstate persons to authorised mental health services

182.(1) A person who may be taken to and detained in an interstate mental health service under a corresponding law may instead be taken to

and detained in an authorised mental health service.

(2) The person may be taken to the authorised mental health service by—

- (a) a health practitioner; or
- (b) a person who, under the corresponding law, is authorised to take the person to an interstate mental health service.

(3) For subsection (2)(a), the practitioner—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.⁶¹

(4) If there are documents authorising the admission and detention of the person under the corresponding law, chapter 2, part 4, applies to the person as if the documents were assessment documents made for the person.

(5) If there are no documents authorising the admission and detention of the person under the corresponding law, the person may be detained for a reasonable time to allow the person's examination to decide whether assessment documents should be made for the person.

Transfer of patients to authorised mental health services

183.(1) A person who is involuntarily detained in an interstate mental health service under a corresponding law may be transferred to an authorised mental health service if—

- (a) the administrator for the authorised mental health service agrees to the transfer; and
- (b) the transfer is authorised under the corresponding law.

(2) The person may be taken to the authorised mental health service by—

- (a) a health practitioner; or
- (b) a person who, under the corresponding law, is authorised to take

⁶¹ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

the person to an interstate mental health service.

(3) For subsection (2)(a), the practitioner—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.⁶²

(4) Chapter 4 applies to the person as if an involuntary treatment order were made for the person by an authorised doctor who is not a psychiatrist.

(5) For subsection (4), documents authorising the person's transfer under the corresponding law are taken to be the involuntary treatment order.

Division 4—Apprehension and return of persons

Apprehension of persons absent from interstate mental health services

184.(1) A person who is absent without leave from an interstate mental health service in a participating State and who may be apprehended under a corresponding law in the State may be apprehended in this State by—

- (a) a person who is authorised to apprehend the person under the corresponding law; or
- (b) a health practitioner or police officer.

(2) For subsection (1), a warrant or other document that, under the corresponding law, authorises the person's apprehension in the participating State, authorises a police officer to exercise the powers a police officer has under a warrant for apprehension of a patient under chapter 14, part 2.

(3) If the person is apprehended under this section, the person must be taken to an interstate mental health service in the participating State or an authorised mental health service.

(4) A person exercising a power under subsection (1) or (2) may do so with the help, and using the force, that is reasonable in the circumstances.

⁶² For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

(5) Despite the absence or refusal of the person's consent, medication may be administered to the person while being taken to the interstate mental health service or the authorised mental health service.

(6) Section 509(2) to (6) applies to the administration of the medication.

(7) If the person is taken to an authorised mental health service—

- (a) chapter 4 applies to the person as if an involuntary treatment order were made for the person by an authorised doctor who is not a psychiatrist; and
- (b) for paragraph (a), the warrant or other document authorising the person's apprehension is taken to be the involuntary treatment order.

Apprehension of involuntary patients interstate

185.(1) This section applies to an involuntary patient—

- (a) to whom chapter 14, part 1,⁶³ applies; and
- (b) who is apprehended in a participating State.

(2) The patient may be taken to an authorised mental health service by—

- (a) a person who, under a corresponding law, is authorised to take the patient to an interstate mental health service; or
- (b) a person authorised under this Act to take the person to an authorised mental health service.

(3) A person exercising a power under subsection (2) may do so with the help, and using the force, that is reasonable in the circumstances.

(4) Despite the absence or refusal of the person's consent, medication may be administered to the person while being taken to the authorised mental health service.

(5) Section 509(2) to (6) applies to the administration of the medication.

⁶³ Chapter 14 (Enforcement, evidence and legal proceedings), part 1 (Return of patients to treating health service for assessment or treatment)

PART 3—TEMPORARY ABSENCES

Absence of particular patients with director's approval

186.(1) This section applies to—

- (a) a classified or forensic patient detained in an authorised mental health service; or
- (b) a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5).⁶⁴

(2) The director may, by written notice, approve the patient's absence from the health service—

- (a) to receive medical, dental or optical treatment; or
- (b) to appear before a court, tribunal or other body; or
- (c) for another purpose the director considers to be appropriate on compassionate grounds.

(3) The notice must state the approved period of absence.

(4) The approval may be given on the conditions the director considers appropriate, including, for example, a condition that the patient is to be in the care of a stated person for the period of absence.

⁶⁴ Sections 101 (Court may order person's detention in authorised mental health service, 273 (Orders about custody) and 337 (Appeal powers)

CHAPTER 6—TRIBUNAL REVIEWS, NOTIFICATION ORDERS AND TREATMENT APPLICATIONS

PART 1—REVIEWS BY TRIBUNAL FOR PATIENTS UNDER INVOLUNTARY TREATMENT ORDERS

When reviews are conducted

187.(1) The tribunal must review the application of the treatment criteria to a patient for whom an involuntary treatment order is in force—

- (a) within 6 weeks after the order is made and afterwards at intervals of not more than 6 months; and
- (b) on application for the review made under section 188.

(2) However, the tribunal may dismiss an application for a review if the tribunal is satisfied the application is frivolous or vexatious.

(3) The tribunal may, on its own initiative, carry out a review of the application of the treatment criteria to the patient.

(4) The tribunal may carry out a review on an application for a review at the same time as another review for the patient but must carry out a review on the application—

- (a) if it is made within the 6 week period mentioned in subsection (1)(a)—within 7 days after the application is made; or
- (b) if paragraph (a) does not apply—within a reasonable time after it is made.

(5) In deciding whether to carry out reviews for the patient at the same time, the tribunal must have regard to the following—

- (a) the period until the next periodic review under subsection (1)(a) is required to be carried out;
- (b) whether it is in the patient's best interests to do so.

(6) The tribunal must conduct a hearing for reviewing the application of the treatment criteria to an involuntary patient under this part.

Application for review

188.(1) The application for a review must—

- (a) be made in writing by—
 - (i) the patient; or
 - (ii) a person on behalf of the patient; or
 - (iii) the director; and
- (b) be given to the tribunal.

(2) The application may be made at any time.

(3) However, for an involuntary treatment order mentioned in section 112(1), application may be made for a review only after the order is confirmed under section 112.

Notice of hearing for review

189.(1) The tribunal must give written notice of the hearing for a review to the following persons—

- (a) the patient;
- (b) the administrator of the patient's treating health service;
- (c) if the patient is a classified patient—the director;
- (d) the patient's allied person;
- (e) if the patient is a minor—a parent of the minor or the minor's guardian;
- (f) if the tribunal reasonably believes the patient has a personal attorney—the attorney;
- (g) if the tribunal reasonably believes the patient has a personal guardian—the guardian;
- (h) if the review is to be carried out on an application by someone other than the patient—the applicant.

(2) The notice must—

- (a) be in the approved form; and
- (b) be given—

- (i) at least 7 days before the hearing; or
 - (ii) if the patient agrees to a period of less than 7 days—the lesser period; and
- (c) state the following information—
- (i) the time and place of the hearing;
 - (ii) the nature of the hearing;
 - (iii) the patient's right to be represented at the hearing.

Matters to be considered on particular reviews

190. If the involuntary treatment order for the patient has been in force for more than 6 months, the tribunal must consider whether an examination and report should be obtained from a psychiatrist other than the psychiatrist responsible for the patient's treatment.

Decisions on review

191.(1) On the review, the tribunal must decide to confirm or revoke the involuntary treatment order for the patient.

(2) If the tribunal confirms the involuntary treatment order for the patient, the tribunal may decide to make 1 or more of the following orders—

- (a) an order that the category of the order be changed;
- (b) if the category of the order is in-patient—
 - (i) an order that the patient have limited community treatment subject to the reasonable conditions the tribunal considers appropriate; or
 - (ii) an order revoking an order or authorisation for limited community treatment for the patient;
- (c) an order that the patient be transferred from one authorised mental health service to another authorised mental health service.

(3) However, subsection (2) does not apply to a classified patient.

(4) In making a decision under subsection (1) or (2), the tribunal must have regard to the following—

- (a) the patient's mental state and psychiatric history;
- (b) the patient's social circumstances;
- (c) the patient's response to treatment and willingness to continue treatment.

Notice of decision

192.(1) The tribunal must give a copy of its decision on the review to the following persons—

- (a) the parties to the proceeding for the review;
- (b) the patient's allied person;
- (c) the administrator of the patient's treating health service;
- (d) for a classified patient—the director;
- (e) if the review was carried out on application of a person not mentioned in paragraphs (a) to (d)—the applicant.

(2) In addition, the tribunal must give the parties a written notice stating—

- (a) a party may ask the tribunal for written reasons for its decision; and
- (b) a party may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and
- (c) how to appeal.

(3) If asked to do so by a party, the tribunal must give the party the reasons for the decision.

(4) If the request is made within 7 days after receiving the notice, the tribunal must comply with the request within 7 days after receiving the request.

(5) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the patient.⁶⁵

⁶⁵ See section 458 (Confidentiality orders).

(6) Despite subsections (2) to (4), the tribunal must give the director the reasons for the decision within 7 days after receiving the director's request.

Decision to transfer to be given effect

193. The administrator of the patient's treating health service must ensure the tribunal's decision is given effect.

Note—

Giving effect to the tribunal's decision may require any 1 or more the following—

- (a) changing the category of the involuntary treatment order for the patient, see section 119(2);
- (b) changing the patient's treatment plan, see section 125(2);
- (c) authorising limited community treatment, see sections 129 and 130;
- (d) transferring the patient to another authorised mental health service, see section 165(3);
- (e) requiring the patient to return to an authorised mental health service, see section 507(1)(c).

PART 2—REVIEWS BY TRIBUNAL FOR YOUNG PATIENTS DETAINED IN HIGH SECURITY UNITS

When reviews are conducted

194.(1) The tribunal must review the detention of a young patient in a high security unit for treatment or care—

- (a) within 7 days after the detention starts and afterwards at intervals of not more than 3 months; and⁶⁶
- (b) on application for the review made under section 195.

(2) However, the tribunal may dismiss an application for a review if the tribunal is satisfied the application is frivolous or vexatious.

⁶⁶ For director's approval or order for detention of a young patient in a high security unit, see sections 53 and 167.

(3) The tribunal may, on its own initiative, carry out a review of the detention of a young patient in a high security unit for treatment or care.

(4) The tribunal may carry out a review on an application for a review at the same time as another review for the patient but must carry out a review on the application within a reasonable time after it is made.

(5) In deciding whether to carry out reviews for the patient at the same time, the tribunal must have regard to the following—

- (a) the period until the next periodic review under subsection (1)(a) is required to be carried out;
- (b) whether it is in the patient's best interests to do so.

(6) The tribunal must conduct a hearing for reviewing the detention of a young patient under this part.

Application for review

195.(1) The application for a review must—

- (a) be made in writing by—
 - (i) the patient; or
 - (ii) a person on behalf of the patient; and
- (b) be given to the tribunal.

(2) The application may be made at any time.

Notice of hearing for review

196.(1) The tribunal must give written notice of the hearing for a review to the following persons—

- (a) the patient;
- (b) the administrator of the patient's treating health service;
- (c) the director;
- (d) the patient's allied person;
- (e) a parent of the patient or the patient's guardian;
- (f) if the review is to be carried out on application of a person not

mentioned in paragraphs (a) to (e)—the applicant.

(2) The notice must—

- (a) be in the approved form; and
- (b) be given at least 7 days before the hearing, other than for the first review after the patient's detention; and
- (c) state the following information—
 - (i) the time and place of the hearing;
 - (ii) the nature of the hearing;
 - (iii) the patient's right to be represented at the hearing.

Decision on review

197.(1) On the review, the tribunal must decide that the patient—

- (a) continue to be detained in the high security unit; or
- (b) be transferred from the high security unit to an authorised mental health service that is not a high security unit.

(2) The tribunal must not make a decision under subsection (1)(a) unless the tribunal is satisfied it is in the patient's best interests to do so having regard to the following—

- (a) the patient's mental state and psychiatric history;
- (b) the patient's treatment and security requirements;
- (c) for a classified or forensic patient—the offence leading to the patient becoming a classified or forensic patient.

Notice of decision

198.(1) The tribunal must give a copy of its decision on the review to the following persons—

- (a) the patient;
- (b) the administrator of the patient's treating health service;
- (c) the director;

- (d) the patient's allied person;
- (e) a parent of the patient or the patient's guardian;
- (f) if the review was carried out on application of a person not mentioned in paragraphs (a) to (e)—the applicant.

(2) In addition, the tribunal must give the patient a written notice stating—

- (a) the patient may ask the tribunal for written reasons for its decision; and
- (b) the patient may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and
- (c) how to appeal.

(3) If asked to do so by the patient, the tribunal must give the patient the reasons for the decision.

(4) If the request is made within 7 days after receiving the notice, the tribunal must comply with the request within 7 days after receiving the request.

(5) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the patient.⁶⁷

(6) If asked to do so by the director, the tribunal must give the director written reasons for the decision.

(7) The tribunal must give the director the reasons for the decision within 7 days after receiving the director's request.

Decision to be given effect

199. The administrator of the patient's treating health service must ensure the tribunal's decision is given effect.

Note—

Giving effect to the tribunal's decision may require either or both of the following—

- (a) changing the patient's treatment plan, see section 125(2);

⁶⁷ See section 458 (Confidentiality orders).

- (b) transferring the patient to another authorised mental health service, see section 165(3).⁶⁸

PART 3—REVIEWS BY TRIBUNAL FOR FORENSIC PATIENTS

When reviews are conducted

200.(1) The tribunal must review a forensic patient's mental condition—

- (a) within 6 months after the forensic order is made for the patient and afterwards at intervals of not more than 6 months; and
- (b) on application for the review made under section 201.

(2) However, the tribunal may dismiss an application for a review if the tribunal is satisfied the application is frivolous or vexatious.

(3) The tribunal may, on its own initiative, review a forensic patient's mental condition.

(4) The tribunal may carry out a review on an application for a review at the same time as another review for the patient but must carry out a review on the application within a reasonable time after it is made.

(5) In deciding whether to carry out reviews for the patient at the same time, the tribunal must have regard to the following—

- (a) the period until the next periodic review under subsection (1)(a) is required to be carried out;
- (b) whether it is in the patient's best interests to do so.

(6) The tribunal must conduct a hearing for reviewing the patient's mental condition under this part.

(7) If a forensic order is made for a person who is already a forensic patient, reviews under subsection (1)(a) must be heard together.

⁶⁸ For transferring a classified or forensic patient, see section 166(3).

Application for review

201.(1) An application for a review must—

- (a) be made in writing by—
 - (i) the patient; or
 - (ii) a person on behalf of the patient; or
 - (iii) the director; and
- (b) be given to the tribunal.

(2) The application may be made at any time.

(3) An application is taken to be an application for a review of the patient's mental condition relating to all forensic orders for the patient.

Notice of hearing for review

202.(1) The tribunal must give written notice of the hearing for a review to the following persons—

- (a) the parties to the proceeding for the review;
- (b) the administrator of the patient's treating health service;
- (c) the director;
- (d) the patient's allied person;
- (e) if the review is to be carried out on application of a person not mentioned in paragraphs (a) to (c)—the applicant.

(2) The notice must—

- (a) be in the approved form; and
- (b) be given—
 - (i) at least 7 days before the hearing; or
 - (ii) if the patient agrees to a period of less than 7 days—the lesser period; and
- (c) state the following information—
 - (i) the time and place of the hearing;
 - (ii) the nature of the hearing;

- (iii) for a party to the proceeding—the party’s right to be represented at the hearing.

Decisions on review

203.(1) On the review, the tribunal must decide to confirm or revoke the forensic order for the patient.

(2) If the tribunal confirms the forensic order, the tribunal may decide to make 1 or more of the following orders—

- (a) an order that the patient have limited community treatment subject to the reasonable conditions the tribunal considers appropriate;
- (b) an order approving limited community treatment for the patient subject to the reasonable conditions the tribunal considers appropriate;
- (c) an order revoking an order or approval for limited community treatment for the patient; or
- (d) an order that the patient be transferred from one authorised mental health service to another authorised mental health service.

(3) If 2 or more forensic orders for the patient are being reviewed together, the tribunal must make the same decision for each of the orders.

(4) In making a decision under subsection (1) or (2), the tribunal must have regard to the following—

- (a) the patient’s mental state and psychiatric history;
- (b) each offence leading to the patient becoming a forensic patient;
- (c) the patient’s social circumstances;
- (d) the patient’s response to treatment and willingness to continue treatment.

(5) This section has effect subject to section 204.

Restrictions on review decisions

204.(1) The tribunal must not revoke the forensic order, or order or approve limited community treatment, for the patient if it is satisfied the

patient, because of the patient's mental illness or intellectual disability, represents an unacceptable risk to the safety of the patient or others.

(2) The tribunal must not revoke the forensic order for the patient if the patient has moved out of Queensland under chapter 5, part 1, division 3, unless—

- (a) 2 years has elapsed after the patient's moving out of Queensland; and
- (b) it is satisfied the patient is not likely to move back to Queensland.

(3) The tribunal must not revoke the forensic order for the patient if—

- (a) a jury has made a section 613 or 645 finding for the patient or the Mental Health Court has decided the patient is unfit for trial; and
- (b) proceedings against the patient for the offence to which the finding or decision relates have not been discontinued under part 4 or chapter 7, part 6.

(4) The tribunal must not order or approve limited community treatment for a patient mentioned in subsection (3) if it is satisfied there is an unacceptable risk the patient would, if the treatment were undertaken in the community—

- (a) not return to the authorised mental health service when required; or
- (b) commit an offence; or
- (c) endanger the safety or welfare of the patient or others.

Notice of decision

205.(1) The tribunal must give a copy of its decision to the following persons—

- (a) the parties to the proceeding for the review;
- (b) the administrator of the patient's treating health service;

(c) the director;⁶⁹

(d) if the review was carried out on application of a person not mentioned in paragraphs (a) to (c)—the applicant.

(2) Also, the tribunal must give the parties a written notice stating—

(a) a party may ask the tribunal for written reasons for its decision; and

(b) a party may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and

(c) how to appeal.

(3) If asked to do so by a party, the tribunal must give the party the reasons for the decision.

(4) If the request is made within 7 days after receiving the notice, the tribunal must comply with the request within 7 days after receiving the request.

(5) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the patient.⁷⁰

(6) Despite subsections (2) to (4), the tribunal must give the Attorney-General and director the reasons for the decision within 7 days after receiving a request from the Attorney-General or director.

Decision to be given effect

206. The administrator of the patient's treating health service must ensure the tribunal's decision is given effect.

Note—

Giving effect to the tribunal's decision may require any 1 or more of the following—

(a) changing the patient's treatment plan, see section 125(2);

(b) authorising limited community treatment, see sections 129 and 130;

⁶⁹ For notices that must be given if chapter 7 (Examinations, references and orders for persons charged with offences), part 2 (Procedures for particular involuntary patients charged with offences) no longer applies to the patient, see section 245.

⁷⁰ See section 458 (Confidentiality orders).

- (c) requiring the patient to return to an authorised mental health service, see section 507(1)(c).⁷¹

When patient ceases to be forensic patient

207. If the tribunal revokes the forensic order for the patient, the patient ceases to be a forensic patient.

PART 4—REVIEWS BY TRIBUNAL OF MENTAL CONDITION OF PERSONS TO DECIDE FITNESS FOR TRIAL

Division 1—Conduct of reviews

Application of div 1

208. This division applies if—

- (a) on a reference of the mental condition of a person charged with an offence (the “**relevant offence**”), the Mental Health Court decides the person is unfit for trial but the unfitness for trial is not of a permanent nature; or
- (b) on the trial of a person charged with an indictable offence (also the “**relevant offence**”), a jury has made a section 613 or 645 finding and the proceedings against the person for the offence have not been discontinued or the person has not been found fit for trial.⁷²

When reviews are conducted

209.(1) The tribunal must review the person’s mental condition—

⁷¹ For transferring the patient, see section 155(3).

⁷² See section 301 (Director to refer mental condition of particular persons to tribunal).

- (a) at least once every 3 months for the year starting on the day of the court's decision or jury's finding; and
- (b) afterwards at intervals of not more than 6 months.

(2) Also, the tribunal must review the person's mental condition on application for the review made under section 210.

(3) However, the tribunal may dismiss the application if the tribunal is satisfied the application is frivolous or vexatious.

(4) The tribunal may, on its own initiative, review the person's mental condition.

(5) The tribunal may carry out a review on an application for a review at the same time as another review for the patient but must carry out a review on the application within a reasonable time after it is made.

(6) In deciding whether to carry out reviews for the patient at the same time, the tribunal must have regard to the following—

- (a) the period until the next periodic review under subsection (1)(b) is required to be carried out;
- (b) whether it is in the patient's best interests to do so.

(7) The tribunal must conduct a hearing for reviewing the person's mental condition under this part.

Application for review

210.(1) The application for a review must—

- (a) be made in writing by—
 - (i) the person; or
 - (ii) someone else on behalf of the person; or
 - (iii) the director; and
- (b) be given to the tribunal.

(2) The application may be made at any time.

Notice of hearing for review

211.(1) The tribunal must give written notice of the hearing for a review to the following persons—

- (a) the parties to the proceeding for the review;
- (b) the administrator of the authorised mental health service responsible for the person's treatment or care;
- (c) the director;
- (d) if the person is a forensic patient—the patient's allied person.

(2) The notice must—

- (a) be in the approved form; and
- (b) be given—
 - (i) at least 7 days before the hearing; or
 - (ii) if the person agrees to a period of less than 7 days—the lesser period; and
- (c) state the following information—
 - (i) the time and place of the hearing;
 - (ii) the nature of the hearing;
 - (iii) for a party to the proceeding—the party's right to be represented at the hearing.

Decision on review

212.(1) On the review, the tribunal must decide whether the person is fit for trial.

(2) If, on the last review required to be conducted under section 209(1)(a) and any subsequent review, the tribunal decides the person is unfit for trial and considers the person is unlikely to be fit for trial in a reasonable time, the tribunal must give a written report to the Attorney-General about the person's mental condition.

Notice of decision

213.(1) The tribunal must give a copy of its decision to the following persons—

- (a) the parties to the proceeding;
- (b) the administrator of the authorised mental health service responsible for the person's treatment or care;
- (c) the director;
- (d) the Attorney-General.

(2) Also, the tribunal must give the parties a written notice stating—

- (a) a party may ask the tribunal for written reasons for its decision; and
- (b) a party may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and
- (c) how to appeal.

(3) If asked to do so by a party, the tribunal must give the party the reasons for the decision.

(4) If the request is made within 7 days after receiving the notice, the tribunal must comply with the request within 7 days after receiving the request.

(5) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the person.⁷³

(6) Despite subsections (2) to (4), the tribunal must give the Attorney-General and director the reasons for the decision within 7 days after receiving a request from the Attorney-General or director.

Division 2—Procedures following reviews**Attorney-General's powers**

214.(1) This section applies if, on a review mentioned in section 212(2),

⁷³ See section 458 (Confidentiality orders).

the tribunal decides the person is unfit for trial.

(2) The Attorney-General must, within 28 days after receiving notice of the review decision—

- (a) order that proceedings against the person for the relevant offence be discontinued; or
- (b) defer a decision on the matter and order that the tribunal continue to carry out reviews under section 209(1)(b) of the person's mental condition.

Proceedings discontinued after particular period

215.(1) Proceedings against the person for the relevant offence are discontinued, at the end of the prescribed period after the court's decision or jury's finding, if—

- (a) the Attorney-General has not ordered that proceedings against the person for the relevant offence be discontinued; or
- (b) the tribunal has not decided the person is fit for trial.

(2) For subsection (1), the prescribed period is—

- (a) for proceedings for an offence for which an offender is liable to life imprisonment—7 years; or
- (b) for other proceedings—3 years.

(3) In calculating the prescribed period, the following periods are to be disregarded—

- (a) the period between the giving of a notice under section 507 requiring the person to return to an authorised mental health service and the person's return to the health service;
- (b) the period between the revocation of an approval for absence by the person from an authorised mental health service and the person's return to the health service.⁷⁴

⁷⁴ See chapter 5 (Moving, transfer and temporary absence of patients), part 3 (Temporary absences).

Effect of discontinuing of proceedings

216.(1) This section applies if—

- (a) the Attorney-General has, under section 214, ordered that proceedings against the person for the relevant offence be discontinued; or
- (b) under section 215, proceedings against the person for the relevant offence are discontinued.

(2) The chief executive for justice must give written notice of the order or discontinuing of proceedings to the following—

- (a) the person;
- (b) the registrar of the court in which the proceedings were to continue;
- (c) the commissioner of the police service or director of public prosecutions as appropriate in the circumstances;
- (d) the tribunal;
- (e) the director;
- (f) if the patient is a child—the chief executive for families.

(3) The person can not be further proceeded against for the relevant offence.

(4) However, if the person for whom proceedings are discontinued under subsection (2) is a forensic patient, the forensic order for the patient for the relevant offence continues in force.

Proceedings may be discontinued

217.(1) This part does not prevent—

- (a) the Attorney-General at any time ordering that proceedings against the person for the relevant offence be discontinued; or
- (b) the prosecution of the person for the relevant offence being discontinued at any time by the complainant or director of public prosecutions.

(2) If proceedings are discontinued under subsection (1)(a) for a forensic

patient, the forensic order for the patient for the relevant offence continues in force.

(3) If the prosecution is discontinued under subsection (1)(b) for a forensic patient, the forensic order for the patient ends to the extent that the order relates to the relevant offence.

When proceedings against person continue

218.(1) If, on any review of the person's mental condition, the tribunal decides the person is fit for trial—

- (a) the chief executive for justice must, immediately, give written notice of the decision to the following persons—
 - (i) the registrar of the court in which the proceedings are to continue;
 - (ii) the commissioner of the police service or director of public prosecutions;
 - (iii) the director;
 - (iv) if the person is a child—the chief executive for families; and
- (b) the person must be brought before the court within 7 days after the decision to be dealt with according to law.

(2) For subsection (1)(b), a health practitioner or police officer may take the person to appear before the court.

(3) A health practitioner may exercise the power under subsection (2) with the help, and using the force, that is reasonable in the circumstances.⁷⁵

Effect of continuing proceedings on forensic patient

219.(1) This section applies if the person is a forensic patient.

(2) The patient may be detained in the treating health service until the patient is taken to appear before the court.

(3) The administrator's custody of the patient ends when the patient

⁷⁵ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

appears before the court.

- (4) When the administrator's custody of the patient ends—
- (a) the patient ceases to be a forensic patient; and
 - (b) the forensic order for the patient ends to the extent that the order relates to the relevant offence.

PART 5—NOTIFICATION ORDERS

Division 1—Interpretation

Patients to whom pt 5 applies

220. This part applies to a forensic patient for whom a forensic order is made following—

- (a) a section 647 finding for the patient; or
- (b) a decision by the Mental Health Court, under chapter 7, part 6, division 2, of unsoundness of mind.

Note—

Under chapter 7, part 6, division 2, the Mental Health Court decides issues of unsoundness of mind and diminished responsibility, see section 267.

Also, the Mental Health Court may make a forensic order for a person for whom a decision of unsoundness of mind is made, see section 288(1)(a).

Division 2—Making of notification orders

Tribunal may make notification order

221.(1) The tribunal may, on application made to it by a person or on its own initiative, make an order (a “**notification order**”) about a patient to whom this part applies that a person be given notice of 1 or more of the following—

- (a) when a review for the patient is to be carried out;
 - (b) a review decision under chapter 6, part 3, about the patient;
 - (c) an approval that the patient move out of Queensland;⁷⁶
 - (d) an order that the patient be transferred from one authorised mental health service to another authorised mental health service;⁷⁷
 - (e) the transfer, under an interstate agreement, of the patient to another State.
- (2) The application must be made in the approved form.

Deciding application

222. An application for a notification order about a patient may be decided by—

- (a) the tribunal constituted by the president on written material and submissions without the applicant or patient attending a hearing of the application; or
- (b) the tribunal during a review carried out for the patient or at a hearing conducted for the application.

Restriction on making notification order

223.(1) The tribunal must refuse an application for a notification order about a patient if the tribunal is satisfied it is frivolous or vexatious.

(2) The tribunal must not make a notification order about a patient unless the tribunal is satisfied the person for whom the order is to be made has a sufficient personal interest in being given notice of the matter under the order.

Examples of persons who may have a sufficient personal interest—

1. A victim of a criminal offence committed, or alleged to have been committed, by the patient.

⁷⁶ See section 173 (Tribunal's powers on application).

⁷⁷ See section 166 (Transfer orders—other patients).

2. A personal attorney or personal guardian of the patient.
3. The spouse or a relative or dependent of the patient.

(3) Without limiting subsection (2), the tribunal must consider the following matters in deciding whether a person has a sufficient personal interest—

- (a) whether the patient represents a risk to the safety of the person for whom the order is to be made;
- (b) whether it is likely the patient will come into contact with the person;
- (c) the nature and seriousness of the offence that led to the patient becoming a forensic patient.

Matters to be considered by tribunal in making notification order

224.(1) This section applies if the tribunal is satisfied it may, under section 222, make a notification order about a patient.

(2) In deciding to make the order, the tribunal must consider the following—

- (a) if an application is made for the order—the grounds of the application;
- (b) whether as a consequence of the order the patient's treatment or rehabilitation is likely to be adversely affected;
- (c) the patient's views;
- (d) other matters the tribunal considers appropriate.

Note—

The principle relating to confidentiality of information stated in section 8(i) is relevant to the tribunal's consideration of the matters.

Order may impose conditions

225.(1) The tribunal may impose the conditions on the notification order the tribunal considers appropriate.

(2) The person for whom the order is made must comply with the

conditions imposed on the notification order.

Maximum penalty—40 penalty units.

Notice of order or decision to refuse

226.(1) If the tribunal decides to make a notification order about a patient, the tribunal must give a copy of the order to the persons mentioned in subsection (3).

(2) If the tribunal decides to refuse an application for a notification order about a patient, the tribunal must give written notice of the decision to the persons mentioned in subsection (3).

(3) For subsections (1) and (2), the persons are—

- (a) the patient; and
- (b) the person for whom the order is made or applicant for the order; and
- (c) the administrator of the patient's treating health service; and
- (d) the director.

(4) The tribunal must give its reasons for the decision to the patient and the person for whom the order is made or applicant for the order.

Note—

The principle relating to confidentiality of information stated in section 8(i) is relevant to the tribunal giving its reasons.

(5) The reasons must be given in writing.

(6) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for the decision to the patient.⁷⁸

(7) If the director asks for the tribunal's reasons for the decision, the tribunal must give the reasons to the director within 7 days after receiving the request.

⁷⁸ See section 458 (Confidentiality orders).

Executive officer to give notices under order

227. If the tribunal makes a notification order about a patient, the executive officer must give any notices required under the order.

Division 3—Variation and revocation**Variation and revocation of notification orders**

228.(1) The patient, director or person for whom a notification order is made about a patient may apply to the tribunal for an order to vary or revoke the notification order.

(2) Division 2 applies, with all necessary changes, to the application as if it were an application for a notification order for the patient.

(3) Also, for an application made by the patient or director, the tribunal must give written notice of its decision, and reasons for the decision, on the application to the person for whom the order is made.

PART 6—TREATMENT APPLICATIONS**Application to perform electroconvulsive therapy**

229.(1) A psychiatrist may apply to the tribunal for approval to administer electroconvulsive therapy on an involuntary patient if the psychiatrist is satisfied—

- (a) electroconvulsive therapy is the most clinically appropriate treatment alternative for the patient having regard to the patient's clinical condition and treatment history; and
- (b) the patient is incapable of giving informed consent⁷⁹ to the treatment.

⁷⁹ For requirements of informed consent, see chapter 4 (Treatment of persons who have mental illnesses) part 3 (Regulated and prohibited treatments, seclusion and restraint), division 1 (Informed consent).

(2) The application must be in the approved form.

(3) On making the application, the psychiatrist must tell the patient and the patient's allied person about the application.

Application to perform psychosurgery

230.(1) A psychiatrist may apply to the tribunal for approval to perform psychosurgery on a person if the psychiatrist is satisfied the person has given informed consent⁸⁰ to the psychosurgery.

(2) The application must be in the approved form.

Time for deciding application

231.(1) The tribunal must decide a treatment application within a reasonable time after it is made.

(2) However, if the application is for approval to perform electroconvulsive therapy and a certificate is given under section 140⁸¹, the tribunal must decide the application within 5 days after it is made.

Notice of hearing of application

232.(1) The tribunal must give written notice of the hearing of the treatment application.

(2) For a notice of a hearing of a treatment application for approval to administer electroconvulsive therapy, the notice must be given to the following persons—

- (a) the patient the subject of the application;
- (b) the administrator of the patient's treating health service;
- (c) if an application has been made for the administration of the treatment by someone other than the patient—the applicant;

⁸⁰ For requirements of informed consent, see chapter 4 (Treatment of persons who have mental illnesses), part 3 (Regulated and prohibited treatments, seclusion and restraint), division 1 (Informed consent).

⁸¹ Section 140 (Performance of electroconvulsive therapy in emergency)

- (d) the patient's allied person;
- (e) if the patient is a minor—a parent of the minor or the minor's guardian;
- (f) if the tribunal reasonably believes the patient has a personal attorney—the attorney;
- (g) if the tribunal reasonably believes the patient has a personal guardian—the guardian.

(3) For a notice of a hearing of a treatment application for approval to perform psychosurgery, the notice must be given to—

- (a) the person the subject of the application; and
- (b) the applicant.

(4) The notice must—

- (a) be in the approved form; and
- (b) be given—
 - (i) for an application for electroconvulsive therapy—at least 2 days before the hearing; or
 - (ii) for another application for psychosurgery—at least 7 days before the hearing; and
- (b) state the following information—
 - (i) the time and place of the hearing;
 - (ii) the nature of the hearing;
 - (iii) for a party to the proceeding—the party's right to be represented at the hearing.

Decision on application

233.(1) In deciding a treatment application, the tribunal must give, or refuse to give, approval.

(2) The tribunal must not approve the administering of electroconvulsive therapy to an involuntary patient unless the tribunal is satisfied—

- (a) the patient does not have the capacity to give informed consent to

the administering of electroconvulsive therapy; and

- (b) electroconvulsive therapy is the most appropriate treatment in the circumstances having regard to the patient's clinical condition and treatment history.

(3) If the tribunal decides to approve the administering of electroconvulsive therapy, the decision must state the number of treatments that may be given in a stated period.

(4) The tribunal must not approve the performing of psychosurgery on a person unless the tribunal is satisfied—

- (a) the person has the capacity to give, and has given, informed consent to the performing of psychosurgery; and
- (b) psychosurgery has clinical merit and is appropriate in the circumstances; and
- (c) every available alternative to psychosurgery that could reasonably be regarded as likely to produce a sufficient and lasting benefit has been satisfactorily given without a sufficient and lasting benefit resulting; and
- (d) the psychosurgery is to be performed by a suitably qualified person; and
- (e) the psychosurgery is to be performed on the person at an authorised mental health service.

Notice of decision

234.(1) The tribunal must give a copy of its decision to—

- (a) the parties to the proceeding; and
- (b) for an application for approval to administer electroconvulsive therapy—
 - (i) the patient's allied person; and
 - (ii) the administrator of the treating health service for the patient the subject of the application.

(2) In addition, the tribunal must give the parties a written notice stating—

- (a) a party may within 7 days after receiving the notice, ask the tribunal for written reasons for its decision; and
- (b) a party may, within 28 days after receiving the notice, appeal to the Mental Health Court against the decision; and
- (c) how to appeal.

(3) If, within 7 days after receiving the notice, a party asks the tribunal for written reasons for its decision, the tribunal must give the person the reasons for the decision within 7 days after receiving the request.

(4) However, a confidentiality order of the tribunal may displace the requirement to give the reasons for its decision to the patient.⁸²

CHAPTER 7—EXAMINATIONS, REFERENCES AND ORDERS FOR PERSONS CHARGED WITH OFFENCES

PART 1—INTERPRETATION

Definition for ch 7

235. In this chapter—

“**offence**” does not include an offence against a Commonwealth law.

⁸² See section 458 (Confidentiality orders).

PART 2—PROCEDURES FOR PARTICULAR INVOLUNTARY PATIENTS CHARGED WITH OFFENCES

Division 1—Preliminary

Application of pt 2

236.(1) This part applies if—

- (a) a person is charged with a simple or indictable offence; and
- (b) an involuntary treatment or forensic order is made for the person.

(2) For subsection (1), it is immaterial which happens first.

(3) However for subsection (1)(b), if the involuntary treatment order for the person was made by an authorised doctor who is not a psychiatrist, this part does not apply unless the order has been confirmed by a psychiatrist.

Notice of application of part

237.(1) If the administrator of the patient's treating health service becomes aware that this part applies, or may apply, to the patient, the administrator must immediately tell the director.

(2) If the director is satisfied that this part applies to the patient, the director must immediately give written notice of the application of the part to the following persons—

- (a) the administrator;
- (b) the chief executive for justice;
- (c) the tribunal.

(3) Immediately after receiving the director's notice, the administrator must tell the patient of the application of the part.

(4) The chief executive for justice must give written notice to the following persons of the application of the part to the patient—

- (a) the registrar of the court before which the patient is to appear for the offence;

- (b) the commissioner of the police service or the director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

Division 2—Examination of patient and procedures following examination

Examination of patient

238.(1) The administrator of the patient's treating health service must arrange for the patient to be examined by a psychiatrist as soon as practicable after the administrator receives the director's notice under section 237(2).

(2) In making the examination, the psychiatrist must have regard to—

- (a) the patient's mental condition; and
- (b) the relationship, if any, between the patient's mental illness and the alleged offence and, in particular, the patient's mental capacity when the alleged offence was committed having regard to the Criminal Code, section 27⁸³; and
- (c) the likely duration of the patient's mental illness and the likely outcome of the patient's treatment; and
- (d) the patient's fitness for trial; and
- (e) anything else the psychiatrist considers relevant.

(3) The psychiatrist must give the administrator of the health service a report on the examination.

Reports on examination

239. Within 21 days after the administrator receives the director's notice under section 237(2), the administrator of the treating health service must give to the director the psychiatrist's report on the examination.

⁸³ Criminal Code, section 27 (Insanity)

Director to refer patient's mental condition to Mental Health Court or Attorney-General

240.(1) On consideration of the information available to the director, including the psychiatrist's report, the director must—

- (a) refer the matter of the patient's mental condition relating to the offence with which the patient is charged to the Mental Health Court or the Attorney-General;⁸⁴ and
- (b) if the reference is to the Mental Health Court—give written notice of the reference to the Attorney-General.

(2) The director must comply with subsection (1) within 14 days after receiving the psychiatrist's report.

Note—

This part ceases to apply to the patient if the involuntary treatment order for the patient is revoked under section 121, 122 or 191, the patient ceases, under section 207, to be a forensic patient or the prosecution of the patient for the offence is discontinued.

(3) However, the director must not refer the matter to the Mental Health Court if the patient is charged only with a simple offence.

(4) Also, if the patient is charged with an indictable offence, the director must not refer the matter to the Attorney-General unless the director is satisfied the offence is not of a serious nature having regard to any damage, injury or loss caused.

Director may defer reference

241.(1) Despite section 240, if the director reasonably believes the patient is unfit for trial but is likely to be fit for trial in less than 2 months, the director may defer referring the matter for the period that ends 2 months after the decision to defer.

(2) If the director defers a decision on the matter, the director must give written notice of the decision to the Attorney-General.

(3) The director must, under section 240, refer the matter of the patient's

⁸⁴ See part 3 (Procedure on reference to Attorney-General) and part 6 (Inquiries on references to Mental Health Court).

mental condition to the Mental Health Court or Attorney-General within the deferment period.

Reference to Mental Health Court or Attorney-General

242.(1) A reference is made by—

- (a) for a reference to the Mental Health Court—filing notice in the approved form in the registry; or
- (b) for a reference to the Attorney-General—giving written notice to the Attorney-General.

(2) The notice must be accompanied by a copy of the psychiatrist's report on the psychiatrist's examination of the patient.

(3) The director must give written notice of the reference to the administrator of the patient's treating health service.

(4) The administrator must give written notice of the reference to the patient and the patient's allied person.

Division 3—Miscellaneous

Suspension of proceedings

243.(1) On the application of this part to the patient, the proceedings for the offence are suspended until—

- (a) the Attorney-General has made a decision on a reference under this part that the proceedings continue or be discontinued; or
- (b) the Mental Health Court has made a decision on a reference under this part; or
- (c) the director has given notice to the chief executive for justice that this part no longer applies to the patient.

(2) Subsection (1)(c) does not apply if a reference relating to the patient has been made under part 4.

Court may grant bail and proceedings may be discontinued

244. This part does not prevent—

- (a) a court making an order granting the patient bail under the *Bail Act 1980*; or
- (b) the prosecution of the patient for the offence being discontinued at any time by the complainant or director of public prosecutions.⁸⁵

Notice if part no longer applies in particular circumstances

245.(1) On receiving 1 of the following notices, the director must give written notice to the chief executive for justice that this part no longer applies to a patient—

- (a) a notice, under section 123 or 192, of the revocation of the involuntary treatment order for the patient;
- (b) a notice, under section 205, of the revocation of the forensic order for the patient.

(2) The chief executive for justice must give written notice to the following persons this part no longer applies to the patient—

- (a) the registrar of the court before which the patient is to appear for the offence;
- (b) the commissioner of the police service or the director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

⁸⁵ For a classified patient, see section 78 (When patient ceases to be classified patient).

PART 3—PROCEDURE ON REFERENCE TO ATTORNEY-GENERAL

Application of pt 3

246. This part applies if, under section 240, the director refers the matter of the patient's mental condition relating to an offence to the Attorney-General.

Attorney-General's powers on reference

247.(1) The Attorney-General must have regard to the psychiatrist's report on the examination of the patient, any recommendation of the director and the matters mentioned in subsection (4) and decide that—

- (a) proceedings against the patient for the offence are to continue according to law; or
- (b) proceedings against the patient for the offence are to be discontinued; or
- (c) refer the matter of the patient's mental condition to the Mental Health Court.⁸⁶

(2) However, the Attorney-General must not refer the matter to the Mental Health Court if the patient is charged only with a simple offence.

(3) The Attorney-General must make a decision under subsection (1) within 28 days after receiving the reference.

(4) For subsection (1), the Attorney-General must have regard to the following—

- (a) the nature of the offence, including, whether any harm was done to a victim or any damage, injury or loss was caused;
- (b) information available about the patient's mental condition when the offence was committed;
- (c) information available about the patient's current mental condition, and, in particular, the patient's fitness for trial;

⁸⁶ See part 6 (Inquiries on references to Mental Health Court).

- (d) information available about the likely effect of a continuation of proceedings on the patient's mental condition.

(5) However, the Attorney-General must not make a decision under subsection (1)(a) if the director, in the notice given to the Attorney-General under section 242(1)(b), states the patient is unfit for trial.

(6) The Attorney-General may make a decision under subsection (1)(a) or (b) regardless of whether an involuntary treatment or forensic order is in force for the patient.

Notice of decision to director

248. The Attorney-General must give written notice of the Attorney-General's decision on the reference to the director.

How reference to Mental Health Court is made

249.(1) The reference of the patient's mental condition to the Mental Health Court is made by filing notice in the approved form in the registry.

(2) The notice must be accompanied by a copy of the psychiatrist's report on the psychiatrist's examination of the person.

Effect of decision to continue proceedings

250.(1) If, under section 247(1)(a), the Attorney-General decides the proceedings are to continue, the chief executive for justice must give written notice to—

- (a) the registrar of the court in which the proceedings for the offence are to continue; and
- (b) the complainant or director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

(2) The complainant or director of public prosecutions must give written notice to the patient that the proceedings are to continue.

(3) The notice under subsection (2) must be served personally unless the patient is in lawful custody other than in an authorised mental health service.

(4) The court may issue a warrant for the patient's arrest to be brought before the court to be dealt with according to law if it is satisfied—

- (a) the complainant or director of public prosecutions has taken reasonable steps, but has been unable, to serve the notice on the patient; and
- (b) the patient has not appeared before the court when proceedings against the patient for the offence were to be continued.

(5) On the proceedings being resumed, any evidence previously given must be disregarded and the court must hear all evidence afresh.

Effect on proceedings of decision to discontinue proceedings

251. If, under section 247(1)(b), the Attorney-General decides proceedings against the patient for the offence are to be discontinued, the charge against the person for the act or omission constituting the offence is dismissed.

Notice of decision to discontinue proceedings

252. If the Attorney-General decides the proceedings against the patient for the offence are to be discontinued, the chief executive for justice must give written notice of the decision to—

- (a) the registrar of the court in which the proceedings would have continued; and
- (b) if the patient is a child—the chief executive for families.

When patient ceases to be classified patient

253.(1) If the patient is a classified patient and, under section 247(1), the Attorney-General decides proceedings against the patient for the offence are to be continued or discontinued, the patient ceases to be a classified patient.⁸⁷

(2) However, subsection (1) does not apply if—

⁸⁷ For what happens on patient ceasing to be classified patient, see chapter 3, part 4, division 5.

- (a) the patient is serving a sentence of imprisonment or detention under a court order; or
- (b) the patient is awaiting the start or continuation of proceedings for an offence against a Commonwealth law.

(3) Also, the patient may continue to be an involuntary patient under another provision of this Act.

Notice of patient ceasing to be classified patient

254. Within 7 days after a patient ceases, under section 253, to be a classified patient, the administrator of the patient's treating health service must give written notice of the ceasing to the following persons—

- (a) the patient;
- (b) the patient's allied person;
- (c) if an involuntary treatment or forensic order is in force for the patient—the tribunal.

Prosecution for offence may be discontinued

255. This part does not prevent the complainant or director of public prosecutions from discontinuing the prosecution of the patient for the offence.⁸⁸

PART 4—REFERENCES TO MENTAL HEALTH COURT GENERALLY

Application of pt 4

256. This part applies if there is reasonable cause to believe a person alleged to have committed an indictable offence—

⁸⁸ For a classified patient, see section 78 (When patient ceases to be classified patient).

- (a) is mentally ill or was mentally ill when the alleged offence was committed; or
- (b) has an intellectual disability of a degree that issues of unsoundness of mind, diminished responsibility or fitness for trial should be considered by the Mental Health Court.

Reference to Mental Health Court

257.(1) The matter of the person's mental condition relating to the offence may be referred to the Mental Health Court by—

- (a) the person or the person's legal representative; or
- (b) the Attorney-General; or
- (c) the director of public prosecutions; or
- (d) if the person is receiving treatment for mental illness—the director.⁸⁹

(2) However, the director may make a reference for a person who is not under an involuntary treatment or forensic order only if—

- (a) the person agrees to the reference; or
- (b) the director declares, in the reference, the director is satisfied the person does not have the capacity to give agreement to the reference.

(3) A reference made under this section may include a reference of the person's mental condition relating to a simple offence alleged to have been committed by the person.

How reference to Mental Health Court is made

258.(1) The reference is made by filing notice in the approved form in the registry.

(2) The notice must be accompanied by a copy of any expert's report on the expert's examination of the person.

⁸⁹ See part 6 (Inquiries on references to Mental Health Court).

Suspension of proceedings

259. On the reference being made, proceedings for the offence alleged to have been committed by the person are suspended until the Mental Health Court has made a decision on the reference.

Court may grant bail and proceedings may be discontinued

260. This part does not prevent—

- (a) a court making an order granting or refusing the person bail under the *Bail Act 1980*; or
- (b) the prosecution of the person for any offence being discontinued at any time by the complainant or director of public prosecutions.⁹⁰

**PART 5—WITHDRAWAL OF REFERENCES TO
MENTAL HEALTH COURT****Withdrawal of reference**

261.(1) At any time before the Mental Health Court decides a reference, an application may be made to the court to withdraw the reference by—

- (a) the person who made the reference; or
 - (b) if the person the subject of the reference is not subject to an involuntary treatment or forensic order—the person or the person’s legal representative.
- (2)** The application must be made by—
- (a) filing notice with the registrar; or
 - (b) by oral submission at the hearing of the reference.

⁹⁰ For a classified patient, see section 78 (When patient ceases to be classified patient).

Notices if application to withdraw filed

262.(1) This section applies if the application to withdraw the reference is made by filing a notice under section 261(2)(a).

(2) Within 7 days after the notice is filed, the registrar must give written notice of the application to the other parties to the proceeding.

(3) The registrar must give 7 days written notice of the hearing of the application to the parties to the proceeding.

(4) The notice of the hearing must state the following information—

- (a) the time and place of the hearing;
- (b) the nature of the hearing;
- (c) the parties' rights to be represented at the hearing.

Court's powers on deciding application

263.(1) In deciding an application, the Mental Health Court may grant or refuse it.

(2) However, the court must not refuse the application unless the withdrawal of the reference is contrary to the interests of justice.

PART 6—INQUIRIES ON REFERENCES TO MENTAL HEALTH COURT***Division 1—Preliminary*****Notices of reference**

264.(1) On reference of a person's mental condition relating to an offence to the Mental Health Court,⁹¹ the registrar must give written notice of the reference to—

⁹¹ For who may make the reference, see sections 62, 240, 247 and 257.

- (a) the registrar of the court before which the person is to appear for the offence; and
- (b) the commissioner of the police service or the director of public prosecutions as appropriate in the circumstances.

(2) Within 7 days after the reference is made, the registrar must give written notice of the reference to the other parties to the proceeding for the reference.

Documents to be disclosed

265.(1) Each party to the proceeding must give the registrar a copy of any expert's report the party has relating to the matters to be decided by the Mental Health Court.

(2) Subsection (1) applies even if giving the report would disclose matter detrimental to the case of the person the subject of the reference.

Notice of hearing

266.(1) The registrar must give 7 days written notice of the hearing of the reference to the following persons—

- (a) the parties to the proceeding;
- (b) if the person the subject of the reference is an involuntary patient—the administrator of the patient's treating health service;
- (c) if the person the subject of the reference is in other lawful custody—the person's custodian.

(2) The notice of the hearing must state the following information—

- (a) the time and place of the hearing;
- (b) the nature of the hearing;
- (c) the parties' rights to be represented at the hearing.

Division 2—Hearing of reference by Mental Health Court**Mental Health Court to decide unsoundness of mind and diminished responsibility**

267.(1) On the hearing of the reference, the Mental Health Court⁹² must—

- (a) decide whether the person the subject of the reference was of unsound mind when the alleged offence was committed; and
- (b) if the person is alleged to have committed the offence of murder and the court decides the person was not of unsound mind when the alleged offence was committed—decide whether the person was of diminished responsibility when the alleged offence was committed.

(2) This section has effect subject to sections 268 and 269.

Reasonable doubt person committed offence

268.(1) The Mental Health Court must not make a decision under section 267(1)(a) or (b) if the court is satisfied there is reasonable doubt the person committed the alleged offence (the “**disputed offence**”).

(2) However, the court may make a decision under section 267(1)(a) or (b) if the doubt the person committed the disputed offence exists only as a consequence of the person’s mental condition.

(3) If elements of the disputed offence are elements of another offence (the “**alternative offence**”), subsection (1) does not prevent the court from making a decision under section 267(1)(a) for the alternative offence.

Example for application of subsection (3)—

If the disputed offence is attempted murder, the court may make a decision in relation to the alternative offence of grievous bodily harm if the alternative offence is not disputed.

(4) If the court decides the person was of unsound mind when the

⁹² For constitution of Mental Health Court, see section 382.

alternative offence was committed proceedings against the person for the disputed offence are discontinued.

Dispute relating to substantially material fact

269.(1) The Mental Health Court must not make a decision under section 267(1)(a) or (b) if the court is satisfied a fact that is substantially material to the opinion of an expert witness is so in dispute it would be unsafe to make the decision.

(2) Without limiting subsection (1), a substantially material fact may be—

- (a) something that happened before, at the same time as, or after the alleged offence was committed; or
- (b) something about the person's past or present medical or psychiatric treatment.

When Mental Health Court must decide fitness for trial

270.(1) The Mental Health Court must decide whether the person is fit for trial if—

- (a) the court decides the person was not of unsound mind; or
- (b) under section 268 or 269, the court must not decide whether the person was of unsound mind when the alleged offence was committed.

(2) Subsection (1) does not apply if, under section 268(4), proceedings against the person for the alleged offence are discontinued.

Mental Health Court to decide whether unfitness for trial is permanent

271. If the Mental Health Court decides the person is unfit for trial, the court must also decide whether the unfitness for trial is of a permanent nature.

Division 3—Provisions about continuing proceedings***Subdivision 1—Orders about continuing proceedings and custody*****When Mental Health Court to order proceedings to continue**

272. If the Mental Health Court decides a person alleged to have committed an offence is fit for trial, the court must order that proceedings against the person for the offence be continued according to law.

Orders about custody

273.(1) If the Mental Health Court orders proceedings against the person for the offence continue, the court may order—

- (a) the person be remanded in custody or bail be granted or enlarged under the *Bail Act 1980* for the person; or
- (b) the person be detained in a stated authorised mental health service until—
 - (i) the person is granted bail under the *Bail Act 1980*; or
 - (ii) the person is brought before a court for continuing the proceedings.

(2) For subsection (1)—

- (a) a police officer, correctional officer or detention centre officer may take the person to a place of custody; or
- (b) a police officer, correctional officer, health practitioner or detention centre officer may take the person to the authorised mental health service stated in the order.

(3) A correctional officer, health practitioner or detention centre officer may exercise the power under subsection (2) with the help, and using the force, that is reasonable in the circumstances.⁹³

⁹³ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

Subdivision 2—Detention in authorised mental health service**Application of sdiv 2**

274. This subdivision applies if, under section 273(1)(b), the Mental Health Court orders the detention of a patient in an authorised mental health service.

Mental Health Court may approve limited community treatment

275. The Mental Health Court may, under the order, approve limited community treatment for the patient if it is satisfied the patient, having regard to the patient's mental illness or intellectual disability, does not represent an unacceptable risk to the safety of the patient or others.

Notice of order

276. The registrar must give written notice of the court's order to the director.

Detention under order

277. The patient may be detained under the court's order in the patient's treating health service.

Treatment plan for patient

278. An authorised doctor for the patient's treating health service must—

- (a) ensure a treatment plan is prepared for the patient;⁹⁴ and
- (b) talk to the patient about the patient's treatment or care under the treatment plan.

⁹⁴ See chapter 4 (Treatment of persons who have mental illnesses) part 2 (Treatment plans).

Treatment or care under treatment plan

279. The administrator of the patient's treating health service must ensure the patient is treated or cared for as required under the patient's treatment plan.

Division 4—Provisions about staying proceedings**Proceedings stayed—not permanently unfit for trial**

280. If the Mental Health Court decides a person charged with an offence is unfit for trial but the unfitness for trial is not of a permanent nature, proceedings for the offence are stayed until, on a review, the tribunal decides the person is fit for trial.⁹⁵

Division 5—Provisions about discontinuing proceedings**Proceedings discontinued—unsound mind**

281.(1) If the Mental Health Court decides a person charged with an offence was of unsound mind when the alleged offence was committed—

- (a) proceedings against the person for the offence are discontinued; and
- (b) further proceedings must not be taken against the person for the act or omission constituting the offence.

(2) Subsection (1) is subject to the person exercising the person's right under part 8 to elect to be brought to trial for the alleged offence.

Particular proceedings discontinued—diminished responsibility

282. If the Mental Health Court decides a person charged with the offence of murder was of diminished responsibility when the alleged

⁹⁵ See chapter 6 (Tribunal reviews, notification orders and treatment applications), part 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial).

offence was committed—

- (a) proceedings against the person for the offence of murder are discontinued; but
- (b) proceedings may be continued against the person for another offence constituted by the act or omission to which the proceedings for the offence of murder relate.

Proceedings discontinued—permanently unfit for trial

283. If the Mental Health Court decides a person charged with an offence is unfit for trial and the unfitness for trial is of a permanent nature—

- (a) proceedings against the person for the offence are discontinued; and
- (b) further proceedings must not be taken against the person for the act or omission constituting the offence.

Division 6—Material submitted by non-parties

Submission and consideration of relevant material by non-party

284.(1) In making a decision on a reference, the Mental Health Court may receive in evidence material submitted by a person who is not a party to the hearing of the reference if—

- (a) the material is sworn and not otherwise part of the brief of evidence before the court; and
- (b) the court is satisfied the material is relevant to the decision.

Example of relevant material—

A statement by the victim of an offence that is not otherwise before the court about the mental condition of the alleged offender when the offence was committed.

(2) The material must be submitted to the court by a party to the proceeding.

Example for subsection (2)—

The victim of an offence may submit relevant material to the court through the prosecutor.

(3) The person does not have a right of appearance before the court unless otherwise ordered by the court.

Reasons for decision about non-party material

285. In its decision on the reference, the Mental Health Court must give reasons for receiving in evidence, or refusing to receive in evidence, material submitted under section 284.

Division 7—Miscellaneous provisions

Notices of decisions and orders

286.(1) The registrar must give a copy of the Mental Health Court's decision on a reference and if relevant, the order to continue proceedings against the person for the offence, to the following persons—

- (a) the parties to the proceeding for the reference;
- (b) the Attorney-General;
- (c) the chief executive for justice;
- (d) if an involuntary treatment or forensic order is in force for the person—the tribunal;
- (e) if the person the subject of the reference is an involuntary patient—the administrator of the patient's treating health service;
- (f) if the person the subject of the reference is in other lawful custody—the person's custodian.

(2) However, subsection (1)(d) does not apply if—

- (a) under section 272, the court orders proceedings against the person for the offence continue; and
- (b) the person the subject of the reference is not an involuntary patient.

(3) The chief executive for justice must give written notice of the decision and order to—

- (a) the registrar of the court in which the proceedings for the offence are to continue or would have continued; and
- (b) if the person is a child—the chief executive for families.

When person ceases to be classified patient

287.(1) This section applies if the person the subject of the reference is a classified patient.

(2) On a decision on the reference, the patient ceases to be a classified patient unless—

- (a) the patient is serving a sentence of imprisonment or detention under a court order; or
- (b) the patient is awaiting the start or continuation of proceedings for an offence against a Commonwealth law.⁹⁶

(3) However, the patient may continue to be an involuntary patient under another provision of this Act.

PART 7—FORENSIC PATIENTS

Division 1—Forensic orders by Mental Health Court

Mental Health Court may make forensic order

288.(1) This section applies if, on a reference, the Mental Health Court decides a person charged with an indictable offence—

- (a) was of unsound mind when the alleged offence was committed;
or

⁹⁶ For what happens on patient ceasing to be classified patient, see chapter 3, part 4, division 5.

- (b) is unfit for trial for the alleged offence and the unfitness for trial is of a permanent nature; or
- (c) is unfit for trial for the alleged offence and the unfitness for trial is not of a permanent nature.

(2) The court may make an order under this division (a “**forensic order (Mental Health Court)**”) for a person mentioned in subsection (1)(a) or (b) that the person be detained in a stated authorised mental health service for involuntary treatment or care.

(3) In deciding whether to make the order, the court must have regard to the following—

- (a) the seriousness of the offence;
- (b) the person’s treatment needs;
- (c) the protection of the community.

(4) The court must make an order under this division (also a “**forensic order (Mental Health Court)**”) for a person mentioned in subsection (1)(c) that the person be detained in a stated authorised mental health service for involuntary treatment or care.

(5) A forensic order (Mental Health Court) must be in the approved form.

Mental Health Court may order, approve or revoke limited community treatment

289.(1) The Mental Health Court, may under the forensic order for the patient—

- (a) order that the patient have limited community treatment subject to the reasonable conditions the court considers appropriate; or
- (b) approve limited community treatment for the patient subject to the reasonable conditions the court considers appropriate; or
- (c) revoke an order or approval for limited community treatment for the patient.

(2) However, the Mental Health Court must not order or approve limited community treatment if it is satisfied the patient, because of the patient’s mental illness or intellectual disability, represents an unacceptable risk to the

safety of the patient or others.

(3) Also, the court must not order or approve limited community treatment for a patient mentioned in section 288(1)(c) if it is satisfied there is an unacceptable risk the patient would, if the treatment were undertaken in the community—

- (a) not return to the authorised mental health service when required; or
- (b) commit an offence; or
- (c) endanger the safety or welfare of the patient or others.

(4) In deciding whether to order or approve limited community treatment for a patient, the court must have regard to the following—

- (a) the patient's mental state and psychiatric history;
- (b) the offence leading to the making of the forensic order for the patient;
- (c) the patient's social circumstances;
- (d) the patient's response to treatment and willingness to continue treatment.

Effect of forensic order on involuntary treatment order

290. On the making of the forensic order for the patient, any involuntary treatment order in force for the patient before the making of the forensic order ends.

Registrar to give notice of order

291. The registrar must give written notice of the forensic order to the following—

- (a) the parties to the proceeding for the reference;
- (b) the Attorney-General;
- (c) the chief executive for justice;
- (d) the tribunal;
- (e) the administrator of the authorised mental health service stated in

the order;

- (f) if, before the making of the order, the patient was in other lawful custody—the patient’s custodian;
- (g) if the patient is a child—the chief executive for families.

Taking patient to authorised mental health service

292.(1) A police officer, correctional officer, health practitioner or detention centre officer may take the patient to the authorised mental health service stated in the forensic order for the patient.

(2) A correctional officer, health practitioner or detention centre officer may exercise the power under subsection (1) with the help, and using the force, that is reasonable in the circumstances.⁹⁷

Detention under order

293. The patient may be detained in the authorised mental health service stated in the forensic order for the patient until the patient ceases to be a forensic patient.⁹⁸

Order to be given effect

294. The administrator of the patient’s treating health service must ensure the forensic order for the patient is given effect.

Note—

Giving effect to the order may require any 1 or more of the following—

- (a) changing the patient’s treatment plan, see section 125(2);

⁹⁷ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

⁹⁸ For reviews by the Mental Health Review Tribunal of a forensic patient’s mental condition, see chapter 6 (Tribunal reviews, notification orders and treatment applications), parts 3 (Reviews by tribunal for forensic patients) and 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial). For when a patient ceases to be a forensic patient, see sections 207 (When patient ceases to be forensic patient) and 219 (Effect of continuing proceedings on forensic patient).

- (b) authorising limited community treatment, see sections 129 and 130;
- (c) requiring the patient to return to an authorised mental health service, see section 507(1)(c).

Administrator to give notice of order to patient's allied person

295. The administrator of the patient's treating health service must give notice of the forensic order to the patient's allied person.

Treatment plan for patient

296. An authorised doctor for the authorised mental health service must—

- (a) ensure a treatment plan is prepared for the patient;⁹⁹ and
- (b) talk to the patient about the patient's treatment or care under the treatment plan.

Treatment or care under treatment plan

297. The administrator of the authorised mental health service must ensure the patient is treated or cared for as required under the patient's treatment plan.

Regular assessments of patient

298.(1) The administrator of the treating health service must ensure an authorised psychiatrist for the health service carries out regular assessments of the patient as required under the patient's treatment plan.

(2) The authorised psychiatrist must record details of each assessment in the patient's clinical file.

⁹⁹ See chapter 4 (Treatment of persons who have mental illnesses) part 2 (Treatment plans).

*Division 2—Forensic orders following jury findings**Subdivision 1—Preliminary***Application of div 2**

299. This division applies if, on the trial of a person charged with an indictable offence—

- (a) a jury has—
 - (i) under the Criminal Code, section 613, found the person not capable of understanding the proceedings at the trial for the reason that the person is of unsound mind (a “**section 613 finding**”); or
 - (ii) under the Criminal Code, section 645, found the person is not of sound mind (a “**section 645 finding**”); or
 - (iii) under the Criminal Code, section 647, found the person not guilty of the offence on account of the person being of unsound mind when the act or omission alleged to constitute the offence occurred (a “**section 647 finding**”); and
- (b) a court has, under the relevant section of the Criminal Code—
 - (i) made an order (a “**forensic order (Criminal Code)**”) in relation to the person being kept in custody in an authorised mental health service; or
 - (ii) made an order (a “**custody order**”) in relation to the person being kept in custody in another place.

*Subdivision 2—Notices of orders and references***Registrar of court to give notice of order**

300. Within 7 days after a forensic order (Criminal Code) or custody order is made, the registrar of the court that made the order must give notice of the order in the approved form to the chief executive for justice and the director.

Director to refer mental condition of particular persons to tribunal

301.(1) This section does not apply to a person for whom a court has made a custody order following a section 647 finding.

(2) Immediately after receiving the registrar's notice, the director must refer the matter of the person's mental condition to the tribunal.

Subdivision 3—Forensic orders by Minister**Minister may make forensic order for persons subject to custody order**

302.(1) This section applies to a person for whom a court has made a custody order.

(2) If the Minister is satisfied it is necessary for the proper treatment or care of the person, the Minister may, by written order (a “**forensic order (Minister)**”), direct the person be admitted to, and detained in—

- (a) a stated high security unit; or
- (b) if the Minister is satisfied the person can be safely detained in an authorised mental health service that is not a high security unit—a stated authorised mental health service.

(3) A forensic order (Minister) must be in the approved form.

Effect of forensic order (Minister)

303. On the making of the forensic order, the patient may be admitted to, and detained in, the patient's treating health service for involuntary treatment or care until the patient ceases to be a forensic patient.¹⁰⁰

¹⁰⁰ For reviews by the Mental Health Review Tribunal of a forensic patient's mental condition, see chapter 6 (Tribunal reviews, notification orders and treatment applications), parts 3 (Reviews by tribunal for forensic patients) and 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial). For when a patient ceases to be a forensic patient, see sections 207 (When patient ceases to be forensic patient) and 219 (Effect of continuing proceedings on forensic patient).

Notice of forensic order (Minister)

304. The Minister must give written notice of the making of the forensic order to the tribunal.

Taking patient to authorised mental health service

305.(1) A police officer, correctional officer or detention centre officer may take the patient from the place of custody to the treating health service.

(2) A correctional officer or detention centre officer may exercise the power under subsection (1) with the help, and using the force, that is reasonable in the circumstances.¹⁰¹

Subdivision 4—Miscellaneous provisions**Administrator to give notice of forensic order to patient's allied person**

306. The administrator of the patient's treating health service must give notice of the making of the forensic order for the patient to the patient's allied person.

Treatment plan for patient

307. An authorised doctor for the treating health service must—

- (a) ensure a treatment plan is prepared for the patient;¹⁰² and
- (b) talk to the patient about the patient's treatment or care under the treatment plan.

Treatment or care under treatment plan

308. The administrator of the treating health service must ensure the patient is treated or cared for as required under the patient's treatment plan.

¹⁰¹ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

¹⁰² See chapter 4 (Treatment of persons who have mental illnesses), part 2 (Treatment plans).

Regular assessments of patient

309.(1) The administrator of the treating health service must ensure an authorised psychiatrist for the health service carries out regular assessments of the patient as required under the patient's treatment plan.

(2) The authorised psychiatrist must record details of each assessment in the patient's clinical file.

PART 8—RIGHT TO TRIAL RETAINED**Application of pt 8**

310. This part applies if the Mental Health Court decides a person charged with an offence was of unsound mind when the offence was committed.

Person may elect to go to trial

311.(1) Despite the court's decision, the person may elect to be brought to trial for the offence.

(2) The election must be made by giving the Attorney-General a notice in the approved form within 28 days after the person receives written notice of the court's decision.

Attorney-General's powers on election to go to trial

312. The Attorney-General must ensure proceedings against the person for the offence are continued according to law within 28 days after receiving the patient's election to go to trial.

Effect of election to go to trial when proceedings continued

313. A forensic order for the patient continues in force until a decision is made on the proceedings against the person for the offence.

PART 9—ADMISSIBILITY AND USE OF EVIDENCE

Definition for pt 9

314. In this part—

“**expert’s report**” includes a clinical record relevant to a person’s mental condition.

Admissibility of expert’s report at trial

315. An expert’s report received in evidence by the Mental Health Court on a reference is admissible at the trial of the person for an alleged offence only—

- (a) for deciding whether—
 - (i) the person is wanting of understanding, for the application of the Criminal Code, section 613; or
 - (ii) the person is not of sound mind, for the application of the Criminal Code, section 645; or
 - (iii) the person was of unsound mind or diminished responsibility, when the alleged offence was committed; or
 - (iv) the person should be detained in an authorised mental health service under a forensic order (Criminal Code); or
 - (v) a court assessment order should be made for the person; or
- (b) for sentencing the person.

Particular statements not admissible in any proceeding

316.(1) A statement made by the person the subject of a reference at the hearing of the reference is not admissible in evidence in any civil or criminal proceeding against the person.

(2) Subsection (1) applies to statements made orally or in writing and whether under oath or otherwise.

(3) However, subsection (1) does not apply to a proceeding for contempt

of the Mental Health Court or an offence against the Criminal Code, chapter 16.¹⁰³

Mental condition may be raised, but court's decision not admissible, at trial

317.(1) A decision by the Mental Health Court on a reference of a person's mental condition does not prevent the person from raising the person's mental condition at the person's trial for the alleged offence the subject of the reference.

(2) If the issue of the person's mental condition is raised at the person's trial, the Mental Health Court's decision is not admissible in evidence.

Use of expert's report received by Mental Health Court

318.(1) An expert's report received in evidence by the Mental Health Court on a reference of a person's mental condition may be given to—

- (a) the administrator of the authorised mental health service responsible for the treatment or care of the person; or
- (b) the tribunal for conducting a review or making a notification order.

(2) The report may be given to, and used by, another person only with the leave of the court.

(3) The court may grant the leave subject to the conditions it considers appropriate.

¹⁰³ The Criminal Code, chapter 16, (Offences relating to the administration of justice)

CHAPTER 8—APPEALS

PART 1—APPEALS AGAINST TRIBUNAL DECISIONS

Division 1—Making and hearing appeals

Decisions to which part applies

319. This part applies to the following decisions—

- (a) a review decision;
- (b) a decision of the tribunal on a treatment application;
- (c) a decision of the tribunal on an application under chapter 5, part 1, division 3, for approval that a patient move out of Queensland.

Who may appeal

320. The following persons may appeal to the Mental Health Court against a decision to which this part applies—

- (a) a party to the proceeding for the decision;
- (b) a person on behalf of the patient for whom the decision is made;
- (c) the director.

How to start appeal

321.(1) The appeal is started by filing notice of appeal in the registry.

(2) The notice of appeal must be filed—

- (a) if the appellant is the director—within 28 days after the decision is made; or
- (b) if paragraph (a) does not apply—within 28 days after the appellant receives written notice of the decision.

(3) The Mental Health Court may, at any time, extend the time for filing

the notice of appeal.

(4) The notice of appeal must—

- (a) be in the approved form; and
- (b) state fully the grounds of the appeal and the facts relied on.

Notices of appeal and hearing

322.(1) Within 7 days after the notice of appeal is filed, the registrar must give written notice of the appeal to the following persons—

- (a) the other parties to the appeal;
- (b) the director;
- (c) anyone else to whom notice of the tribunal's hearing for the review or application was given;
- (d) the tribunal.

(2) The registrar must give 7 days written notice of the hearing of the appeal to the following persons—

- (a) the parties to the appeal;
- (b) the administrator of the patient's treating health service;
- (c) the director;
- (d) anyone else to whom notice of the tribunal's hearing for the review or application was given.

(3) The notice of the hearing of the appeal must state the following information—

- (a) the time and place of the hearing of the appeal;
- (b) the nature of the hearing;
- (c) the parties' rights to be represented at the hearing.

Stay of decision pending appeal

323.(1) The Mental Health Court may stay the decision appealed against to secure the effectiveness of the appeal.

(2) A stay—

- (a) may be given on the conditions the court considers appropriate; and
- (b) operates for the period fixed by the court; and
- (c) may be revoked or amended by the court.

(3) The period of a stay must not extend past the time when the appeal is decided.

(4) The court may, by written order, authorise a police officer to detain the patient and take the patient to a stated authorised mental health service pending the hearing of the appeal.¹⁰⁴

(5) In this section—

“**patient**” includes a person who, immediately before the decision appealed against, was an involuntary patient.

Notice of stay of decision on review of patient’s fitness for trial

324.(1) This section applies if—

- (a) the decision appealed against is a review decision under chapter 6, part 4;¹⁰⁵ and
- (b) under section 323, the Mental Health Court stays the decision.

(2) Immediately after the Attorney-General receives notice of the stay, the chief executive for justice must give written notice to the following persons of the stay—

- (a) the registrar of the court in which proceedings for the relevant offence under chapter 6, part 4, are to be heard;

¹⁰⁴ For a police officer’s entry and search powers, see the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant).

¹⁰⁵ Chapter 6 (Tribunal reviews, notification orders and treatment applications), part 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial)

- (b) the commissioner of the police service or director of public prosecutions as appropriate in the circumstances;
- (c) if the patient is a child—the chief executive for families.

Appeal powers

325.(1) In deciding the appeal, the Mental Health Court may confirm or set aside the decision appealed against.

(2) If the Mental Health Court sets aside the decision appealed against—

- (a) the court may make a decision the tribunal could have made on the review or application; and
- (b) the decision is taken, for this Act (other than this part), to be that of the tribunal.

Notice of decision

326. The registrar must give a copy of the Mental Health Court's decision to the following persons—

- (a) the parties to the proceeding;
- (b) if the decision appealed against is a review decision—the administrator of the patient's treating health service;
- (c) if the director is not a party to the proceeding—the director;
- (d) the tribunal.

Mental Health Court's order final

327. The Mental Health Court's decision on the appeal—

- (a) is final and conclusive; and
- (b) can not be impeached for informality or want of form; and
- (c) can not be appealed against, reviewed, quashed or invalidated in any court.

Division 2—Participation and representation at appeals**Right of appearance—appeals against decisions on reviews**

328.(1) The following persons may appear in person at a hearing of an appeal against a review decision—

- (a) the patient;
- (b) if the appellant is the director—the director;
- (c) for an appeal against a review decision under chapter 6, part 3 or 4¹⁰⁶—the Attorney-General.

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the Mental Health Court, an agent.

Right of appearance—appeals against decisions on treatment applications

329.(1) The following persons may appear in person at the hearing of an appeal against a tribunal decision on a treatment application—

- (a) the applicant for the treatment;
- (b) the person the subject of the treatment application.

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the Mental Health Court, an agent.

Right of appearance—appeals against decisions on application for approval that a patient move out of Queensland

330.(1) The following persons may appear in person at the hearing of an appeal against a tribunal decision on an application for approval that a patient move out of Queensland—

- (a) the patient;
- (b) the director.

¹⁰⁶ Chapter 6 (Tribunal reviews, notification orders and treatment applications), part 3 (Reviews by tribunal for forensic patients) or 4 (Review by tribunal of mental condition of persons to decide fitness for trial)

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the Mental Health Court, an agent.

Director may elect to become party to appeal

331. The director may at any time, by notice filed in the registry, elect to become a party to an appeal.

Right of particular persons to attend hearing

332.(1) The following persons may attend a hearing to help the patient represent the patient's views, wishes and interests—

- (a) patient's allied person;
- (b) someone else granted leave to attend by the Mental Health Court.

(2) However, the patient's allied person or other person does not become a party to the proceeding.

Division 3—Procedural provisions

Hearing procedures

333.(1) The procedure for the appeal is to be in accordance with court rules applicable to the appeal or, if the rules make no provision or insufficient provision, in accordance with directions of the Mental Health Court.

(2) The appeal is by way of rehearing, unaffected by the tribunal's decision, on the material before the tribunal and any further evidence the court allows.

PART 2—APPEALS AGAINST MENTAL HEALTH COURT DECISIONS ON REFERENCES

Who may appeal

334. The following persons may appeal to the Court of Appeal against a decision of the Mental Health Court on a reference—

- (a) the person to whose mental condition the decision relates;
- (b) the Attorney-General.

How to start appeal

335.(1) An appeal is started by filing notice of appeal with the registrar of the Court of Appeal.

(2) The notice of appeal must be filed within 28 days after the appellant receives notice of the decision.

(3) However, the Court of Appeal may at any time extend the period for filing the notice of appeal.

(4) The notice of appeal must—

- (a) be signed by the appellant or the appellant's lawyer; and
- (b) state fully the grounds of the appeal and the facts relied on.

Hearing procedures

336. The procedure for the appeal is to be in accordance with court rules applicable to the appeal or, if the rules make no provision or insufficient provision, in accordance with directions of the Court of Appeal.

Appeal powers

337.(1) In deciding the appeal, the Court of Appeal may—

- (a) confirm the decision appealed against; or
- (b) set aside the decision appealed against.

(2) If the court sets aside the decision, the court may—

- (a) remit the matter to the Mental Health Court; or
- (b) make a decision the Mental Health Court could have made on the matter; or
- (c) make a decision the Mental Health Court could have made on the matter and remit the matter to the Mental Health Court.

(3) If the court makes a decision mentioned in subsection (2)(b) or (c), the decision is taken, for this Act (other than this part), to be that of the Mental Health Court.

(4) If the court remits the matter to the Mental Health Court, the court must—

- (a) remand the person in custody; or
- (b) grant the person bail under the *Bail Act 1980*.

(5) If the court remands the person in custody, the court may order the person be detained in a stated authorised mental health service.

(6) The person may be detained under the court's order in the authorised mental health service stated in the order.

Notice of decision

338. The registrar of the Court of Appeal must give a copy of the Court of Appeal's decision to the registrar of the Mental Health Court.

CHAPTER 9—ALLIED PERSONS AND PARTICULAR RIGHTS OF INVOLUNTARY PATIENTS

PART 1—ALLIED PERSONS

Who is an allied person

339. An allied person for an involuntary patient is the person chosen or declared under this part to be the patient's allied person.

Function of allied person

340. The function of an involuntary patient's allied person is to help the patient to represent the patient's views, wishes and interests relating to the patient's assessment, detention and treatment under this Act.

Patient may choose allied person

341.(1) An involuntary patient may choose any 1 of the following persons, other than a health service employee at the patient's treating health service, who is capable, readily available and willing to be the patient's allied person for this Act—

- (a) if the patient is a minor—a parent of the minor or the minor's guardian;
- (b) if the patient has a personal guardian—the guardian;
- (c) if the patient has a personal attorney—the attorney;
- (d) an adult relative or adult close friend of the patient;
- (e) an adult carer of the patient;
- (f) another adult.

Examples of application of section—

1. A patient who is a minor may choose a person mentioned in paragraph (a), (d), (e) or (f) to be the patient's allied person.

2. An adult patient may choose a person mentioned in paragraph (d) to be the patient's allied person even though the patient has a personal attorney or personal guardian.

(2) This section has effect subject to section 342.

Who is allied person if patient does not have capacity to choose allied person

342.(1) This section applies if the administrator of an involuntary patient's treating health service is satisfied the patient does not have the capacity to choose an allied person.

(2) If the patient, by an advance health directive under the *Powers of Attorney Act 1998*,¹⁰⁷ has directed that a stated person be the patient's allied person, the stated person is the patient's allied person.

(3) If subsection (2) does not apply, the administrator must choose a person, other than a health service employee at the patient's treating health service, to be the patient's allied person.

(4) The person chosen must be—

- (a) the first person in listed order of the persons mentioned in section 341 who is willing, readily available, capable and culturally appropriate to be the patient's allied person; or
- (b) if no-one in the list is willing, readily available, capable and culturally appropriate to be the patient's allied person—
 - (i) if the patient is an adult—the adult guardian; or
 - (ii) if the patient is a minor—the children's commissioner under the *Children's Commissioner and Children's Services Appeals Tribunals Act 1996*.

When allied person ceases to act

343. The choice of an allied person for an involuntary patient ends if—

- (a) under section 341, the patient chooses another person to be the allied person; or

¹⁰⁷ See *Powers of Attorney Act 1998*, section 35 (Advance health directives).

- (b) the patient tells the administrator of the patient's treating health service that the patient no longer wishes to have an allied person and the administrator is satisfied the patient has the capacity to make that decision; or
- (c) under section 341, the administrator of the patient's treating health service chose the patient's allied person but the administrator is no longer satisfied the person is willing, readily available, capable and culturally appropriate to be the patient's allied person.

PART 2—RIGHTS OF PATIENTS

Division 1—Statement of rights

Director to prepare statement of rights

344.(1) The director must prepare a written statement about the rights of involuntary patients (a “**statement of rights**”).

(2) The statement must contain information about the following—

- (a) the rights of patients and allied persons for patients under this Act;
- (b) the rights of patients to make complaints about the service provided at an authorised mental health service and how the complaints are made.

(3) The statement may also contain anything else the director considers appropriate, including, for example, information from relevant standards for providing mental health services.

Statement of rights to be given to involuntary patient and patient's allied person

345.(1) On admission of an involuntary patient to an authorised mental health service, the administrator of the health service must give a copy of the statement of rights so far as it is relevant to the patient to—

- (a) the patient; and

(b) the patient's allied person.

(2) In addition to the statement, the administrator must ensure the patient is given an oral explanation of the information in the statement—

(a) in the language or way the patient is most likely to understand;
and

(b) in a way that has appropriate regard to the patient's age, culture and any disability.

(3) If the person giving the explanation to the patient believes the patient has not understood the explanation the person must record details of the fact in the patient's clinical file.

Notice of rights

346. The administrator of an authorised mental health service must ensure a notice about the information in the statement of rights is displayed in the health service in a prominent place.

Division 2—Examinations of, and visits to, involuntary patients

Examining and visiting patient

347.(1) A health practitioner may, at any reasonable time of the day or night—

(a) visit and examine an involuntary patient in an authorised mental health service; or

(b) consult with an authorised doctor for the health service about the patient's treatment.

(2) A legal or other adviser for an involuntary patient in an authorised mental health service may, at any reasonable time of the day or night, visit the patient.

(3) The health practitioner or adviser may exercise a power under subsection (1) or (2) only—

(a) if asked by the patient or someone else on behalf of the patient;
and

- (b) under arrangements made with the administrator of the health service.

CHAPTER 10—SECURITY OF AUTHORISED MENTAL HEALTH SERVICES

PART 1—INTERPRETATION

Definitions for ch 10

348. In this chapter—

“authorised person”, for an Act, means a person who is authorised under the Act to perform inspection and enforcement functions.

“seizure provisions”, of an Act, means the provisions of the Act relating to the access to, and retention, disposal and forfeiture of, a thing after its seizure under the Act.

PART 2—PROVISIONS ABOUT POSTAL ARTICLES AND OTHER THINGS RECEIVED FOR PATIENTS IN HIGH SECURITY UNITS

Interfering with postal articles for patients in high security units

349.(1) A person must not prevent or impede in any way—

- (a) the delivery, to a patient in a high security unit, of a postal article addressed to the patient; or
- (b) the sending of a postal article for a patient in a high security unit.

Maximum penalty—20 penalty units.

(2) Subsection (1)(a) has effect subject to section 350.

(3) A person does not commit an offence against subsection (1)(b) if the addressee of the postal article has given written notice to the administrator of the high security unit asking that postal articles addressed by or for the patient to the addressee be withheld.

(4) However, subsection (3) does not apply to a postal article addressed by or for a patient in a high security unit to any of the following persons—

- (a) a member of the Parliament of the Commonwealth or a State;
- (b) the Mental Health Court;
- (c) the tribunal;
- (d) the director;
- (e) a community visitor under the *Guardianship and Administration Act 2000*;
- (f) the Health Rights Commissioner appointed under the *Health Rights Commission Act 1991*;
- (g) the Parliamentary Commissioner for Administrative Investigations appointed under the *Parliamentary Commissioner Act 1974*;
- (h) another person prescribed under a regulation for this paragraph.

Opening and examining things received for patients in high security units

350.(1) Subject to subsections (2) to (4), the administrator of a high security unit may open or examine anything received at the unit for a patient in the unit.

(2) Before the administrator opens or examines the thing, the administrator must tell the patient that the patient may ask that the patient's lawyer be present at the opening or examination.

(3) The administrator may open or examine the thing only—

- (a) in the patient's presence; and
- (b) if the patient asks that the patient's lawyer be present at the opening or examination—in the lawyer's presence.

(4) Despite the patient's request that the patient's lawyer be present at the

opening, the administrator may open the thing in the absence of the lawyer if the administrator is satisfied it is not reasonably practicable to delay the opening.

(5) If, on opening or examining the thing, the administrator is satisfied it is a danger to the patient or someone else or to the security of the unit, the administrator may—

- (a) with the patient's agreement—give it to someone else; or
- (b) keep it for the patient and give it to the patient on the patient's release from the unit; or
- (c) return it to the sender; or
- (d) if the administrator is satisfied it is of negligible value—dispose of it in the way the administrator considers appropriate.

(6) However, if the administrator reasonably believes the thing is connected with, or is evidence of, the commission or intended commission of an offence against an Act, the administrator may seize the thing.

(7) If the administrator seizes the thing—

- (a) the administrator must give it to an authorised person under the Act mentioned in subsection (6); and
- (b) the seizure provisions of that Act apply to the thing as if the authorised person had seized it under the provisions of that Act that relate to the offence.

(8) However, if the authorised person is not reasonably satisfied the thing is evidence of the commission or intended commission of the offence, the authorised person must return it to the administrator who must deal with it under this section.

(9) Immediately after making a decision about what happens to a seized thing, the administrator must make a written record of the decision.

PART 3—SEARCHES

Division 1—Preliminary

Definition of “patient” for pt 3

351. In this part—

“**patient**”, in an authorised mental health service, means any person admitted to or assessed, examined, detained or treated for a mental illness in the health service.

Purpose of pt 3

352. For ensuring the protection of patients and the security and good order of authorised mental health services, this part provides for carrying out searches of—

- (a) patients in authorised mental health services and their possessions; and
- (b) visitors to high security units and their possessions.

Division 2—Searches of patients and their possessions

Subdivision 1—Searches on reasonable belief of possession of harmful things

Application of sdiv 1

353. This subdivision applies if a doctor, or the senior registered nurse on duty, at an authorised mental health service reasonably believes a patient in the health service has possession of a harmful thing.

Authority to search patients and possessions

354.(1) The doctor or nurse may search, or authorise another health practitioner to search, the patient or the patient’s possessions.

(2) The search may be carried out without the patient's consent.

(3) However, before carrying out the search, the doctor or nurse must tell the patient the reasons for the search and how it is to be carried out.

Subdivision 2—Searches of patients and their possessions on admission or entry to high security units

Authority to search patients and possessions

355.(1) On a person's admission as a patient, or a patient's entry, to a high security unit, an authorised officer may, for detecting harmful things, search the patient or the patient's possessions.

(2) However, before carrying out the search, the officer must tell the patient the reasons for the search and how it is to be carried out.

(3) The search may be carried out without the patient's consent.

Subdivision 3—Carrying out searches

Application of sdiv 3

356. This subdivision applies if—

- (a) under subdivision 1, a doctor or nurse is authorised, or another health practitioner has been authorised by a doctor or nurse, to search a patient or a patient's possessions; or
- (b) under subdivision 2, an authorised officer is authorised to search a patient or a patient's possessions.

Carrying out search

357.(1) The person authorised to carry out the search (the “**searcher**”) may require the patient, to submit, or submit the patient's possessions, to a search under this section.

(2) The searcher may do any 1 or more of the following—

- (a) pass a hand-held electronic scanning device over or around the

patient or the patient's possessions;

- (b) open or inspect a thing in the patient's possession;
- (c) remove and inspect an outer garment or footwear of the patient;
- (d) remove and inspect all things from the pockets of the patient's clothing;
- (e) touch the clothing worn by the patient to the extent reasonably necessary to detect things in the patient's possession;
- (f) remove and inspect any detected thing.

(3) Also, the searcher may, with the approval of the administrator of the authorised mental health service, remove and inspect all, or part of, the patient's other clothing and anything found in the clothing.

(4) However, the administrator may give the approval only if the administrator is reasonably satisfied it is necessary in the circumstances for carrying out an appropriate search.

(5) The searcher may—

- (a) exercise a power of inspection under subsection (2) only if the patient is present or has been given the opportunity to be present;
or
- (b) exercise a power under subsection (2)(c) to (f) or (3) only if—
 - (i) the searcher is the same sex as the patient; and
 - (ii) the search is carried out in a part of a building that ensures the patient's privacy.

(6) The searcher must—

- (a) carry out the search in a way that respects the patient's dignity to the greatest possible extent; and
- (b) cause as little inconvenience to the patient as is practicable in the circumstances.

(7) However, the searcher may carry out the search with the help, and using the force, that is reasonable in the circumstances.

Seizure of things

358. The searcher may seize anything found during a search that the searcher reasonably suspects is a harmful thing.

What happens to thing seized

359.(1) If the administrator of the authorised mental health service is reasonably satisfied the seized thing is a harmful thing, the administrator must—

- (a) keep it for the patient and give it to the patient on the patient's release from the health service; or
- (b) give it to someone else if the patient is able to, and has given, agreement to do so; or
- (c) if the administrator is satisfied someone else is entitled to possession of the thing—give or send it to the person; or
- (d) if the administrator is reasonably satisfied it is of negligible value—dispose of it in the way the administrator considers appropriate.

(2) However, if the administrator reasonably believes the seized thing is connected with, or is evidence of, the commission or intended commission of an offence against an Act, the administrator must give it to an authorised person under that Act.

(3) The seizure provisions of the Act mentioned in subsection (2) apply to the thing as if the authorised person had seized it under the provisions of the Act that relate to the offence.

(4) If the authorised person is not reasonably satisfied the thing is evidence of the commission or intended commission of the offence, the authorised person must return it to the administrator who must deal with it under this section.

(5) Immediately after making a decision about what happens to a seized thing, the administrator must make a written record of the decision.

Subdivision 4—Miscellaneous**Records of searches**

360.(1) This section applies if—

- (a) a search is authorised under subdivision 1; or
- (b) an administrator of an authorised mental health service gives an approval mentioned in section 357(3); or
- (c) a searcher seizes anything found during a search under this part.

(2) Immediately after carrying out the search, the searcher must make a written record of the following details of the search—

- (a) the reasons for the search;
- (b) if, under subdivision 1, a doctor or nurse authorised another health practitioner to carry out the search—the name of the doctor or nurse;
- (c) the name of the searcher;
- (d) how the search was carried out;
- (e) the results of the search;
- (f) anything seized.

Division 3—Searches of visitors to high security units, and their possessions**Power to search visitors**

361.(1) An authorised officer for a high security unit may ask a visitor to submit, or submit the visitor's possessions, to being searched, under this division, by an authorised officer.

(2) The officer must tell the visitor in general terms of—

- (a) the officer's powers in relation to the search; and
- (b) how the search is to be carried out; and
- (c) the visitor's rights under this division.

Directions to leave high security unit

362.(1) If the visitor does not agree to the request, the authorised officer may refuse the visitor permission to enter the high security unit or, if the person is in the unit, direct the person to immediately leave the unit.

(2) If the visitor is directed to leave the unit, the visitor must comply with the direction.

Maximum penalty for subsection (2)—20 penalty units.

Carrying out the search

363.(1) For carrying out the search, the authorised officer may ask the visitor to do any 1 or more of the following—

- (a) walk through an electronic scanning device;
- (b) remove a stated outer garment or footwear;
- (c) remove everything from the pockets of the visitor's clothing;
- (d) open or inspect anything in the visitor's possession.

(2) Also, the officer may ask the visitor to leave a thing the officer reasonably suspects is a harmful thing with the officer until the visitor leaves the high security unit.

(3) If the visitor refuses to comply with a request under subsection (1) or (2), the authorised officer may refuse the visitor permission to enter the unit or, if the person is in the unit, direct the person to immediately leave the unit.

(4) If the visitor is directed to leave the unit, the visitor must comply with the direction.

Maximum penalty—20 penalty units.

(5) For carrying out the search, the authorised officer may—

- (a) pass a hand-held electronic scanning device over or around the visitor or the visitor's possessions; and
- (b) inspect an outer garment or footwear removed by the visitor; and
- (c) touch the clothing worn by the visitor to the extent reasonably necessary to detect things in the visitor's possession; and

- (d) remove and inspect any detected thing.
- (6) The authorised officer may—
 - (a) exercise a power of inspection under subsection (5) only if the visitor is present or has been given the opportunity to be present; or
 - (b) exercise a power under subsection (5)(c) or (d) only if—
 - (i) the officer is the same sex as the visitor; and
 - (ii) the search is carried out in privacy in a part of a building that ensures the visitor's privacy.
- (7) The authorised officer must—
 - (a) carry out the search in a way that respects the visitor's dignity to the greatest possible extent; and
 - (b) ensure the officer causes as little inconvenience to the visitor as is practicable in the circumstances to carry out an appropriate search.

Visitor may leave things with authorised officer

364. If the visitor does not want the authorised officer to inspect anything in the visitor's possession, the visitor may leave the thing with the authorised officer until the visitor leaves the high security unit.

Visitor may ask for search to stop

365.(1) The authorised officer must stop the search if the visitor tells the officer the visitor does not want the search to continue and is prepared to leave the high security unit immediately.

- (2) The visitor must leave the unit immediately.

Maximum penalty for subsection (2)—20 penalty units.

Return of things to visitor

366. If the visitor has left a thing with an authorised officer, the officer must ensure the thing is returned to the visitor—

- (a) if the visitor asks for its return; and

- (b) if the officer is reasonably satisfied the visitor is about to leave the high security unit.

Seizure of things

367. The authorised officer may seize a harmful thing found during the search if the officer reasonably believes it is connected with, or is evidence of, the commission or intended commission of an offence.

Receipt for seized things

368.(1) The authorised officer must give a receipt for the thing to the visitor from whom it was seized.

- (2) The receipt must describe generally the thing seized and its condition.

Procedure after thing seized

369.(1) If the administrator of the authorised mental health service reasonably believes the seized thing is connected with, or is evidence of, the commission or intended commission of an offence against an Act, the administrator must give it to an authorised person under that Act.

(2) The seizure provisions of the Act mentioned in subsection (1) apply to the thing as if the authorised person had seized it under the provisions of the Act that relate to the offence.

(3) If the administrator is not reasonably satisfied the thing is evidence of the commission or intended commission of the offence, the administrator must ensure reasonable efforts are made to return it to the visitor from whom it was seized.

Forfeiture of seized things

370.(1) This section applies to a seized thing mentioned in section 369(3).

(2) The seized thing is forfeited to the State if the administrator of the authorised mental health service—

- (a) can not find the visitor from whom it was seized, after making

reasonable inquiries; or

(b) can not return it to the visitor, after making reasonable efforts.

(3) In applying subsection (2)—

(a) subsection (2)(a) does not require the administrator to make inquiries if it would be unreasonable in the particular circumstances to make inquiries to find the visitor; and

(b) subsection (2)(b) does not require the administrator to make efforts if it would be unreasonable in the particular circumstances to make efforts to return the thing to the visitor.

(4) Regard must be had to a thing's nature, condition and value in deciding—

(a) whether it is reasonable to make inquiries or efforts; and

(b) if making inquiries or efforts—what inquiries or efforts, including the period over which they are made, are reasonable.

Access to seized things

371.(1) Until a seized thing is forfeited or returned, the administrator must allow its owner to inspect it and, if it is a document, to copy it.

(2) Subsection (1) does not apply if it is impracticable or would be unreasonable to allow the inspection or copying.

Division 4—Identity cards

Approval of identity cards

372.(1) The administrator of a high security unit must approve identity cards for authorised officers for the unit.

(2) An approved identity card for an authorised officer must—

(a) contain a recent photograph of the officer; and

(b) identify the person as a health practitioner or security officer at the unit.

(3) For subsection (2)(b), the identity of the officer as a health practitioner must state the officer's occupation.¹⁰⁸

Division 5—Compensation

Compensation for damage to possessions

373.(1) A patient or visitor (the “**claimant**”) may claim from the State the cost of repairing or replacing the claimant's possessions damaged in the exercise or purported exercise of a power under this part.

(2) The cost may be claimed and ordered in a proceeding—

- (a) brought in a court of competent jurisdiction for the recovery of the amount claimed; or
- (b) for an offence against this Act brought against the claimant.

(3) A court may order an amount be paid only if it is satisfied it is just to make the order in the circumstances of the particular case.

(4) A regulation may prescribe matters that may, or must, be taken into account by the court when considering whether it is just to make the order.

PART 4—EXCLUSION OF VISITORS

Administrator may refuse to allow a person to visit a patient

374.(1) The administrator of an authorised mental health service may refuse to allow a person to visit a patient in the health service if the administrator is satisfied the proposed visit will adversely affect the patient's treatment.

¹⁰⁸ See also section 542 (Official to identify himself or herself before exercising powers).

Example of application of subsection (1)—

The administrator may be satisfied a patient's treatment will be adversely affected if, on a previous visit by a person, the patient's mental state deteriorated.

- (2) The administrator must give the person written notice of the decision.
- (3) The notice must state the following—
 - (a) the reasons for the decision;
 - (b) that the person may appeal to the tribunal against the decision within 28 days after the person receives the notice;
 - (c) how the appeal is made.

Who may appeal

375. A person who is dissatisfied with the decision of the administrator of an authorised mental health service to refuse to allow the person to visit a patient in the health service may appeal to the tribunal against the decision.

How to start appeal

376.(1) An appeal is started by giving notice of appeal to the tribunal.

(2) The notice of appeal must be given within 28 days after the appellant receives notice of the decision of the administrator of the authorised mental health service.

(3) The tribunal may, at any time, extend the time for giving the notice of appeal.

(4) The notice of appeal must—

- (a) be in the approved form; and
- (b) state fully the grounds of the appeal and the facts relied on.

Notices of appeal and hearing

377.(1) Within 7 days after the appeal is started, the tribunal must give notice of the appeal to the administrator of the authorised mental health service.

(2) The tribunal must give 7 days written notice of the hearing of the

appeal to the parties to the appeal.

(3) The notice of the hearing of the appeal must state the following information—

- (a) the time and place of the hearing of the appeal;
- (b) the nature of the hearing;
- (c) the parties' rights to be represented at the hearing.

Stay of decision pending appeal

378.(1) The president of the tribunal may stay the decision appealed against to secure the effectiveness of the appeal.

(2) A stay—

- (a) may be given on the reasonable conditions the president considers appropriate; and
- (b) operates for the period fixed by the president; and
- (c) may be revoked or amended by the president.

(3) However, the period of a stay must not extend past the time when the appeal is decided.

Appeal powers

379. In deciding an appeal, the tribunal may confirm or revoke the decision appealed against.

Notice of decision

380. The tribunal must give a copy of the decision to the parties to the appeal.

CHAPTER 11—MENTAL HEALTH COURT

PART 1—ESTABLISHMENT, CONSTITUTION, JURISDICTION AND POWERS

Mental Health Court established

381.(1) The Mental Health Court is established as a superior court of record.

(2) The court has a seal that must be judicially noticed.

Constitution

382.(1) The Mental Health Court is constituted by a Supreme Court judge sitting alone.

(2) In exercising jurisdiction under this Act, the court must be assisted by 2 assisting psychiatrists.

(3) However, if 2 assisting psychiatrists are not available to assist the court in a particular hearing of a matter and the constituting judge is satisfied it is necessary to hear the matter in the interests of justice, the court may be assisted by only 1 psychiatrist.

(4) The constituting judge must decide the assisting psychiatrists who are to assist the court for a particular hearing.

Jurisdiction

383.(1) The Mental Health Court has the following jurisdiction—

- (a) deciding appeals against decisions of the tribunal;
- (b) deciding references of the mental condition of persons;
- (c) investigating the detention of patients in authorised mental health services.

(2) In exercising its jurisdiction, the court—

- (a) must inquire into the matter before it; and

(b) may inform itself of any matter relating to the inquiry in any way it considers appropriate.

(3) In a proceeding, the court may give directions about the hearing of a matter.¹⁰⁹

(4) The court's jurisdiction is not limited, by implication, by a provision of this or another Act.

Powers

384.(1) The Mental Health Court may do all things necessary or convenient to be done for, or in relation to, exercising its jurisdiction.

(2) Without limiting subsection (1), the court has the powers conferred on it by this Act.

PART 2—PROVISIONS ABOUT CONSTITUTING JUDGE OF COURT

Appointment of constituting judge

385.(1) The Governor in Council may, by commission, appoint a Supreme Court judge to constitute the Mental Health Court.

(2) The judge is appointed for the term, not more than 3 years, stated in the commission.

Appointment does not affect constituting judge's tenure of office etc.

386.(1) The appointment of, or service by, the judge as constituting judge of the Mental Health Court does not affect—

(a) the judge's tenure of office as a judge; or

¹⁰⁹ Also, see the *Evidence Act 1977*, part 3A. The stated purposes of the part include the facilitation of the giving and receiving of evidence, and the making and receiving of submissions, in Queensland court proceedings by audio visual link or audio link.

- (b) the judge's rank, title, status, precedence, salary, annual or other allowances or other rights or privileges as the holder of his or her office as a judge.

(2) The judge's service as constituting judge is taken to be service as a Supreme Court judge for all purposes.

When constituting judge holds office

387.(1) The constituting judge of the Mental Health Court holds office until—

- (a) the judge's term of appointment ends; or
- (b) the judge ceases to be a Supreme Court judge.

(2) However, if the constituting judge ceases to hold office while hearing a matter, the Governor in Council may, without reappointing the person as constituting judge, continue the person in office for the time necessary to enable the hearing to be completed.

(3) The person continued in office may exercise the jurisdiction and powers of the court necessary or convenient for the hearing to be completed.

Acting constituting judge

388. The Governor in Council may, by commission, appoint a Supreme Court judge to act as the constituting judge of the Mental Health Court—

- (a) for any period the office is vacant; or
- (b) for any period, or all periods, when the constituting judge is absent from duty or the State or can not, for another reason, perform the duties of the office.

PART 3—PROVISIONS ABOUT ASSISTING PSYCHIATRISTS

Functions

389.(1) The functions of an assisting psychiatrist are to—

- (a) examine material received for a hearing to identify matters requiring further examination and to make recommendations to the Mental Health Court about the matters; and
- (b) make recommendations about the making of court examination orders; and
- (c) assist the court by advising it—
 - (i) on the meaning and significance of clinical evidence; and
 - (ii) about clinical issues relating to the treatment and detention needs of persons under this Act.

(2) However, an assisting psychiatrist's functions are limited to matters within the psychiatrist's professional expertise.

Appointment

390.(1) The Governor in Council may, by gazette notice, appoint a psychiatrist (an “**assisting psychiatrist**”) to assist the Mental Health Court.

(2) In recommending a psychiatrist for appointment as an assisting psychiatrist the Minister must be satisfied the psychiatrist has qualifications and experience necessary to perform an assisting psychiatrist's functions.

(3) An assisting psychiatrist holds office for the term, not longer than 3 years, stated in the notice.

(4) An assisting psychiatrist is to be appointed under this Act and not under the *Public Service Act 1996*.

Terms of appointment

391.(1) An assisting psychiatrist is entitled to be paid the remuneration and allowances decided by the Governor in Council.

(2) An assisting psychiatrist holds office on the terms not provided for in this Act as are decided by the Governor in Council.

Resignation

392. An assisting psychiatrist may resign office by signed notice given to the Minister.

Termination of appointment of assisting psychiatrists

393.(1) The Governor in Council may terminate the appointment of an assisting psychiatrist if the Governor in Council is satisfied the psychiatrist—

- (a) is mentally or physically incapable of satisfactorily performing the psychiatrist's duties; or
- (b) performed the psychiatrist's duties carelessly, incompetently or inefficiently; or
- (c) is guilty of misconduct that could warrant dismissal from the public service if the psychiatrist were an officer of the public service.

(2) The Governor in Council must terminate the appointment of an assisting psychiatrist if the psychiatrist—

- (a) ceases to be eligible for appointment as an assisting psychiatrist; or
- (b) is convicted of an indictable offence.

Acting appointments

394. The Governor in Council may appoint a psychiatrist to act as an assisting psychiatrist—

- (a) during a vacancy in the office; or
- (b) for any period, or all periods, when an assisting psychiatrist is absent from duty or the State or can not, for another reason, perform the duties of the office.

PART 4—MENTAL HEALTH COURT REGISTRY AND REGISTRAR

Mental Health Court Registry

395.(1) There is a Mental Health Court Registry.

(2) The registry consists of—

- (a)** the registrar; and
- (b)** the other staff necessary for the court to exercise its jurisdiction.

(3) The registrar and other staff are to be employed under the *Public Service Act 1996*.

Registry's functions

396. The registry has the following functions—

- (a)** to act as the registry for the court;
- (b)** to provide administrative support to the court;
- (c)** any other functions conferred on the registry under this Act.

Registrar's functions

397. The registrar administers the registry and has the functions conferred on the registrar under this or another Act.

Registrar's powers—general

398.(1) The registrar has the power to do all things necessary or convenient to be done to perform the registrar's functions.

(2) In performing a function or exercising a power, the registrar must comply with a direction relating to the performance or exercise given by the constituting judge.

Registrar's power to issue subpoena

399.(1) For the Mental Health Court exercising its jurisdiction, the registrar may, on the registrar's own initiative or at the request of a party to a proceeding, issue a subpoena requiring the person stated in the subpoena to—

- (a) produce a stated or described document; or
- (b) attend before the Mental Health Court to give evidence.

(2) The person to whom the subpoena is directed must comply with it.

(3) Failure to comply with the subpoena without lawful excuse is contempt of court and the person may be dealt with for contempt of court.

Registrar's power to require production of documents

400.(1) For the Mental Health Court exercising its jurisdiction, the registrar may, by written notice given to the administrator of an authorised mental health service, require the administrator to give the registrar a stated or described document.

(2) The administrator must comply with the notice despite an obligation under an Act or law not to give the document or disclose information in the document.

(3) The registrar may ask the commissioner of the police service or director of public prosecutions to give the registrar—

- (a) a written report about the criminal history of a person the subject of a reference to the Mental Health Court; or
- (b) a brief of evidence.

(4) The commissioner of the police service or director of public prosecutions must comply with the request.

(5) Subsection (3) applies to the criminal history in the possession of the commissioner of the police service or director of public prosecutions or to which the commissioner or director of public prosecutions has access.

Registrar's power to require person to be brought before Mental Health Court

401.(1) For the Mental Health Court exercising its jurisdiction, the registrar may—

- (a) require the administrator of an authorised mental health service to bring a patient of the health service before the court at a stated time and place; or
- (b) require the custodian of a person in lawful custody to bring the person before the court at a stated time and place.

(2) The requirement must be made by written notice given to the administrator or custodian.

(3) The administrator or custodian must comply with the notice.

Delegation by registrar

402. The registrar may delegate a power of the registrar under this or another Act to an appropriately qualified member of the staff of the registry.

PART 5—PROCEDURAL PROVISIONS**Right of appearance and representation in Mental Health Court proceeding**

403. A party to a proceeding in the Mental Health Court may—

- (a) appear in person at the hearing of the proceeding; or
- (b) be represented at the hearing by a lawyer or, with the leave of the court, an agent.

Evidence

404.(1) In hearing the proceeding, the Mental Health Court is not bound by the rules of evidence unless the court decides it is in the interests of justice that it be bound for the hearing or a part of the hearing.

(2) The court may make the decision on application by a party to the hearing or of its own initiative.

Proof of matters

405.(1) In the proceeding, no party bears the onus of proof of any matter.

(2) Subject to section 268,¹¹⁰ a matter to be decided by the Mental Health Court must be decided on the balance of probabilities.

Assisting psychiatrists' advice before or during hearing

406.(1) This section applies to advice given by an assisting psychiatrist to the Mental Health Court—

- (a) before the hearing is started; or
- (b) during an adjournment of the hearing, other than an adjournment for the court to make its decision.

(2) During the hearing, the court must inform each party of the advice unless the party tells the court that it does not require the information.

Assisting psychiatrist's advice during hearing

407. Advice given by an assisting psychiatrist to the Mental Health Court during a hearing must be given in a way that can be heard by the parties.

Particular assisting psychiatrist's advice to be stated in reasons for decision

408. If the Mental Health Court is satisfied advice given by an assisting psychiatrist to the court materially contributed to the court's decision, the advice must be stated in the court's reasons for its decision.

Court may proceed in absence of person subject of proceeding

409. The Mental Health Court may proceed to conduct the hearing of a

¹¹⁰ Section 268 (Reasonable doubt person committed offence)

proceeding in the absence of the person the subject of the proceeding only if the court is satisfied it is expedient and it is in the person's best interests to do so.

Appointment of assistants

410. The Mental Health Court may appoint a person with appropriate knowledge or experience to assist it in a hearing, including, for example, a person with appropriate communication skills or appropriate cultural or social knowledge or experience.

Court may sit and adjourn hearings

411. Subject to the court rules, the Mental Health Court may—

- (a) sit at any time and in any place for a hearing; and
- (b) adjourn a hearing to any time and place.

Hearings about young persons

412.(1) This section applies if a young person is the subject of a hearing in the Mental Health Court.

(2) The hearing is not open to the public.

(3) However, the court may permit a person to be present during the hearing if the court is satisfied it is in the interests of justice.

Hearings of references open to public

413.(1) The hearing of a proceeding for a reference is open to the public unless the Mental Health Court, by order, directs the hearing or part of the hearing not to be open to the public.

(2) However, the court may make an order directing the hearing or part of the hearing not to be open to the public only if the court is satisfied it is in the interests of justice.

(3) This section is subject to section 412.

Other hearings not open to public

414.(1) The hearing of a proceeding in the Mental Health Court, other than the hearing of a proceeding for a reference, must not be open to the public unless the court, by order, directs the hearing or part of the hearing be open to the public.

(2) However, the court may make an order directing a hearing or part of a hearing be open to the public only if it is satisfied—

- (a) the person the subject of the proceeding has agreed to the order; and
- (b) the order will not result in serious harm to the person's health or risk the safety of anyone else; and
- (c) the privacy of the parties to the proceeding will not be adversely affected.

(3) This section is subject to section 412.

Costs

415. Each party to a proceeding in the Mental Health Court is to bear the party's own costs.

PART 6—PROTECTION AND IMMUNITIES**Contempt of court**

416.(1) The Mental Health Court has, for itself, all the protection, powers, jurisdiction and authority the Supreme Court has, for that court, in relation to contempt of court.

(2) The court must comply with the Uniform Civil Procedure Rules relating to contempt of court, with necessary changes.

(3) The registrar may apply to the court for an order that a person be committed to prison for contempt of court.

(4) The court's jurisdiction to punish a contempt of the court may be

exercised on the constituting judge's own initiative.

(5) The court has jurisdiction to punish an act or omission as a contempt of the court, although a penalty is prescribed for the act or omission.

Conduct that is contempt and offence

417. If conduct of a person is both contempt of the Mental Health Court and an offence, the person may be proceeded against for the contempt or for the offence, but the person is not liable to be punished twice for the same conduct.

Protection and immunities for constituting judge of Mental Health Court

418.(1) The constituting judge of the Mental Health Court has, in the exercise of jurisdiction for this Act, the protection and immunities of a Supreme Court judge exercising the jurisdiction of a judge.

(2) The constituting judge of the Mental Health Court or an assisting psychiatrist (the “**official**”) has, in a proceeding for defamation for a publication made to or by the official in the official's official capacity, a defence of absolute privilege if the publication was made in good faith.

(3) The burden of proving absence of good faith is on a person who alleges the absence.

PART 7—RULES AND PRACTICES

Rule-making power

419.(1) The Governor in Council may make rules under this Act.

(2) Rules relating to the Mental Health Court or the registry may only be made with the consent of the constituting judge of the court.

(3) Rules may be made about the following matters—

(a) regulating the practice and procedure to be followed and used in

or for proceedings in the court;

- (b) fees and expenses payable to witnesses;
- (c) fees and costs payable in relation to proceedings in the court and the party by or to whom they are to be paid;
- (d) service of process, notices, orders or other things on parties and other persons;
- (e) the functions and powers of the registrar and other staff of the registry.

(4) Rules made under this section are rules of court.

Directions about practice

420.(1) Subject to this Act and the court rules, the practice and procedure of the Mental Health Court are as directed by the constituting judge of the court.

(2) If this Act or the rules do not provide or sufficiently provide for a particular matter, an application for directions may be made to the judge.

Approved forms—constituting judge

421. The constituting judge of the Mental Health Court may approve the following forms for use under this Act—

- (a) notice of a reference;
- (b) court examination order;
- (c) forensic order (Mental Health Court);
- (d) notice of appeal under section 321(4)(a);
- (e) application under section 427(2)(a).¹¹¹

¹¹¹ The notice of appeal under section 321(4)(a) is for an appeal to the Mental Health Court against a decision mentioned in section 319 and the application under section 427(2)(a) is for an inquiry into a patient's detention in an authorised mental health service.

PART 8—EXAMINATION AND CONFIDENTIALITY ORDERS

Court examination orders

422.(1) The Mental Health Court may order (a “**court examination order**”) the person the subject of a proceeding to submit to an examination by a stated psychiatrist, doctor or other health practitioner (the “**examining practitioner**”).

(2) A court examination order must—

- (a) be in the approved form; and
- (b) state the matters on which the examining practitioner must report on to the court.

(3) The examining practitioner must give a written report on the examination to the court.

Recommendations and requests for court examination order on references

423.(1) This section applies if, for a proceeding for a reference on a person’s mental condition, an assisting psychiatrist recommends, or the director of public prosecutions asks, that the Mental Health Court make a court examination order for the person.

(2) The registrar must give written notice of the recommendation or request to the parties to the proceeding.

(3) The notice must state that the parties may make written submissions on the recommendation or request within the reasonable time stated in the notice.

(4) The registrar must give the recommendation or request, and any submission made by a party on it, to the court.

(5) The director of public prosecutions must pay the costs of an examination requested by the director of public prosecutions.

Court examination order may also authorise detention etc.

424.(1) This section applies if the Mental Health Court makes a court examination order for a person the subject of a reference.

(2) For examining the person, the order may also authorise either or both of the following—

- (a) a police officer, correctional officer, detention centre officer or other person stated in the order to detain the person and take the person to a stated authorised mental health service;¹¹²
- (b) the person's detention in the health service.

(3) A correctional officer, detention centre officer or other person stated in the order may exercise the power under subsection (2)(a) with the help, and using the force, that is reasonable in the circumstances.¹¹³

(4) However, the court may make an order authorising a matter mentioned in subsection (2) only if the court is satisfied there is no less restrictive way to ensure a thorough examination of the person's mental condition.

(5) The person may be detained in the health service for the examination for not more than 3 days unless the court states a longer period in the order.

Note—

If, immediately before the examination, the person was detained as an involuntary patient in another authorised mental health service, the health service stated in the court examination order is the patient's treating health service while the order is in force.

(6) The examining practitioner, or anyone lawfully helping the examining practitioner in examining the person, may use reasonable force to examine the person.

¹¹² For a police officer's entry and search powers, see the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant).

¹¹³ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

What happens at end of examination

425.(1) After the end of the time allowed for the person's examination or on the earlier completion of the person's examination, the administrator of the authorised mental health service must ensure—

- (a) if the person was taken from lawful custody for the examination—the person's custodian takes the person from the health service; or
- (b) if, immediately before the examination, the person was detained as an involuntary patient in another authorised mental health service—the person is taken to that health service; or
- (c) otherwise—arrangements are made for the person's return to the place from which the person was taken for the examination or for the person to be taken to another place the person reasonably asks to be taken.

(2) For subsection (1)(a), a correctional officer or detention centre officer may take the person from the health service with the help, and using the force, that is reasonable in the circumstances.

(3) The person may be detained in the health service until the person is taken, under subsection (1)(a) or (b), from the health service.

(4) This section does not apply if—

- (a) the person becomes an involuntary patient; or
- (b) an order is made transferring the patient to the health service stated in the court examination order.¹¹⁴

Note for subsection 4(a)—

The person becomes an involuntary patient if assessment documents under chapter 2 or 3 are made for the person following the examination.

Confidentiality orders

426.(1) In a proceeding, the Mental Health Court may, by order (a “**confidentiality order**”), prohibit or restrict the disclosure to the person the

¹¹⁴ See section 165 (Transfer orders—involuntary patients other than classified or forensic patients) or 166 (Transfer orders—other patients).

subject of a proceeding of—

- (a) information given before it; or
- (b) matters contained in documents filed with, or received by, it; or
- (c) the reasons for its decision in the proceeding.

(2) However, the court may make a confidentiality order only if it is satisfied the disclosure would—

- (a) cause serious harm to the health of the person; or
- (b) put the safety of someone else at serious risk.

(3) If the court makes a confidentiality order for a person, the court must—

- (a) disclose the information or matters to the person's lawyer or agent; and
- (b) give written reasons for the order to the lawyer or agent.

(4) If the person is not represented at the hearing of the proceeding by a lawyer or agent, the court must ensure a lawyer or agent is appointed for subsection (3).

(5) A person must not contravene a confidentiality order unless the person has a reasonable excuse.

Maximum penalty for subsection (5)—40 penalty units.

PART 9—INQUIRIES INTO DETENTION OF PATIENTS IN AUTHORISED MENTAL HEALTH SERVICES

Mental Health Court may inquire into detention—on application

427.(1) The Mental Health Court may, on application made to it, inquire into a patient's detention in an authorised mental health service to decide whether the patient's detention is lawful.

(2) The application must—

- (a) be in the approved form; and
- (b) state the grounds on which it is made.

(3) The court must consider the application as soon as practicable after it is made.

(4) The court may refuse the application if the court is satisfied the application—

- (a) may more properly be dealt with by the tribunal on a review; or
- (b) is frivolous or vexatious.

Mental Health Court may inquire into detention—on own initiative

428. The Mental Health Court may, on its own initiative, inquire into a patient's detention in an authorised mental health service to decide whether the patient's detention is lawful.

Mental Health Court may order inquiry into detention

429. For inquiring into a patient's detention in an authorised mental health service, the court may, by written order, direct a stated person (the “**appointed person**”) to inquire into and report to the court in relation to the patient's detention.

Administrator to ensure help given to appointed person

430. The administrator of the authorised mental health service must ensure the appointed person is given reasonable help to carry out the inquiry.

General powers of appointed person on inquiry

431.(1) For carrying out the inquiry, the appointed person may exercise any 1 or more of the following powers—

- (a) enter the authorised mental health service stated in the order;
- (b) examine the patient;
- (c) search any part of the health service;

- (d) inspect, examine, test, measure, photograph or film any part of the health service or any documents or other thing in the health service;
- (e) take extracts from, or make copies of, any documents in the health service;
- (f) take into the health service any persons, equipment and materials the appointed person reasonably requires for exercising powers in relation to the health service.

(2) The appointed person may exercise a power under subsection (1) with the help, and using the force, that is reasonable in the circumstances.

Appointed person's power to ask questions

432.(1) The appointed person may require another person to answer a question about the patient's detention.

(2) When making the requirement, the appointed person must warn the other person it is an offence to fail to comply with the requirement unless the person has a reasonable excuse.

(3) The person must comply with the requirement unless the person has a reasonable excuse.

Maximum penalty—50 penalty units.

(4) It is a reasonable excuse for the person to fail to answer the question if complying with the requirement might tend to incriminate the person.

(5) The person does not commit an offence against subsection (3) if the information sought by the appointed person is not in fact relevant to the patient's detention.

Mental Health Court may order patient's discharge

433.(1) If, on consideration of the appointed person's report on the inquiry and any other evidence before it, the Mental Health Court is satisfied the patient is unlawfully detained in the authorised mental health service, the court must, by order, direct the patient be immediately discharged from the health service.

(2) The administrator of the health service must ensure the order is complied with.

Patient's other remedies not affected

434. This part does not limit any other remedy available to the patient.

PART 10—MISCELLANEOUS PROVISIONS

Annual report

435.(1) After each financial year, the constituting judge must prepare and give to the Minister a report for the year on the operation of the Mental Health Court and the registry.

(2) The report must also contain the other information required by the Minister.

(3) The Minister must table a copy of the report in the Legislative Assembly within 14 days after the Minister receives it.

CHAPTER 12—MENTAL HEALTH REVIEW TRIBUNAL

PART 1—ESTABLISHMENT, JURISDICTION AND POWERS

Establishment

436.(1) The Mental Health Review Tribunal is established.

(2) The tribunal consists of the president of the tribunal and other members.

Jurisdiction

437. The tribunal has the following jurisdiction—

- (a) reviewing the application of treatment criteria for patients;
- (b) reviewing the detention of young patients in high security units;
- (c) reviewing the mental condition of forensic patients;
- (d) reviewing the fitness for trial of—
 - (i) persons found by the Mental Health Court to be unfit for trial and the unfitness for trial is not of a permanent nature; and
 - (ii) persons for whom a jury has made a section 613 or 645 finding;
- (e) deciding applications for notification orders;
- (f) deciding treatment applications;
- (g) deciding applications for approval for particular patients to move out of Queensland;
- (h) deciding appeals against decisions of administrators of authorised mental health services to refuse to allow persons to visit involuntary patients in health services.

Procedure of tribunal

438. The tribunal must exercise its jurisdiction in a way that is fair, just, economical, informal and timely.

Powers

439.(1) The tribunal may do all things necessary or convenient to be done for, or in relation to, exercising its jurisdiction.

(2) Without limiting subsection (1), the tribunal has the powers conferred on it by this Act.

PART 2—TRIBUNAL MEMBERS AND STAFF

Appointment of members

440.(1) The president of the tribunal is to be appointed by the Governor in Council on a full-time basis.

(2) The other members are to be appointed by the Governor in Council on a full-time or part-time basis.

(3) A person is eligible for appointment as the president of the tribunal only if the person is a lawyer of at least 7 years standing.

(4) A person is eligible for appointment as another member only if the person—

- (a) is a lawyer of at least 5 years standing; or
- (b) is a psychiatrist; or
- (c) has other qualifications and experience the Minister considers relevant to exercising the tribunal's jurisdiction.

(5) In recommending persons for appointment as members, the Minister must take into account—

- (a) the need for a balanced gender representation in the membership of the tribunal; and
- (b) the range and experience of members of the tribunal; and
- (c) the need for the membership of the tribunal to reflect the social and cultural diversity of the general community.

(6) Members are to be appointed under this Act, and not under the *Public Service Act 1996*.

Duration of appointment

441.(1) The president of the tribunal holds office for a term of not longer than 5 years stated in the instrument of appointment.

(2) Other members hold office for a term of not longer than 3 years in the member's instrument of appointment.¹¹⁵

Terms of appointment

442.(1) Members are entitled to be paid the remuneration and allowances decided by the Governor in Council.

(2) Members hold office on the terms not provided for in this Act as are decided by the Governor in Council.

Resignation

443. A member may resign office by signed notice given to the Minister.

Termination of appointment

444.(1) The Governor in Council may terminate the appointment of a member if the Governor in Council is satisfied the member—

- (a) is mentally or physically incapable of satisfactorily performing the member's duties; or
- (b) performed the member's duties carelessly, incompetently or inefficiently; or
- (c) is guilty of misconduct that could warrant dismissal from the public service if the member were an officer of the public service.

(2) The Governor in Council must terminate the appointment of a member if the member—

- (a) ceases to be eligible for appointment as a member; or
- (b) is convicted of an indictable offence.

Acting appointment

445. The Governor in Council may appoint a person, who is eligible for appointment as the president of the tribunal, to act as president—

¹¹⁵ For reappointments—see *Acts Interpretation Act 1954*, section 25(1)(c).

- (a) for any period the office is vacant; or
- (b) for any period, or all periods, when the president of the tribunal is absent from duty or the State or can not, for another reason, perform the duties of the office.

Executive officer and staff

446.(1) There are to be appointed an executive officer of the tribunal and other staff necessary for it to exercise its jurisdiction.

(2) The executive officer and other staff are to be employed under the *Public Service Act 1996*.

(3) The president of the tribunal has all the functions and powers of the chief executive of a department, so far as the functions and powers relate to the organisational unit made up of the tribunal's staff, as if—

- (a) the unit were a department within the meaning of the *Public Service Act 1996*; and
- (b) the president were the chief executive of the department.

PART 3—CONSTITUTION OF TRIBUNAL FOR HEARINGS

Members constituting tribunal for hearings

447.(1) Subsection (2) applies to a tribunal hearing for the following matters—

- (a) a review;
- (b) an application for approval to administer electroconvulsive therapy to an involuntary patient;
- (c) an application for approval for a patient to move out of Queensland;
- (d) an application for a notification order for a patient constituted for the purpose;

- (e) an appeal against a decision of the administrator of an authorised mental health service to refuse to allow a person to visit a patient in the health service.

Note for subsection 1(d)—

Under section 222, an application for a notification order for a patient may also be decided by the president on the papers or during the hearing for a review for the patient.

(2) Subject to section 448, the tribunal must be constituted by at least 3, but not more than 5, members of whom—

- (a) at least 1 must be a lawyer; and
- (b) at least 1 must be a psychiatrist or, if a psychiatrist is not readily available but another doctor is available, the doctor; and
- (c) at least 1 who is not a lawyer or doctor.

(3) In deciding the tribunal's constitution for a hearing for a review for an involuntary patient, the president must have regard to the current risk the patient represents to the safety of himself or herself or others.¹¹⁶

(4) For the hearing of an application for approval to perform psychosurgery, the tribunal must be constituted by 5 members as follows—

- (a) a lawyer of at least 7 years standing;
- (b) 1 psychiatrist nominated by the Royal Australian and New Zealand College of Psychiatrists;
- (c) 1 psychiatrist nominated by the Minister;
- (d) 1 neurosurgeon nominated by the Royal Australasian College of Surgeons;
- (e) 1 person who is not a lawyer or doctor.

When tribunal may be constituted by less than 3 members

448. The tribunal may be constituted by less than 3 members—

¹¹⁶ For directions by president about the number of members to constitute, and the members who are to constitute, the tribunal for a particular hearing, see section 484(2)(b) and (c).

- (a) for a review for a patient under an involuntary treatment order—if the president is satisfied it is in the patient’s best interests and it is appropriate and expedient to do so; or
- (b) for an application for approval to administer electroconvulsive therapy—if the president is satisfied it is in the patient’s best interests to do so and, on the information contained in the application, the treatment is required urgently and it is appropriate and expedient to do so; or
- (c) for the hearing of an appeal against a decision of the administrator of an authorised mental health service to refuse to allow a person to visit a patient in the health service—if the president is satisfied it is appropriate and expedient to do so.

Presiding member

449.(1) The presiding member for a tribunal hearing is—

- (a) if it is constituted by 1 member—the constituting member; or
- (b) if it is constituted by more than 1 member—the member decided by the president.

(2) If the tribunal is constituted under section 447(2), the presiding member must be a lawyer.

PART 4—PARTICIPATION AND REPRESENTATION AT HEARINGS

Right of appearance—reviews

450.(1) The following persons may appear in person at the hearing for a review—

- (a) the patient;
- (b) for a review on the application of the director—the director;

(c) for a review under chapter 6, part 3 or 4¹¹⁷—the Attorney-General.

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the tribunal, an agent.

(3) If, at a tribunal hearing, the patient is not represented, the presiding member may appoint a person to represent the patient's views, wishes and interests.

Note—

The tribunal may, under section 463, adjourn the hearing to allow the appointment to be made.

Right of appearance—treatment applications

451.(1) The following persons may appear in person at the hearing of a treatment application—

- (a) the applicant for the treatment;
- (b) the person the subject of the treatment application.

(2) In addition, the person the subject of the treatment application may be represented at the hearing by a lawyer or, with the leave of the tribunal, an agent.

(3) If, at a tribunal hearing, the person the subject of the application is not represented, the presiding member may appoint a person to represent the person's views, wishes and interests.

Right of appearance—application for approval for patient to move out of Queensland

452.(1) The following persons may appear in person at the hearing of an application for approval for a patient to move out of Queensland—

- (a) the patient;
- (b) the applicant;

¹¹⁷ Chapter 6 (Tribunal reviews, notification orders and treatment applications), part 3 (Reviews by tribunal for forensic patients) or 4 (Reviews by tribunal of mental condition of persons to decide fitness for trial)

(c) for an application for a forensic patient—the Attorney-General.

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the tribunal, an agent.

(3) If, at a tribunal hearing, the patient is not represented, the presiding member may appoint a person to represent the patient's views, wishes and interests.

Note—

The tribunal may, under section 463, adjourn the hearing to allow the appointment to be made.

Right of appearance—application for notification order

453.(1) The following persons may appear in person at the hearing of an application for a notification order for a patient—

- (a) the patient;
- (b) the applicant.

(2) The patient may be represented at the hearing by a lawyer or agent.

(3) Also, the applicant with the leave of the tribunal, may be represented at the hearing by a lawyer or, with the leave of the tribunal, an agent.

(4) If, at a tribunal hearing, the patient is not represented, the presiding member may appoint a person to represent the patient's views, wishes and interests.

Note—

The tribunal may, under section 463, adjourn the hearing to allow the appointment to be made.

(5) If the application is heard during the hearing for a review for the patient, the applicant has a right of appearance only for the hearing of the application and not for the review.

Right of appearance—appeal against decision to exclude a visitor

454.(1) The following persons may appear in person at the hearing of an appeal against a decision of the administrator of an authorised mental health

service to refuse to allow a person to visit a patient in the health service¹¹⁸—

- (a) the appellant;
- (b) the administrator.

(2) A person mentioned in subsection (1) may be represented at the hearing by a lawyer or, with the leave of the tribunal, an agent.

Right of particular persons to attend hearing

455.(1) The following persons may attend a tribunal hearing to help an involuntary patient represent the patient's views, wishes and interests—

- (a) the patient's allied person; and
- (b) someone else granted leave to attend by the tribunal.

(2) However, the patient's allied person or the other person does not become a party to the proceeding.

Tribunal may proceed in absence of involuntary patient

456.(1) On the hearing for a review or treatment application for an involuntary patient, the tribunal may proceed in the absence of the patient the subject of the proceeding if—

- (a) the tribunal reasonably believes the patient—
 - (i) is absent because of the patient's own free will; or
 - (ii) is unfit to appear; and
- (b) the tribunal is satisfied it is appropriate and expedient to do so.

(2) Subsection (1) has effect despite section 459.

¹¹⁸ See chapter 10 (Security of authorised mental health services), part 4 (Exclusion of visitors).

PART 5—EXAMINATION AND CONFIDENTIALITY ORDERS

Tribunal may order examination

457.(1) The tribunal may order the person the subject of a proceeding to submit to an examination by a stated psychiatrist, doctor or other health practitioner (the “**examining practitioner**”).

(2) The order must state the matters on which the examining practitioner must report on to the tribunal.

(3) The examining practitioner must give a written report on the examination to the tribunal.

Confidentiality orders

458.(1) The tribunal may, by order (a “**confidentiality order**”), prohibit or restrict the disclosure of the following to the person the subject of a proceeding or the patient the subject of an application for a notification order—

- (a) information given before it; or
- (b) matters contained in documents filed with, or received by, it; or
- (c) the reasons for its decision on the proceeding or the application.

(2) However, the tribunal may make a confidentiality order only if it is satisfied the disclosure would—

- (a) cause serious harm to the health of the person or patient; or
- (b) put the safety of someone else at serious risk.

(3) If the tribunal makes a confidentiality order for a person or patient, the tribunal must—

- (a) disclose the information or matters to the lawyer or agent of the person or patient; and
- (b) give written reasons for the order to the lawyer or agent.

(4) If the person is not represented by a lawyer or agent, the tribunal must ensure a lawyer or agent is appointed for subsection (3).

(5) A person must not contravene a confidentiality order unless the person has a reasonable excuse.

Maximum penalty for subsection (5)—40 penalty units.

PART 6—PROCEDURAL PROVISIONS

Hearing procedures

459.(1) At a hearing, the tribunal must—

- (a) observe natural justice; and
- (b) act as quickly, and with as little formality and technicality, as is consistent with a fair and proper consideration of the issues before it.

(2) In conducting the hearing, the tribunal—

- (a) is not bound by the rules of evidence; and
- (b) may inform itself on a matter in a way it considers appropriate; and
- (c) may decide the procedures to be followed for the hearing.

(3) However, the tribunal must comply with this part and any tribunal rules.

(4) A party to a proceeding must be given a reasonable opportunity to present the party's case, and in particular to inspect a document to which the tribunal proposes to have regard in reaching a decision in the proceeding and to make submissions about the document.

(5) However, the tribunal may displace the right to inspect by a confidentiality order.

Hearing not open to public

460.(1) A hearing must not be open to the public unless the tribunal, by order, directs the hearing or part of the hearing be open to the public.

(2) However, the tribunal must not order a hearing be open to the public if the person the subject of the hearing is a young person.

(3) Also, the tribunal may make an order directing a hearing or part of a hearing be open to the public only if it is satisfied—

- (a) the person the subject of the hearing has agreed to the order; and
- (b) the privacy of the parties to the proceeding will not be adversely affected; and
- (c) the order will not result in serious harm to the person's health or risk the safety of anyone else.

Way questions decided

461.(1) A question of law arising at a hearing is to be decided according to the presiding member's opinion.

(2) However, if the tribunal is constituted by 1 member who is not a lawyer—

- (a) the member must refer the question of law to another member who is a lawyer to decide; and
- (b) the other member must decide the question; and
- (c) for subsection (1), the decision is taken to be the presiding member's decision.

(3) If the members constituting the tribunal for a hearing are divided in opinion about the decision to be made on another question at the hearing—

- (a) if there is a majority of the same opinion—the question is decided according to the majority opinion; or
- (b) otherwise—the question is decided according to the opinion of the presiding member.

Appointment of assistants

462. The tribunal may appoint a person with appropriate knowledge or experience to assist it in a hearing, including, for example, a person with appropriate communication skills or appropriate cultural or social knowledge or experience.

Tribunal may adjourn hearings

463. The tribunal may adjourn a tribunal hearing for a period of not more than 28 days.

Submission and consideration of relevant material by non-party

464.(1) In making a decision in a proceeding, the tribunal may take into account material submitted by a person who is not a party to the proceeding if—

- (a) the material is not otherwise before the tribunal; and
- (b) the tribunal is satisfied the material is relevant to the decision.

(2) In deciding the weight to place on the material, the tribunal must take into account the following—

- (a) whether the person the subject of the proceeding has had sufficient opportunity to examine and reply to the material;
- (b) material previously submitted by the person;
- (c) for a forensic patient—the circumstances of the offences leading to the patient becoming a forensic patient;
- (d) any other matter the tribunal considers appropriate.

(3) The person does not have a right of appearance before the tribunal unless otherwise ordered by the tribunal.

Reasons for decision about non-party material

465. In its decision in a proceeding, the tribunal must give reasons for taking or not taking into account material submitted under section 464.

Witnesses

466.(1) The presiding member of the tribunal may, by written notice given to a person (an “**attendance notice**”), require a person to attend a tribunal hearing at a stated time and place—

- (a) to give evidence; or
- (b) to produce a stated document or thing that is relevant to the

hearing (including a medical report or clinical file for the person the subject of the proceeding).

(2) The presiding member of the tribunal may—

- (a) require the evidence to be given on oath; or
- (b) allow a person appearing as a witness at a hearing to give information by tendering a written statement, verified, if the member directs, by oath.

(3) For subsection (2)(a), the presiding member may administer an oath.

Inspection of documents

467.(1) If a document or thing is produced at a tribunal hearing, the tribunal may—

- (a) inspect the document or thing; and
- (b) make copies of, photograph, or take extracts from, the document or thing if it is relevant to the proceeding.

(2) The tribunal may also take possession of the document or thing, and keep it while it is necessary for the proceeding.

(3) While it keeps a document or thing, the tribunal must permit a person otherwise entitled to possession of the document or thing to inspect, make copies of, photograph, or take extracts from, the document or thing, at the reasonable time and place the tribunal decides.

Offences by witnesses

468.(1) A person served with an attendance notice must not, without reasonable excuse—

- (a) fail to attend as required by the notice; or
- (b) fail to continue to attend at the tribunal hearing as required by the presiding member of the tribunal until excused from further attendance.

Maximum penalty—40 penalty units.

(2) A person appearing as a witness at a tribunal hearing must not—

- (a) fail to take an oath or make an affirmation when required by the presiding member of the tribunal; or
- (b) fail, without reasonable excuse, to answer a question the person is required to answer by the presiding member of the tribunal; or
- (c) fail, without reasonable excuse, to produce a document or thing the person is required to produce by an attendance notice.

Maximum penalty—40 penalty units.

Self-incrimination

469. It is a reasonable excuse for a person to fail to answer a question or to produce a document if answering the question or producing the document might tend to incriminate the person.

False or misleading statements

470.(1) A person must not state anything to the tribunal, the executive officer or another tribunal staff member the person knows is false or misleading in a material particular.

Maximum penalty—40 penalty units.

(2) It is enough for a complaint against a person for an offence against subsection (1) to state the statement made was, without specifying which, ‘false or misleading’.

False or misleading documents

471.(1) A person must not give the tribunal, the executive officer or another tribunal staff member a document containing information the person knows is false or misleading in a material particular.

Maximum penalty—40 penalty units.

(2) Subsection (1) does not apply to a person if the person, when giving the document—

- (a) tells the tribunal, executive officer or other tribunal staff member, to the best of the person’s ability, how it is false or misleading; and

- (b) if the person, has, or can reasonably obtain, the correct information—gives the correct information.

(3) It is enough for a complaint against a person for an offence against subsection (1) to state the statement made was, without specifying which, ‘false or misleading’.

Fabricating evidence

472. The tribunal is a tribunal for the Criminal Code, section 126.¹¹⁹

Contempt of tribunal

473.(1) A person is in contempt of the tribunal if the person—

- (a) insults a member or a member of the tribunal staff at a proceeding, or in going to or returning from the proceeding; or
- (b) deliberately interrupts a proceeding, or otherwise misbehaves at a proceeding; or
- (c) creates or continues, or joins in creating or continuing, a disturbance in or near a place where a proceeding is being conducted; or
- (d) obstructs or assaults a person attending a proceeding; or
- (e) obstructs a member in the performance of the member’s functions or the exercise of the member’s powers; or
- (f) without lawful excuse, disobeys a lawful order or direction of the tribunal made or given under this Act; or

¹¹⁹ The Criminal Code, section 126 provides as follows—

Fabricating evidence

126.(1) Any person who, with intent to mislead any tribunal in any judicial proceeding—

- (a) fabricates evidence by any means other than perjury or counselling or procuring the commission of perjury; or
- (b) knowingly makes use of such fabricated evidence;

is guilty of a crime, and is liable to imprisonment for 7 years.

(2) The offender cannot be arrested without warrant.

- (g) obstructs a person acting under an order made under this Act by the tribunal or a member; or
- (h) does anything at a proceeding or otherwise that would be contempt of court if the tribunal were a court of record.

(2) The tribunal may order that a person who contravenes subsection (1) at a proceeding be excluded from the place where the proceeding is being conducted.

(3) A member of the staff of the tribunal or a health practitioner, acting under the tribunal's order, may, with the help, and using the force, that is reasonable in the circumstances, exclude the person from the place.

Punishment of contempt

474.(1) Without limiting the tribunal's power under section 473, a person's contempt of the tribunal may be punished under this section.

(2) The president may certify the contempt in writing to the Supreme Court (the "**court**").

(3) For subsection (2), it is enough for the president to be satisfied there is evidence of contempt.

(4) The president may issue a warrant directed to a police officer or all police officers for the arrest of the person to be brought before the court to be dealt with according to law.

(5) The *Bail Act 1980* applies to the proceeding for the contempt started by the certification in the same way it applies to a charge of an offence.

(6) The court must inquire into the alleged contempt.

(7) The court must hear—

- (a) witnesses and evidence that may be produced against or for the person whose contempt was certified; and
- (b) any statement given by the person in defence.

(8) If the court is satisfied the person has committed the contempt, the court may punish the person as if the person had committed the contempt in relation to proceedings in the court.

(9) The *Uniform Civil Procedure Rules 1999* apply to the court's

investigation, hearing and power to punish with necessary changes.

(10) The president's certificate of contempt is evidence of the matters contained in the certificate.

Conduct that is contempt and offence

475. If conduct of a person is both contempt of the tribunal and an offence, the person may be proceeded against for the contempt or for the offence, but the person is not liable to be punished twice for the same conduct.

Costs

476. Each party to a tribunal proceeding is to bear the party's own costs.

PART 7—PROTECTION AND IMMUNITIES

Protection and immunities for tribunal members

477.(1) A member has, in the exercise of jurisdiction for this Act, the protection and immunities of a Supreme Court judge exercising the jurisdiction of a judge.

(2) Also, a member has, in a proceeding for defamation for a publication made to or by the member in the member's official capacity, a defence of absolute privilege if the publication was made in good faith.

(3) The burden of proving absence of good faith is on a person who alleges the absence.

Other provisions about protection and immunities

478.(1) A lawyer or agent who, under this Act, represents a party to a proceeding in a tribunal hearing has the same protection and immunity as a barrister appearing for a party in a proceeding in the Supreme Court.

(2) A person given an attendance notice or appearing at a tribunal hearing

has the same protection and immunity as a witness in a proceeding in the Supreme Court.

(3) A document produced at a tribunal hearing has the same protection it would have if produced in the Supreme Court.

PART 8—RULES AND PRACTICES

Rule-making power

479.(1) The Governor in Council may make rules under this Act.

(2) Rules may be made about the following matters—

- (a) regulating the practice and procedure to be followed and used in or for proceedings in the tribunal;
- (b) fees and expenses payable to witnesses;
- (c) fees or costs payable in relation to proceedings in the tribunal and the party by or to whom they are to be paid;
- (d) service of process, notices, orders or other things on parties and other persons;
- (e) the functions and powers of staff of the tribunal.

(3) Rules made under this section are rules of court.

Directions about practice

480.(1) Subject to this Act and the tribunal rules, the practice and procedure of the tribunal are as directed by the president of the tribunal.

(2) If this Act or the rules do not provide or sufficiently provide for a particular matter, an application for directions may be made to the president of the tribunal.

Approved forms—president

481. The president may approve the following forms for use under this

Act—

- (a) notice of a hearing of a review or treatment application;
- (b) application for a notification order;
- (c) treatment application;
- (d) notice of appeal under section 376(4)(a).¹²⁰

PART 9—MISCELLANEOUS PROVISIONS

Authentication of documents

482. A document requiring authentication by the tribunal is sufficiently authenticated if it is signed by a tribunal member.

Judicial notice of particular signatures

483. Judicial notice must be taken of the signature of a tribunal member if it appears on a document issued by the tribunal.

Arrangement of business

484.(1) The president of the tribunal is responsible for ensuring the quick and efficient discharge of the tribunal's business.

(2) Without limiting subsection (1), the president must give directions about—

- (a) the arrangement of the tribunal's business; and
- (b) the number of members to constitute the tribunal for a particular hearing; and
- (c) the members who are to constitute the tribunal for a particular hearing; and

¹²⁰ The notice of appeal is for an appeal to the Mental Health Review Tribunal against a decision to exclude a visitor from an authorised mental health service.

(d) the places and times the tribunal is to sit.

(3) A direction may be of general or limited application.

(4) Subsection (2)(b) and (c) has effect subject to part 3.¹²¹

(5) For subsection (2)(c), the members constituting the tribunal for a particular hearing must, as far as practicable, include a member who is culturally appropriate to the patient.

Delegation

485. The president of the tribunal may delegate the president's powers under this Act to another tribunal member.

Register

486.(1) The president of the tribunal must keep a register of—

- (a) applications for reviews; and
- (b) treatment applications; and
- (c) reviews heard by it; and
- (d) its decisions on the reviews, and the reasons for them.

(2) The president may keep the register in the way the president considers appropriate.

Annual report

487.(1) After each financial year, the president must prepare and give to the Minister a report on the tribunal's operations in the year.

(2) The Minister must table a copy of the report in the Legislative Assembly within 14 sitting days after the Minister receives it.

¹²¹ Part 3 (Constitution of tribunal for hearings)

CHAPTER 13—ADMINISTRATION

PART 1—DIRECTOR OF MENTAL HEALTH

Division 1—Appointment, functions and powers

Appointment

488.(1) There is to be a Director of Mental Health.

(2) The director is to be appointed by the Governor in Council under this Act and not under the *Public Service Act 1996*.

Functions

489.(1) The director has the following functions—

- (a) to the extent that it is reasonably practicable, ensuring the protection of the rights of involuntary patients under this Act;
- (b) to the extent that it is reasonably practicable, ensuring the involuntary admission, assessment and treatment of persons complies with this Act;
- (c) facilitating the proper and efficient administration of this Act;
- (d) promoting community awareness and understanding of the administration of this Act;
- (e) advising and reporting to the Minister on any matter relating to the administration of this Act—
 - (i) on the director's own initiative; or
 - (ii) on the request of the Minister if the matter is in the public interest.

(2) Also, the director has the other functions given under this Act.

Powers—general

490.(1) The director has the powers given under this Act.

(2) In addition, the director has power to do all things necessary or convenient to be done in performing the director's functions.

Independence of director

491. In exercising a power under this Act, the director is not under the control of the Minister.

Delegation

492.(1) The director may delegate the director's powers under this Act to an appropriately qualified public service officer in the department or a health service employee appointed under the *Health Services Act 1991*, part 3.

(2) However, the director must not delegate a power under part 2.

Approved forms

493. The director may approve forms for use under this Act, other than a form that the constituting judge of the Mental Health Court or the president of the tribunal may approve under section 421 or 481.

Division 2—Miscellaneous provisions**Annual report**

494.(1) After the end of each financial year, the director must give to the Minister a report on the administration of this Act during the year.

(2) The Minister must table a copy of the report in the Legislative Assembly within 14 sitting days after the Minister receives it.

PART 2—AUTHORISED MENTAL HEALTH SERVICES, HIGH SECURITY UNITS AND ADMINISTRATORS

Declaration of authorised mental health services

495. The director may, by gazette notice, declare a health service, or part of a health service, providing treatment and care of people who have mental illnesses to be an authorised mental health service for this Act.

Declaration of high security units

496. The director may, by gazette notice, declare a public sector mental health service, or part of public sector mental health service, to be a high security unit for this Act.

Declaration of administrators of authorised mental health services and high security units

497.(1) The director may, by gazette notice, declare a person to be the administrator of an authorised mental health service or high security unit for this Act.

(2) The declaration may state the administrator by name or reference to the holder of a stated office.

Delegations by administrator

498. The administrator of an authorised mental health service may delegate the administrator's powers under this Act to an appropriately qualified officer or employee of the health service.

PART 3—AUTHORISED MENTAL HEALTH PRACTITIONERS AND APPROVED OFFICERS

Appointment of authorised mental health practitioners

499.(1) The director may appoint a health practitioner to be an authorised mental health practitioner if the practitioner is—

- (a) a health service employee of a public sector mental health service; or
- (b) an officer or employee of the department.

(2) However, a health practitioner may be appointed to be an authorised mental health practitioner only if, in the director's opinion, the practitioner has the necessary expertise and experience to be an authorised mental health practitioner.

Appointment of approved officers

500.(1) The director may appoint a health practitioner, lawyer or other person to be an approved officer.

(2) However, a person may be appointed to be an approved officer only if, in the director's opinion, the officer has the necessary expertise or experience to be an approved officer.

Terms of appointment

501.(1) An authorised mental health practitioner or approved officer holds office on the terms stated in the instrument of appointment.

(2) An authorised mental health practitioner or approved officer ceases to hold office if the practitioner or officer ceases to be qualified for appointment as an authorised mental health practitioner or approved officer.

Powers

502.(1) An authorised mental health practitioner or approved officer has

the powers given under this Act.¹²²

(2) Subsection (1) has effect subject to any limitation stated in the instrument of appointment for the practitioner or officer.

Approval of identity cards

503.(1) The director must approve identity cards for authorised mental health practitioners and approved officers.

(2) An approved identity card for an authorised mental health practitioner or approved officer must—

- (a) contain a recent photograph of the practitioner or officer; and
- (b) for an authorised mental health practitioner—state the person's occupation.

PART 4—AUTHORISED DOCTORS

Who is an authorised doctor

504.(1) The administrator of an authorised mental health service may, by written instrument, appoint a doctor to be an authorised doctor for the health service.

(2) However, a doctor may be appointed to be an authorised doctor only if, in the administrator's opinion, the doctor has the necessary expertise or experience to be an authorised doctor.

(3) The administrator of an authorised mental health service who is a psychiatrist is also an authorised doctor for the health service.

¹²² Authorised mental health practitioners have powers under chapter 2, part 2, chapter 2, part 3, division 2 and chapter 3, part 1. Approved officers have powers under chapter 14, part 6.

Powers

505.(1) An authorised doctor has the powers given under this Act.

(2) Subsection (1) has effect subject to any limitation stated in the doctor's instrument of appointment.

Register of authorised doctors

506. The administrator of an authorised mental health service must keep a register of authorised doctors for the health service.

**CHAPTER 14—ENFORCEMENT, EVIDENCE AND
LEGAL PROCEEDINGS****PART 1—RETURN OF PATIENTS TO TREATING
HEALTH SERVICE FOR ASSESSMENT OR
TREATMENT****Authorised doctor may require involuntary patient's return**

507.(1) An authorised doctor may, by written notice given to an involuntary patient, require the patient to return to a stated authorised mental health service on or before a stated time—

- (a) to complete the patient's assessment under chapter 2 or 3;¹²³ or
- (b) to give effect to a change to the patient's treatment plan; or
- (c) to give effect to a decision or order of the tribunal or Mental Health Court; or
- (d) if the doctor reasonably believes—
 - (i) the patient has not complied with the patient's treatment plan;

¹²³ Chapter 2 (Involuntary assessment) or 3 (Persons before a court or in custody requiring assessment or detention)

and

- (ii) it is necessary in the interests of the health or safety of the patient or the safety of others.

(2) The doctor must—

- (a) state the reasons for the requirement in the notice; and
- (b) talk to the patient about the requirement.

(3) However, the doctor need not comply with subsection (2)(b) if—

- (a) it is not reasonably practicable to do so; or
- (b) the doctor reasonably believes that to do so would not be in the interests of the health or safety of the patient or the safety of others.

Taking patient to authorised mental health service

508.(1) This section applies to—

- (a) a patient required by notice under section 507 to return to an authorised mental health service; or
- (b) a patient for whom an approval was given under section 186¹²⁴ and the approval is revoked or the period of absence under the approval ends; or
- (c) a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5)¹²⁵ and who unlawfully absents himself or herself from the health service.

(2) A health practitioner or police officer may take the patient to the in-patient facility of the authorised mental health service.

(3) For subsection (2), the health practitioner—

- (a) may exercise the power with the help, and using the force, that is

¹²⁴ Section 186 (Absence of particular patients with director's approval)

¹²⁵ Section 101 (Court may order person's detention in authorised mental health service), 273 (Orders about custody) or 337 (Appeal powers)

reasonable in the circumstances;¹²⁶ and

(b) is a public official for the *Police Powers and Responsibilities Act 2000*.¹²⁷

(4) If asked by a health practitioner, a police officer must, as soon as reasonably practicable, ensure reasonable help is given.

(5) For giving the help, a police officer is taken to have responded to a request by a public official under the *Police Powers and Responsibilities Act 2000*, section 14(3).

(6) Also, if the patient is a classified or forensic patient or a patient mentioned in subsection (1)(c), a police officer may detain the patient.¹²⁸

Administration of medication while being taken to authorised mental health service

509.(1) For taking a patient to which section 508 applies to an authorised mental health service, medication may be administered to the patient while being taken to the health service despite the absence or refusal of the patient's consent.

(2) However, the medication—

- (a) may be administered to the patient only if a doctor is satisfied it is necessary to ensure the safety of the patient or others while being taken to the health service; and
- (b) must be administered by a doctor or a registered nurse under the instruction of a doctor.

(3) The doctor or nurse may administer the medication with the help, and using the force, that is reasonable in the circumstances.

¹²⁶ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

¹²⁷ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

¹²⁸ For a police officer's entry and search powers, see the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant).

(4) For subsection (2)(b), the doctor's instruction must include the medication's name, the dose and route and frequency of administration.

(5) A doctor or nurse who administers medication under this section must keep a written record of the matters mentioned in subsection (4).

(6) This section applies despite the *Guardianship and Administration Act 2000*, chapter 5, part 2, division 1.¹²⁹

PART 2—ENTRY TO PLACES

Application of pt 2

510. This part applies if, under section 25, 117, 119 or 508,¹³⁰ a person (the “**authorised person**”) is authorised or required to take someone else (the “**patient**”) to an authorised mental health service.

Entry of places

511. For taking the patient to the authorised mental health service, the authorised person may enter a place if—

- (a) the occupier of the place consents to the entry; or
- (b) it is a public place and the entry is made when the place is open to the public; or
- (c) the entry is authorised by a warrant for apprehension of the patient.

¹²⁹ *Guardianship and Administration Act 1999*, chapter 5 (Health matters and special health matters), part 2 (Scheme for health care and special health care), division 1 (Health care—no consent)

¹³⁰ Sections 25 (Taking person to authorised mental health service), 117 (Noncompliance with treatment under community category of involuntary treatment order), 119 (Change of category of order by authorised doctor) and 508 (Taking patient to authorised mental health service)

Application for warrant for apprehension of patient

512.(1) An authorised person or police officer may apply to a magistrate for a warrant for apprehension of the patient.

(2) The application must be sworn and state the grounds on which it is sought.

(3) The magistrate may refuse to consider the application until the authorised mental health practitioner or police officer gives the magistrate all the information the magistrate requires about the application in the way the magistrate requires.

Example—

The magistrate may require additional information supporting the application to be given by statutory declaration.

Issue of warrant

513.(1) The magistrate may issue a warrant for apprehension only if the magistrate is satisfied—

- (a) there are reasonable grounds for suspecting the patient may be found at the place; and
- (b) the warrant is necessary to enable the patient to be taken to an authorised mental health service for assessment, treatment or care.

(2) The warrant authorises a police officer to detain the patient and take the patient to the authorised mental health service.¹³¹

(3) The warrant must state the following—

- (a) a police officer's powers under subsection (2);
- (b) for exercising the powers, a police officer may, under the *Police Powers and Responsibilities Act 2000*, section 19—
 - (i) enter and stay for a reasonable time on a place to detain the patient; and

¹³¹ For a police officer's entry and search powers, see the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant). Also, for the use of force by a police officer, see the *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

- (ii) search the place to find the patient;
- (c) the hours of the day when entry may be made;
- (d) the day (within 7 days after the warrant's issue) when the warrant ends.

Special warrants

514.(1) An authorised person or police officer may apply for a warrant for apprehension of the patient (a “**special warrant**”) by phone, fax, radio or another form of communication if the authorised person or police officer considers it necessary because of—

- (a) urgent circumstances; or
- (b) other special circumstances, including, for example, the remote location of the authorised person or police officer.

(2) Before applying for the special warrant, the authorised person or police officer must prepare an application stating the grounds on which the warrant is sought.

(3) The authorised person or police officer may apply for the warrant before the application is sworn.

(4) After issuing the special warrant, the magistrate must immediately fax a copy to the authorised person or police officer if it is reasonably practicable to fax the copy.

(5) If it is not reasonably practicable to fax a copy to the authorised person or police officer—

- (a) the magistrate must tell the authorised person or police officer—
 - (i) what the terms of the warrant are; and
 - (ii) the date and time the warrant is issued; and
- (b) the authorised person or police officer must complete a form of warrant (a “**warrant form**”) and write on it—
 - (i) the magistrate's name; and
 - (ii) the date and time the magistrate issued the special warrant; and

(iii) the terms of the special warrant.

(6) The facsimile warrant, or the warrant form properly completed by the authorised person or police officer, authorises the exercise of powers under the warrant made by the magistrate.

(7) The authorised person or police officer must, at the first reasonable opportunity, send to the magistrate—

- (a) the sworn application; and
- (b) if the authorised person or police officer completed a warrant form—the completed warrant form.

(8) On receiving the documents, the magistrate must attach them to the warrant.

(9) A court must find the exercise of a power by a police officer was not authorised by a special warrant if—

- (a) an issue arises in a proceeding before the court whether the exercise of the power was authorised by a special warrant; and
- (b) the special warrant is not produced in evidence; and
- (c) it is not proved by the person relying on the lawfulness of the entry that the special warrant was obtained.

Warrants—procedure before entry

515.(1) This section applies if a police officer is intending to enter a place under a warrant for apprehension of a patient.

(2) Before entering the place, the police officer must do or make a reasonable attempt to do the following things—

- (a) identify himself or herself to a person present at the place who is an occupier of the place;
- (b) give the person a copy of the warrant or, if the entry is authorised by a facsimile warrant or warrant form mentioned in section 514(6), a copy of the facsimile warrant or warrant form;
- (c) tell the person the officer is permitted by the warrant to enter and search the place to find the patient.

(3) For subsection (2)(a), the police officer must identify himself or

herself in the way stated in the *Police Powers and Responsibilities Act 2000*, section 330(2) or (3).¹³²

(4) However, the officer need not comply with subsection (2) if the officer reasonably believes immediate entry to the place is required to ensure the effective execution of the warrant is not frustrated.

PART 3—USE OF REASONABLE FORCE FOR DETENTION AND TREATMENT

Use of reasonable force to detain person in authorised mental health service

516.(1) This section applies if, under a provision of this Act or a forensic order (Criminal Code), a person is authorised or required to be detained in an authorised mental health service.

(2) The administrator of the health service, and anyone lawfully helping the administrator, may exercise the power with the help, and using the force, that is reasonable in the circumstances.

Treatment of particular patients without consent and with use of reasonable force

517.(1) This section applies to a patient under an involuntary treatment or forensic order.

(2) Subject to chapter 4, part 3, division 2¹³³, the patient may be treated for the person's mental illness without the consent of the person or anyone else.

¹³² *Police Powers and Responsibilities Act 2000*, section 330 (Supplying police officer's details)

¹³³ Chapter 4 (Treatment of persons who have mental illnesses), part 3 (Regulated and prohibited treatments, seclusion and restraint), division 2 (Electroconvulsive therapy)

(3) A person lawfully providing, or lawfully helping in providing, the treatment may use reasonable force to provide or help provide the treatment.

PART 4—OFFENCES

Offences relating to ill-treatment

518.(1) This section applies to a person who—

- (a) has a responsibility for the assessment, examination, detention or treatment for mental illness of a person in an authorised mental health service (the “**patient**”); or
- (b) has the care or custody of a patient in an authorised mental health service.

(2) The person must not ill-treat the patient.

Maximum penalty—100 penalty units or 1 year’s imprisonment.

(3) In this section—

“**ill-treat**” includes to wilfully neglect or molest.

Offences relating to patients in custody absconding

519.(1) This section applies if, under this Act, a person (the “**authorised person**”)—

- (a) is taking a classified or forensic patient—
 - (i) to an authorised mental health service; or
 - (ii) to appear before a court; or
 - (iii) to a place of custody; or
- (b) is accompanying a classified or forensic patient or a patient for whom a court has made an order under section 273(1)(b) while the patient is undertaking limited community treatment; or
- (c) is caring for a classified or forensic patient or a patient for whom a court has made an order under section 101(2), 273(1)(b) or

337(5)¹³⁴ during the patient's absence under an approval given under section 186.

(2) For this section, while the authorised person is acting as mentioned in subsection (1), the patient is in the authorised person's charge.

(3) The authorised person must not wilfully allow the patient to abscond from the authorised person's charge.

Maximum penalty—200 penalty units or 2 years imprisonment.

(4) A person must not knowingly help the patient to abscond from the authorised person's charge.

Maximum penalty for subsection (4)—200 penalty units or 2 years imprisonment.

Other offences relating to absence of patients

520.(1) A person must not—

- (a) induce, or knowingly help, a patient detained in an authorised mental health service to unlawfully absent himself or herself from the health service; or
- (b) knowingly harbour a patient who is unlawfully absent from an authorised mental health service.

Maximum penalty—

- (a) if the patient is a classified or forensic patient or a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5)—200 penalty units or 2 years imprisonment; or
- (b) otherwise—20 penalty units.

(2) For subsection (1)(b), a patient, within the meaning of section 519, is unlawfully absent from the health service if the patient has absconded from the charge of a person mentioned in section 519(2).

(3) A person employed in an authorised mental health service must not wilfully allow a patient detained in the health service to unlawfully absent

¹³⁴ Section 101 (Court may order person's detention in authorised mental health service), 273 (Orders about custody) or 337 (Appeal powers)

himself or herself from the health service.

Maximum penalty—

- (a) if the patient is a classified or forensic patient or a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5)—200 penalty units or 2 years imprisonment; or
- (b) otherwise—20 penalty units.

Obstruction of official

521.(1) A person must not obstruct an official in the exercise of a power under this Act, unless the person has a reasonable excuse.

Maximum penalty—40 penalty units.

(2) However, a patient does not commit an offence against subsection (1) merely because the patient resists the exercise of the power in relation to himself or herself.

(3) In this section—

“**official**” means—

- (a) the director, an administrator of an authorised mental health service, health practitioner, ambulance officer, authorised officer or approved officer or an appointed person under section 429; or
- (b) a person acting under the direction of a person mentioned in paragraph (a).

False or misleading documents

522.(1) A person must not state anything in any document required or permitted to be made under this Act the person knows is false or misleading in a material particular.

Maximum penalty—40 penalty units.

(2) It is enough for a complaint against a person for an offence against subsection (1) to state the statement made was, without specifying which, ‘false or misleading’.

PART 5—CONFIDENTIALITY

Definition for pt 5

523. In this part—

“report”, of a proceeding, includes a report of part of the proceeding.

Publication of reports and decisions on references—Mental Health Court and Court of Appeal

524.(1) A person must not publish a report of a proceeding, or a decision on a proceeding, in the Mental Health Court or Court of Appeal for a reference before the end of the prescribed day after the decision on the proceeding.

Maximum penalty—200 penalty units or 2 years imprisonment.

(2) In this section—

“patient” means the person the subject of a reference.

“prescribed day” means—

- (a) for a decision that will result in the patient being brought to trial for the offence under the reference—the end of the trial; or
- (b) for a decision of the Mental Health Court that will not result in the patient being brought to trial for the offence under the reference—
 - (i) the day that is 28 days after the date of the decision; or
 - (ii) if an appeal to the Court of Appeal against the decision is started within the 28 days, the later of the following—
 - (A) the day that is 28 days after the date of the Court of Appeal’s decision on the appeal;
 - (B) if the Court of Appeal’s decision on the appeal will result in the patient being brought to trial for the offence—the end of the trial; or
 - (iii) if an appeal to the Court of Appeal against the decision is started within the 28 days but is later withdrawn—the day that is 28 days after the date of the decision; or

- (iv) if an appeal to the Court of Appeal against the decision is not started within the 28 days but within that time the patient elects, under chapter 7, part 8,¹³⁵ to be brought to trial for the offence—the end of the trial; or
- (c) for a decision of the Court of Appeal that will not result in the patient being brought to trial for the offence under the reference, the later of the following—
 - (i) the day that is 28 days after the date of the decision; or
 - (ii) if the patient elects, under chapter 7, part 8, to be brought to trial for the offence—the end of the trial.

Publication of reports of other proceedings

525.(1) A person must not publish a report of a proceeding of—

- (a) the tribunal; or
- (b) the Mental Health Court relating to an appeal against a decision of the tribunal; or
- (c) the Mental Health Court relating to an inquiry by the court under chapter 11, part 9.¹³⁶

Maximum penalty—200 penalty units or 2 years imprisonment.

(2) However, a person does not commit an offence against subsection (1) if the person publishes the report with the leave of the tribunal or court.

(3) The tribunal or court may grant leave to publish the report only if it is satisfied—

- (a) publication of the report is in the public interest; and
- (b) the report does not contain information that identifies, or is likely to identify—
 - (i) the person the subject of the proceeding; or

¹³⁵ Chapter 7 (Examinations, references and orders for persons charged with offences), part 8 (Right to trial retained)

¹³⁶ Chapter 11 (Mental Health Court), part 9 (Inquiries into detention of patients in authorised mental health services)

- (ii) a person who appears as a witness before the tribunal or court in the proceeding; or
- (iii) a person mentioned or otherwise involved in the proceeding.

Publication of information disclosing identity of parties to proceedings

526.(1) A person must not publish information that identifies, or is likely to lead to the identification of, a young person who is or has been a party to any proceeding under this Act in the tribunal, Mental Health Court or Court of Appeal.

Maximum penalty—200 penalty units or 2 years imprisonment.

(2) A person must not publish information that identifies, or is likely to lead to the identification of, a person other than a young person who is or has been a party to a proceeding mentioned in section 525(1).

Maximum penalty—200 penalty units or 2 years imprisonment.

Publication of information disclosed under notification order

527. A person must not publish information contained in a notice given under a notification order.

Maximum penalty—200 penalty units or 2 years imprisonment.

Confidentiality of information—officials

528.(1) This section applies to a person who—

- (a) is or has been—
 - (i) an assisting psychiatrist; or
 - (ii) the registrar or another member of staff of the registry; or
 - (iii) a member of the tribunal; or
 - (iv) the executive officer; or
 - (v) a member of the staff of the tribunal; and
- (b) in that capacity acquired information about another person's affairs or has access to, or custody of, a document about another

person's affairs.

(2) The person must not disclose the information, or give access to the document, to anyone else.

Maximum penalty—50 penalty units.

(3) However, the person may disclose the information or give access to the document to someone else—

- (a) to the extent necessary to perform the person's functions under or in relation to this Act; or
- (b) to the extent necessary for the other person to perform that person's functions under or in relation to this Act; or
- (c) if the disclosure or giving of access is otherwise required or permitted by law; or
- (d) if the person to whom the information relates agrees to the disclosure or giving of access and the person is an adult when the agreement is given.

Confidentiality of information—allied persons and agents

529.(1) This section applies to a person who—

- (a) is or has been—
 - (i) a patient's allied person; or
 - (ii) an agent representing a party at the hearing of a proceeding; or
 - (iii) a person appointed by the tribunal to represent a person's views, wishes and interests at a tribunal hearing; or
 - (iv) a person granted leave by the tribunal to attend a tribunal hearing to help a patient represent the patient's views, wishes and interests; and
- (b) in that capacity acquired information about another person's affairs or has access to, or custody of, a document about another person's affairs.

(2) The person must not disclose the information, or give access to the document, to anyone else.

Maximum penalty—50 penalty units or 6 months imprisonment.

(3) However, the person may disclose the information or give access to the document to someone else if—

- (a) the disclosure or giving of access is otherwise required or permitted by law; or
- (b) the person to whom the information relates agrees to the disclosure or giving of access and the person is an adult when the agreement is given.

Disclosure of confidential information

530.(1) For a person exercising a power or performing a function under this Act, the director or an officer, employee or agent of the department may disclose to the person information that is subject to confidentiality under the *Health Services Act 1991*, section 63, or the *Private Health Facilities Act 1999*, section 147.

(2) Subsection (1) does not apply to the preparation of an annual report under this Act.

PART 6—INVESTIGATIONS

Definition of “patient” for pt 6

531. In this part—

“**patient**”, in an authorised mental health service, means any person admitted to or assessed, examined, detained or treated for a mental illness in the health service.

Approved officer may visit authorised mental health services

532.(1) An approved officer may, for the proper and efficient administration of this Act, visit an authorised mental health service (whether with or without notice) between the hours of 8 a.m. and 6 p.m.

(2) On the visit, the officer may exercise the following powers—

- (a) inspect any part of the health service;
- (b) confer alone with a patient in the health service;
- (c) make inquiries about the admission, assessment, examination, detention or treatment of a patient in the health service;
- (d) inspect any document (including a medical record) about a patient who—
 - (i) has been examined or assessed or is being examined or assessed in the health service; or
 - (ii) has received, or is receiving, treatment in the health service;
- (e) inspect any record or register required to be kept under this Act;
- (f) require the administrator of the health service, or another person employed or engaged in the health service, to give to the officer reasonable help for the exercise of the powers mentioned in paragraphs (a) to (e).

(3) When making a requirement under subsection (2)(f), the officer must warn the administrator of the health service or the other person it is an offence not to comply with the requirement, unless the person has a reasonable excuse.

(4) A person required to give reasonable help under subsection (2)(f) must comply with the requirement unless the person has a reasonable excuse.

Maximum penalty—40 penalty units.

(5) If a person is required under subsection (2)(f) to give reasonable help by giving information or producing a document, it is a reasonable excuse if complying with the requirement might tend to incriminate the person.

Approved officer may require production of documents etc.

533.(1) For the proper and efficient administration of this Act, an approved officer may, by written notice, require the administrator of an authorised mental health service to—

- (a) produce to the officer a stated document (including a medical

record), or a copy of a stated document, about a patient receiving treatment in the service or another document relevant to the administration or enforcement of this Act; or

- (b) provide stated information to the officer about—
- (i) a patient who has been examined or assessed or is being examined or assessed in the health service; or
 - (ii) a patient who has received, or is receiving, treatment in the health service; or
 - (iii) another matter relevant to the administration or enforcement of this Act.

(2) The notice must state the day (the “**stated day**”) on which the document, record or information is to be produced or provided.

(3) The stated day must be a reasonable time after the notice is given.

(4) The administrator must comply with the notice unless the administrator has a reasonable excuse.

Maximum penalty—40 penalty units.

(5) It is a reasonable excuse if complying with the notice might tend to incriminate the administrator.

(6) If a document or medical record is produced to the officer, the officer—

- (a) may inspect it and make copies of, or take extracts from, the document if it is relevant to the administration of this Act; and
- (b) for an original document—must return it to the administrator within a reasonable time after it is produced.

PART 7—EVIDENCE AND LEGAL PROCEEDINGS

Evidentiary provisions

534.(1) This section applies to a proceeding under or in relation to this Act.

(2) Unless a party, by reasonable notice, requires proof of—

- (a) the appointment of the director, an authorised mental health practitioner, the administrator of, or an authorised doctor for, an authorised mental health service; or
- (b) the authority of a person mentioned in paragraph (a) to do an act under this Act;

the appointment or authority must be presumed.

(3) A signature purporting to be the signature of the director, president of the tribunal or the administrator of, or authorised doctor for, an authorised mental health service, is evidence of the signature it purports to be.

(4) A certificate purporting to be signed by the director stating any of the following matters is evidence of the matter—

- (a) a stated document is a copy of an order, notice, declaration, direction or decision made, issued or given under this Act;
- (b) on a stated day, or during a stated period, a stated person was or was not an involuntary patient or stated type of involuntary patient;
- (c) a stated place is, or was on a stated day or during a stated period, an authorised mental health service or high security unit;
- (d) on a stated day, a stated person was given a stated order, notice, declaration, direction or decision under this Act;
- (e) a stated document is a copy of a part of a register kept under this Act.

(5) A document purporting to be certified by the executive officer of the tribunal and to be a copy of an order or decision of the tribunal, is evidence of the order or decision.

Proceedings for offences

535.(1) A proceeding for an offence against this Act must be taken in a summary way under the *Justices Act 1886*.

(2) The proceeding must start—

- (a) within 1 year after the commission of the offence; or

- (b) within 1 year after the offence comes to the complainant's knowledge, but within 2 years after the commission of the offence.

Protection of officials from liability

536.(1) An official does not incur civil liability for an act done, or omission made, honestly and without negligence under this Act.

(2) If subsection (1) prevents a civil liability attaching to an official, the liability attaches instead to the State.

(3) In this section—

“official” means—

- (a) the director, an administrator of an authorised mental health service, health practitioner, ambulance officer, authorised officer or approved officer or an appointed person under section 429; or
- (b) a person acting under the direction of a person mentioned in paragraph (a).

PART 8—GENERAL

Compliance with particular provisions as soon as practicable

537.(1) This section applies if, under a provision of this Act—

- (a) a person is required or permitted to—
 - (i) make, prepare or give a document to another person; or
 - (ii) talk to or tell another person about a matter; and
- (b) no time is provided or allowed for complying with the provision.

(2) The provision must be complied with as soon as practicable.

Compliance with provision to extent reasonably practicable

538.(1) This section applies if, under a provision of this Act, a person is authorised or required to give notice to or tell someone about a matter.

(2) The person need only comply with the provision to the extent that is reasonably practicable in the circumstances.

(3) Without limiting subsection (2), it is not reasonably practicable for the administrator of an authorised mental health service to comply with a provision relating to an allied person for a patient if, after reasonable enquiries, the administrator can not ascertain the allied person's whereabouts.

Administrator taken to have complied with particular requirements

539.(1) This section applies if, under a provision of this Act—

- (a) the administrator of an authorised mental health service is required to give notice to or tell an allied person for a patient about a matter; and
- (b) the administrator purportedly complies with the requirement by giving a notice to or telling a person about the matter in the honest and reasonable belief the person is the patient's allied person.

(2) The administrator is taken to have complied with the requirement.

(3) Anything done or omitted to be done under this Act in reliance on the administrator's purported compliance with the requirement is taken to be as effective as it would have been had the administrator complied with the requirement.

CHAPTER 15—MISCELLANEOUS PROVISIONS**Legal custody of particular patients**

540.(1) The following patients are in the legal custody of the administrator of the patient's treating health service—

- (a) a classified patient;
- (b) a forensic patient—
 - (i) the Mental Health Court has decided is unfit for trial but the unfitness for trial is not of a permanent nature; or
 - (ii) for whom a jury has made a section 613 or 645 finding; or
- (c) a patient for whom a court has made an order under section 101(2), 273(1)(b) or 337(5).¹³⁷

(2) Also, a person detained in an authorised mental health service under a court examination order is in the legal custody of the administrator of the health service.

Taking patients to appear before court and return to treating health service

541.(1) This section applies if a patient who is detained in an authorised mental health service is required for any reason to appear before a court.

(2) A health practitioner may take the patient to appear before the court.

(3) Subject to any order the court may make, a health practitioner may take the patient back to the health service at the end of the proceedings.

(4) For subsections (2) and (3), the health practitioner—

- (a) may exercise the power with the help, and using the force, that is reasonable in the circumstances; and
- (b) is a public official for the *Police Powers and Responsibilities Act 2000*.¹³⁸

Official to identify himself or herself before exercising powers

542.(1) Before exercising a power under this Act in relation to another

¹³⁷ Sections 101 (Court may order person's detention in authorised mental health service), 273 (Orders about custody) and 337 (Appeal powers)

¹³⁸ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

person, an official must, to the extent that it is reasonable and practicable in the circumstances, identify himself or herself, and anyone else helping the official exercise the power, to the other person.

(2) An official complies with subsection (1) if the official—

- (a) first produces his or her identity card for the person's inspection; or
- (b) has his or her identity card displayed so that it is clearly visible to the person.

(3) Failure to comply with subsection (1) does not affect the validity of the exercise of the power.

(4) In this section—

“official” means—

- (a) generally—a health practitioner or an ambulance officer who is not in uniform; or
- (b) for chapter 10, part 3—an authorised officer; or
- (c) for chapter 14, part 6—an approved officer.

Period counted as imprisonment

543.(1) The period a person is a classified or forensic patient or is detained in an authorised mental health service under a court examination order or court order under section 101(2), 273(1)(b) or 337(5),¹³⁹ for a particular offence, is—

- (a) for the *Penalties and Sentences Act 1992*¹⁴⁰—taken to be imprisonment already served under the sentence for the offence; or
- (b) for the *Corrective Services Act 1988* or *Juvenile Justice Act 1992*—counted as part of the person's period of imprisonment or detention for the offence.

¹³⁹ Sections 101 (Court may order person's detention in authorised mental health service, 273 (Orders about custody) and 337 (Appeal powers)

¹⁴⁰ See *Penalties and Sentences Act 1992*, section 161 (Time held in presentence custody to be deducted).

(2) However, subsection (1) does not apply to a period the person is granted bail for the offence.

When patient or surety not liable

544.(1) This section applies if proceedings for an offence against an involuntary patient are suspended under this Act.

(2) The patient or a surety of the patient does not incur any liability merely because of the patient's failure to appear before a court for the offence.

Regulation-making power

545.(1) The Governor in Council may make regulations under this Act.

(2) A regulation may be made about any of the following matters—

- (a) fees payable under this Act;
- (b) the records to be kept and returns to be made by persons and the inspection of records.

(3) A regulation may provide for a maximum penalty of not more than 20 penalty units for a contravention of a regulation.

References to repealed Act

546. In an Act or document, a reference to the *Mental Health Act 1974* may, if the context permits, be taken to be a reference to this Act.

CHAPTER 16—REPEAL AND TRANSITIONAL PROVISIONS

PART 1—REPEAL OF MENTAL HEALTH ACT 1974

Act repealed

547. The Mental Health Act 1974 (1974 Act No. 2) is repealed.

PART 2—TRANSITIONAL PROVISIONS

Division 1—Interpretation

Definitions for pt 2

548. In this part—

“**commencement day**” means the day this part commences.

“**repealed Act**” means the *Mental Health Act 1974* as in force immediately before the commencement day.

References to patient’s treating health service

549. For applying a provision of this Act (the “**applied provision**”) to a patient to whom a provision of this part applies, a reference in the applied provision to the patient’s treating health service is, if the context permits, a reference to the authorised mental health service in which the patient was detained, or liable to be detained, immediately before the commencement day.

Division 2—Provisions about admission, detention and removal to places of safety under part 3 of repealed Act

Application for admission and doctor’s recommendation under s 18 of repealed Act

550.(1) This section applies if, immediately before the commencement day—

- (a) an application for admission under section 18 of the repealed Act and a doctor’s recommendation under the section supporting the application provided lawful authority for a patient’s admission to a hospital; and
- (b) the patient had not, under the section, been admitted to a hospital.

(2) The application and recommendation are taken to be assessment documents for chapter 2 and continue in force until the day they would have ceased to provide lawful authority for the patient’s admission to a hospital had the repealed Act not been repealed.

In-patients detained in hospital under certificate of doctor under s 19 of repealed Act

551.(1) This section applies if, immediately before the commencement day, a patient was lawfully detained in a hospital under section 19(2) of the repealed Act.

(2) The patient may be detained in an authorised mental health service until the end of the time the patient could have been lawfully detained in a hospital had the repealed Act not been repealed.

Warrants to remove to place of safety under s 25 of repealed Act

552.(1) This section applies if, immediately before the commencement day, a warrant for the removal of a person to a place of safety under section 25 of the repealed Act had not been executed.

(2) However, this section does not apply if—

- (a) under section 25(2) of the repealed Act, the warrant had ceased to authorise the person’s removal; or

- (b) under section 25(3A) of the repealed Act, a doctor or designated authorised person informs a police officer of his or her opinion about a matter mentioned in the subsection.

(3) The warrant has effect as if it were a justices examination order made for the person until the warrant would have ended under the repealed Act had the repealed Act not been repealed.

Patients detained in hospital, under s 27 of repealed Act, following removal to place of safety

553.(1) This section applies if, immediately before the commencement day, a person was detained in a hospital under section 27 of the repealed Act.

(2) Chapter 2, part 4, applies to the person as if assessment documents were made for the person and produced to a health service employee at an authorised mental health service.

(3) However, the total period of the person's detention under section 27 of the repealed Act and this Act must not be more than 3 days.

Patients detained under s 21 of repealed Act

554.(1) This section applies to a patient who, immediately before the commencement day, was detained in a hospital under section 21 of the repealed Act.

(2) If the patient was detained—

- (a) under section 21(1) or (2) of the repealed Act—the medical recommendation made under section 18(3) of the repealed Act for the patient is taken to be an involuntary treatment order made by an authorised doctor who is not a psychiatrist; or
- (b) under section 21(3) of the repealed Act—the last report made under section 21(4) of the repealed Act for the patient is taken to be an involuntary treatment order made by a psychiatrist.

(3) However, if the report mentioned in subsection (2)(b) was made under section 21(7) of the repealed Act following an examination by a doctor who is not a psychiatrist, the order is taken to have been made by an authorised doctor who is not a psychiatrist.

(4) An involuntary treatment order mentioned in subsection (2)(a) or (3) is taken to have been made on the commencement day.

Involuntary treatment orders must be made for particular patients

555.(1) This section applies to a patient for whom an involuntary treatment order (the “old order”) is taken to have been made under this part.

(2) If, on the first regular assessment of the patient under section 116, the psychiatrist is satisfied the treatment criteria apply to the patient, the psychiatrist must make an involuntary treatment order for the patient (the “new order”).

(3) For section 108, the assessment of the patient is taken to have been carried out under chapter 2, part 4.

(4) For section 187(1)(a), a review is not required within 6 weeks after the new order is made but the periodic reviews mentioned in the paragraph must be carried out at intervals of not more than 6 months starting when the new order is made.¹⁴¹

(5) Section 113 does not apply to the making of the new order.

(6) The old order is revoked on the making of the new order.

Category of involuntary treatment orders

556. If, under a provision of this part, an involuntary treatment order is taken to have been made for a patient, the category of the order is in-patient.

Division 3—Provisions about particular patients detained under part 4 of repealed Act

Persons detained under s 29(3) of repealed Act

557.(1) This section applies if, immediately before the commencement day, a person was detained, or liable to be detained, in a security patients’

¹⁴¹ See section 571 (Timing of reviews by Mental Health Review Tribunal).

hospital, under section 29(3) of the repealed Act.

(2) The person is taken to be a classified patient for whom a court assessment order has been made and may be detained in an authorised mental health service until the patient ceases to be a classified patient.

(3) Sections 70 to 72 do not apply to the patient.

(4) The administrator of the authorised mental health service in which the patient is detained, or liable to be detained, must ensure—

- (a) a treatment plan is prepared for the patient; and
- (b) a health practitioner talks to the patient about the patient's treatment under the treatment plan.

Persons detained under s 29(4)(b) of repealed Act

558.(1) This section applies if, immediately before the commencement day, a person was detained in a prison or security patients' hospital under a court order under section 29(4)(b) of the repealed Act.

(2) The court order for the person's detention continues in force despite the repeal of the repealed Act until the Mental Health Court decides the reference of the person's mental condition.

Persons detained under s 29A(2) or 29C of repealed Act are classified patients

559.(1) This section applies if, immediately before the commencement day, a person was detained, or liable to be detained, in a hospital, under a justices order under section 29A(2) or 29C of the repealed Act.

(2) The person is taken to be a classified patient for whom a court assessment order has been made and may be detained in an authorised mental health service until the patient ceases to be a classified patient.

(3) Sections 70 to 72 do not apply to the patient.

(4) The justices order is taken to be an involuntary treatment order for the patient that—

- (a) was made on the commencement day; and
- (b) has effect as if it were made by a doctor who is not a psychiatrist.

Persons detained under s 31 or 32 of repealed Act are classified patients

560.(1) This section applies if, immediately before the commencement day, a person was detained, or liable to be detained, in a hospital, under section 31 or 32 of the repealed Act.

(2) The person is taken to be a classified patient for whom a custodian's assessment authority has been made and may be detained in an authorised mental health service until the patient ceases to be a classified patient.

(3) Sections 70 to 72 do not apply to the patient.

(4) The doctor's recommendation for the patient under section 31(2) of the repealed Act is taken to be an involuntary treatment order for the patient that has effect as if it were made by a doctor who is not a psychiatrist.

(5) However, if, before the commencement day, a psychiatrist has given a certificate under section 31(3) of the repealed Act stating that the patient is suffering from mental illness and ought to be detained as mentioned in section 31(3)(a) and (b) of the repealed Act, the certificate is taken to be a confirmation of the involuntary treatment order.

Persons found not to be in need of detention under s 31A of repealed Act

561.(1) This section applies if—

- (a) section 31A(1)(a), (b) or (c) of the repealed Act applied to a person; and
- (b) immediately before the commencement day, the person had not, under the section, been brought before a court.

(2) Section 31A of the repealed Act continues to apply to the person as if the repealed Act had not been repealed.

Prisoners detained under s 43 of repealed Act are classified patients

562.(1) This section applies if, immediately before the commencement day, a person was detained, or liable to be detained, in a hospital, under section 43 of the repealed Act.

(2) The person is taken to be a classified patient for whom a custodian's

assessment authority has been made and may be detained in an authorised mental health service until the patient ceases to be a classified patient.

(3) Sections 70 to 72 do not apply to the patient.

(4) The doctor's recommendation for the patient under section 43(2) of the repealed Act is taken to be an involuntary treatment order for the patient that has effect as if it were made by a doctor who is not a psychiatrist.

(5) However, if, before the commencement day, a psychiatrist had given a certificate under section 43(5) of the repealed Act that the matters mentioned in the section apply to the patient, the certificate is taken to be a confirmation of the involuntary treatment order.

(6) If the patient was detained, or liable to be detained, in a security patients' hospital, following the expiration of the patient's period of imprisonment or detention, the patient may be detained in a high security unit as if the director had, under section 82, approved the patient's detention in a high security unit.

Patients under 17 years detained in security patients' hospitals

563.(1) This section applies to a patient who—

- (a) immediately before the commencement day, was detained in a security patients' hospital under part 4 of the repealed Act; and
- (b) at the beginning of the commencement day, is a young patient.

(2) The patient may be detained in a high security unit.

(3) For section 194, the patient's detention in a high security unit starts on the commencement day.

Court orders under s 43E of repealed Act for custody of persons during adjournment

564.(1) This section applies if, immediately before the commencement day, a person was in custody in a security patient's hospital during an adjournment of proceedings under a court order under section 43E of the repealed Act.

(2) The court order is taken to be a court order under chapter 3, part 7,¹⁴² for the person's detention, during the adjournment, in an authorised mental health service.

Division 4—Provisions about transfer and leave of absence

Detention of restricted patients transferred to security patients' hospital

565.(1) This section applies to a restricted patient who, immediately before the commencement day, was detained in a security patients' hospital under the order of the director under section 41 or 44 of the repealed Act.

(2) The patient may be detained in a high security unit as if the patient had, under section 165, been transferred to a high security unit.

(3) If the patient is a young patient, for section 194, the patient's detention in a high security unit starts on the commencement day.

Leave of absence for restricted patients under pt 4 of repealed Act

566.(1) An order of the Mental Health Tribunal under section 34A of the repealed Act granting a restricted patient leave of absence that was in force immediately before the commencement day is taken to be an order under section 289 for limited community treatment for the patient.

(2) A finding of a Patient Review Tribunal under section 36 of the repealed Act that a restricted patient can be released on leave of absence that was in force immediately before the commencement day is taken to be an order under section 203(2)(a) for limited community treatment for the patient.

(3) Subsection (4) applies if—

- (a) under section 42 of the repealed Act, the director granted leave of absence to a restricted patient; and
- (b) the leave of absence was in force immediately before the

¹⁴² Chapter 3 (Persons before a court or in custody requiring assessment or detention), part 7 (Detention in authorised mental health service during trial)

commencement day.

(4) Limited community treatment for the patient is taken to have been authorised under section 129.

(5) In this section—

“**restricted patient**” means a restricted patient under part 4 of the repealed Act.

Leave of absence for other patients

567.(1) This section applies if—

- (a) under section 46 of the repealed Act, a patient was granted leave of absence; and
- (b) the leave of absence was in force immediately before the commencement day.

(2) Limited community treatment for the patient is taken to have been authorised under section 129.

(3) The conditions of the leave of absence are taken to be conditions of the patient’s treatment plan.

(4) The authorisation ends on the earlier of the following—

- (a) the day the leave of absence would have ended had the repealed Act not been repealed;
- (b) 7 days after the commencement day.

Return of patients absent without leave

568.(1) This section applies if—

- (a) before the commencement day—
 - (i) a patient was liable, under section 47 of the repealed Act, to be taken into custody and returned or admitted to a hospital; or
 - (ii) the director, under the *Mental Health Regulation 1985*, section 26, revoked leave of absence granted under part 4 of the regulation to a patient; and

(b) at the beginning of the commencement day, the patient had not been returned or been admitted to an authorised mental health service.

(2) A health practitioner or police officer may take the patient to the in-patient facility of an authorised mental health service.

(3) For subsection (2), the health practitioner—

(a) may exercise the power with the help, and using the force, that is reasonable in the circumstances;¹⁴³ and

(b) is a public official for the *Police Powers and Responsibilities Act 2000*.¹⁴⁴

(4) If asked by a health practitioner, a police officer must, as soon as reasonably practicable, ensure reasonable help is given.

(5) For giving the help, a police officer is taken to have responded to a request by a public official under the *Police Powers and Responsibilities Act 2000*, section 14(3).

(6) Also, if the patient is a classified or forensic patient, a police officer may detain the patient.¹⁴⁵

(7) Despite the absence or refusal of the patient's consent, medication may be administered to the patient while being taken to the authorised mental health service.

(8) Section 509(2) to (6) applies to the administration of the medication.

¹⁴³ For use of force by police officers, see *Police Powers and Responsibilities Act 2000*, section 304 (Power to use force against individuals).

¹⁴⁴ For the powers of a police officer while helping a public official, see the *Police Powers and Responsibilities Act 2000*, section 14 (Helping public officials exercise powers under other Acts).

¹⁴⁵ A police officer has entry and search powers under the *Police Powers and Responsibilities Act 2000*, section 19 (General power to enter to arrest or detain someone or enforce warrant).

Division 5—Reviews by Patient Review Tribunal**Reviews by Patient Review Tribunal under ss 15 and 21 of repealed Act**

569.(1) If, immediately before the commencement day, a Patient Review Tribunal had not decided an application under section 15(5), 21(6) or 21(6A) of the repealed Act for a patient, the application is taken to be an application for a review for the patient.

(2) If, immediately before the commencement day, an order of a Patient Review Tribunal under section 15(6) of the repealed Act for a patient had not been given effect, the order is taken to be—

- (a) if the order was for the patient's discharge—a decision under section 191(1) revoking the involuntary treatment order for the patient; or
- (b) if the order was for the patient's leave of absence or transfer—a decision under section 191(2)(b)(i) or (2)(c) ordering limited community treatment for the patient or the patient's transfer.

(3) However, section 192 does not apply to the decision.

Reviews by Patient Review Tribunal under s 36 of repealed Act

570.(1) If, immediately before the commencement day, a finding or an order of a Patient Review Tribunal under section 36 of the repealed Act for a patient had not been given effect, the finding or order is taken to be—

- (a) for a finding that the patient can be released, other than on leave of absence—a decision under section 203(1) revoking the forensic order for the patient; or
- (b) for an order that the patient be transferred—an order under section 203(2)(d) for the patient.

(2) However, section 205 does not apply to the decision.

Timing of reviews by Mental Health Review Tribunal

571.(1) This section applies to—

- (a) a patient for whom an involuntary treatment order is taken to have been made under this part; or
- (b) a patient who, at the beginning of the commencement day, is a forensic patient.

(2) If, under the repealed Act, a Patient Review Tribunal has carried out a review for a patient within 6 months before the commencement day, the first review under this Act for the patient must be carried out within 6 months after the last review under the repealed Act.

(3) If, under the repealed Act, a Patient Review Tribunal has not carried out a review for a patient within 6 months before the commencement day, the first review under this Act for the patient must be carried out within a reasonable time, but not more than 3 months, after the commencement day.

(4) This section has effect despite sections 187 and 200.

Reviews of mental condition of persons to decide fitness for trial

572.(1) This section applies if—

- (a) under section 34(2) or (3) of the repealed Act, a Patient Review Tribunal had given a report on a finding about a person's mental condition to the Attorney-General; and
- (b) immediately before the commencement day—
 - (i) proceedings ordered to be continued against the person had not continued; or
 - (ii) proceedings against the person had not been discontinued.

(2) The finding is taken to be a decision of the Mental Health Review Tribunal under—

- (a) section 212(1)—for a finding under section 34(1)(b) of the repealed Act; or
- (b) section 212(2)—for a finding under section 34(1)(c) of the repealed Act.

(3) However, sections 213 and 218 do not apply to the decision.

(4) If the Governor in Council had, under section 34(3)(b) of the repealed

Act, deferred the question mentioned in the section, the deferral is taken to be a deferral and order under section 214(2)(b).

When proceedings discontinued for particular persons to whom s 34 of repealed Act applied

573.(1) This section applies if—

- (a) under section 33 of the repealed Act, a person has been found to be not fit for trial; and
- (b) immediately before the commencement day, proceedings for the offence have not been discontinued and, under section 34 of the repealed Act—
 - (i) the Attorney-General had not received a report from a Patient Review Tribunal reporting that the patient is fit for trial; or
 - (ii) the Attorney-General or Governor in Council had not ordered that proceedings be continued against the patient.

(2) This section also applies if, under section 33 of the repealed Act, a person is found to be not fit for trial on or after the commencement day.

(3) Despite section 215(2), the prescribed period for section 215(1) for the person is 3 years.

Reviews of mental condition of persons following section 613 or 645 finding

574.(1) This section applies if, before the commencement day—

- (a) a jury has, on the trial of a person charged with an indictable offence, made a section 613 or 645 finding; and
- (b) no order about the person has been made under section 38(8)(a) or (b) of the repealed Act for the offence; and
- (c) proceedings against the person for the offence have not been discontinued under section 38(10) of the repealed Act.

(2) The Governor in Council's deferral of a determination for the patient, under section 38(8)(c) of the repealed Act, is taken to be a deferral, and an order that reviews under this Act be carried out for the patient, under

section 213(2)(b).

(3) For subsection (2) and section 209(1)(b), the intervals for the periodic reviews to be carried out for the patient start from the date of the last review under the repealed Act.

Trial of persons following section 613 or 645 finding

575.(1) This section applies if, before the commencement day—

- (a) a jury has, on the trial of a person charged with an indictable offence, made a section 613 or 645 finding; and
- (b) the trial of the person ordered under section 38(8)(b) of the repealed Act has not started.

(2) Section 38(13) and (14) of the repealed Act apply as if the repealed Act had not been repealed.

When proceedings discontinued for particular persons to whom s 38 of repealed Act applied

576.(1) This section applies if—

- (a) on the trial of a person charged with an indictable offence, a jury has made a section 613 or 645 finding; and
- (b) immediately before the commencement day, proceedings for the offence had not been discontinued and under section 38 of the repealed Act—
 - (i) the Attorney-General had not received a report from a Patient Review Tribunal recommending that the patient should be tried for the offence; or
 - (ii) the Governor in Council had not ordered that the patient be tried for the offence.

(2) Despite section 215(2), the prescribed period for section 215(1) for the person is 3 years.

Division 6—Examinations, references and orders for persons charged with offences

Application of ch 7 to particular patients detained under pt 4 of repealed Act

577.(1) This section applies to—

- (a) a patient who, under section 559 or 560 is taken to be a classified patient; or
- (b) a patient who was being treated as a restricted patient, under section 29A(6A) or 29B of the repealed Act, immediately before the commencement day.

(2) Chapter 7 applies to the patient to the extent the chapter is relevant to the patient.

(3) For subsection (2), chapter 7 applies with all necessary changes.

(4) However, anything done or made under a provision of the repealed Act that corresponds to a provision of chapter 7 is taken to have been done or made under the chapter.

(5) If the Attorney-General has, under section 29A(9)(c) of the repealed Act, deferred a determination for the patient and, immediately before the commencement day, a Patient Review Tribunal had not reported to the Attorney-General under section 29A(10A) of the repealed Act, the deferral is taken to be a deferral by the director under section 241(1).

(6) Despite section 241(1), the period of deferral ends 2 months after the commencement day.

(7) Section 241(2) does not apply to the deferral.

(8) If a Patient Review Tribunal has reported to the Attorney-General under section 29A(10B) of the repealed Act about the patient and, before the commencement day, the Attorney-General has not directed that the hearing of the complaint proceed—

- (a) the matter of the patient's mental condition is taken to have been referred to the Attorney-General under section 240; and
- (b) the Attorney-General must make a decision under section 247(1)(a), (b) or (c).

(9) The Attorney-General's decision must be made before the day that is 3 months after the deferment of a determination under section 29A(9)(c) of the repealed Act for the patient.

References of mental condition of persons not started

578.(1) This section applies if, before the commencement day, the Mental Health Tribunal has not taken oral evidence on a reference of the matter of a person's mental condition under the repealed Act.

(2) The reference of the matter of the person's mental condition is taken to be a reference to the Mental Health Court under—

- (a) section 62 if the matter was referred under section 29 of the repealed Act; or
- (b) section 240 if the matter was referred under section 30 of the repealed Act; or
- (c) section 257 if the matter was referred under section 28D or 31(8) of the repealed Act.

(3) Despite section 264 or 266, the registrar is not required to give a notice to a person under the section if, before the commencement day, a notice about the reference or hearing of the reference was given to the person under the repealed Act.

(4) However, if a notice about the reference or hearing of the reference was not given to a person under the repealed Act, the registrar must, as soon as practicable after the commencement day, give the person the notice required under section 264 or 266.

References of mental condition of persons being heard

579.(1) This section applies if the Mental Health Tribunal has, on the hearing of a proceeding for a reference of the matter of a person's mental condition under the repealed Act, taken oral evidence but, immediately before the commencement day, had not decided the reference.

(2) The Mental Health Tribunal must decide the reference under the repealed Act.

(3) For the reference, the repealed Act continues to have effect despite its

repeal.

(4) For this Act, a determination or order—

- (a) under section 33 of the repealed Act is taken to be a decision or order of the Mental Health Court; and
- (b) under section 33A or 34(1)(a) of the repealed Act for a patient is taken to be a forensic order (Mental Health Court) for the patient's treatment or care in an authorised mental health service; and
- (c) under section 33(4)(b) of the repealed Act for a patient is taken to be an order under section 273(1)(b) for the patient's detention in an authorised mental health service.

Determinations and orders on references to Mental Health Tribunal

580.(1) A determination or order under section 33 of the repealed Act that was in force immediately before the commencement day is taken to be a decision or order of the Mental Health Court.

(2) An order under section 33A or 34(1)(a) of the repealed Act for a patient that was in force immediately before the commencement day is taken to be a forensic order (Mental Health Court) for the patient's treatment or care in an authorised mental health service.

(3) A determination under section 33(1) of the repealed Act for a patient who, immediately before the commencement day, was liable, under section 35 of the repealed Act, to be detained in a hospital as a restricted patient under part 4 of the repealed Act, is taken to be a forensic order (Mental Health Court) for the patient's treatment or care in an authorised mental health service.

(4) An order under section 33(4)(b) of the repealed Act for a patient that was in force immediately before the commencement day is taken to be an order under section 273(1)(b) for the patient's detention in an authorised mental health service.

Orders by Minister under ss 38 and 39 of repealed Act

581. An order of the Minister under section 38(1) or 39(1) of the repealed Act that was in force immediately before the commencement day is taken to be a forensic order (Minister).

Elections under s 43C of repealed Act to go to trial

582.(1) This section applies if, immediately before the commencement day, a person had not been brought to trial for an offence following lodgment of a notice under section 43C of the repealed Act.

(2) The notice is taken—

- (a) to be a notice under section 311 of the person's election to be brought to trial for the offence; and
- (b) to have been given to the Attorney-General on the commencement day.

Division 7—Appeals and inquiries**Appeals against Patient Review Tribunal decisions**

583.(1) An application under section 15(9) or (10) or 37 of the repealed Act that has not been decided before the commencement day may be continued under chapter 8, part 1,¹⁴⁶ as if it were an appeal against a review decision.

(2) Subsection (3) applies if the Mental Health Tribunal has, on the hearing of a proceeding for the application, taken oral evidence or an oral submission on a material matter but, before the commencement day, has not decided the appeal.

(3) For deciding the application—

- (a) the judge constituting the tribunal is the constituting judge of the Mental Health Court; and
- (b) the psychiatrists appointed under the repealed Act to assist the tribunal for the application are taken to be the assisting psychiatrists for the application.

(4) For chapter 8, part 1, a decision of a Patient Review Tribunal is taken to be a review decision.

¹⁴⁶ Chapter 8 (Appeals), part 1 (Appeals against tribunal decisions)

Appeals against Mental Health Tribunal decisions

584.(1) An appeal against a decision of the Mental Health Tribunal may be started or continued under the repealed Act.

(2) For the appeal, the repealed Act continues to have effect as if it had not been repealed.

(3) The registrar of the Court of Appeal must give written notice of the court's decision on the appeal to the registrar of the Mental Health Court.

(4) Subsection (5) applies if, on the appeal, the Court of Appeal makes an order under section 33A or 34(1)(a) of the repealed Act that a person be detained in a hospital as a restricted patient under part 4 of the repealed Act.

(5) The order is taken, other than for chapter 8, part 2,¹⁴⁷ to be a forensic order (Mental Health Court) for the patient's treatment or care in an authorised mental health service.

Inquiries under s 70 of repealed Act

585.(1) This section applies if, before the commencement day—

- (a) an application was made for an inquiry under section 70 of the repealed Act; or
- (b) the Mental Health Tribunal had started but not completed an inquiry under the section.

(2) The repealed Act continues to apply to the application or inquiry as if it had not been repealed.

(3) However, section 70(3) of the repealed Act has effect as if paragraph (a) were omitted and the following paragraph substituted—

- ‘(a) is not suffering from mental illness to the extent that the treatment criteria under the *Mental Health Act 2000* apply to the person; or’.

¹⁴⁷ Chapter 8 (Appeals), part 2 (Appeals against Mental Health Court decisions on references)

Division 8—Miscellaneous provisions

Director of Mental Health

586. The person who, immediately before the commencement day, held the office of Director of Mental Health under the repealed Act, becomes the director on the commencement day.

Committees continued under repealed Act

587.(1) This section applies to a committee continued in force under section 82 of the repealed Act.

(2) Despite the repeal of the repealed Act, the committee continues in force for 1 year after the commencement of section 82 of the repealed Act.

(3) For subsection (2), the *Mental Health Act 1974*, schedule 5, as in force immediately before the repeal of the schedule, applies in relation to the committee as if the schedule had not been repealed.

Mental Health Court or tribunal may make orders about transition from repealed Act to this Act

588.(1) If this part makes no or insufficient provision for the transition of a matter before the Mental Health Court or the Mental Health Review Tribunal to the administration of this Act, the court or tribunal may make the order it considers appropriate.

(2) The order may be made—

- (a)** on application of the director or a party to a proceeding before the court or tribunal; or
- (b)** on the initiative of the court or tribunal.

Transitional regulation-making power

589.(1) A regulation (a “**transitional regulation**”) may make provision about a matter for which—

- (a)** it is necessary to make provision to allow or facilitate the doing of anything to achieve the transition from the operation of the

repealed Act to the operation of this Act; and

(b) this Act does not make provision or sufficient provision.

(2) A transitional regulation may have retrospective operation to a day not earlier than the commencement day.

(3) A transitional regulation must declare it is a transitional regulation.

(4) This section and any transitional regulation expire 1 year after the commencement day.

CHAPTER 17—AMENDMENTS OF ACTS

Acts amended

590. Schedule 1 amends the Acts mentioned in it.

SCHEDULE 1**AMENDMENTS OF ACTS**

section 590

**PART 1—AMENDMENTS OF MENTAL HEALTH
ACT 1974 COMMENCING ON ASSENT****1. Section 5, definition “tribunal”, after ‘section 14’—***insert—*

‘or a special Patient Review Tribunal constituted under section 14A’.

2. After section 14—*insert—***‘Special Patient Review Tribunals**

‘**14A.(1)** The chairperson for a region may, under this section, constitute 1 or more Patient Review Tribunals (a “**special tribunal**”) for dealing with applications and references, and hearing reviews, for patients detained, or liable to be detained, in hospitals in the region.

‘**(2)** The chairperson must, by signed writing, appoint the members of a special tribunal from the panel of members consisting of the following—

(a) members of the tribunals constituted under section 14 (the “**regional tribunals**”);

(b) persons appointed under subsection (3).

‘**(3)** The Governor in Council may, by gazette notice, appoint a qualified person to be a panel member.

‘**(4)** For subsection (3), a qualified person is a person who is qualified under section 14(3) to be appointed as a member of a regional tribunal.

‘**(5)** The number and qualifications of the members of a special tribunal

SCHEDULE 1 (continued)

must be the same as under section 14(3) for a regional tribunal.

‘(6) The chairperson must, in the instrument of appointment of members, appoint a person qualified under section 14(3)(a) to be the chairperson of a special tribunal.

‘(7) For dealing with an application or reference or hearing a review for a patient, a special tribunal has the same jurisdiction and powers as the regional tribunal for the region in which the hospital in which the patient is detained.

‘(8) A panel member appointed under subsection (3) holds office on the terms, and is entitled to be paid the remuneration and allowances, decided by the Governor in Council.

‘(9) Section 14(8) to (8C) and (11) apply to a special tribunal and the members of a special tribunal.’.

PART 2—AMENDMENTS OF ACTS COMMENCING AFTER ASSENT

ABORIGINAL LAND ACT 1991

1. Section 98(1)(a)—

omit, insert—

‘(a) becomes mentally or physically incapable of satisfactorily performing the member’s duties; or’.

SCHEDULE 1 (continued)

AMBULANCE SERVICE ACT 1991

1. Section 5(d)—

omit.

2. Section 29(2)(g)—

omit.

ASSOCIATIONS INCORPORATION ACT 1981

1. Section 64(2)(c)—

omit.

2. Section 69(2)(c)—

omit.

AUCTIONEERS AND AGENTS ACT 1971

1. Section 9(b)—

omit.

2. Section 82(1)(c), from ‘or becomes a’ to ‘1974’—

omit.

SCHEDULE 1 (continued)

BAIL ACT 1980**1. Section 11(3)(a), ‘(other than a security patients’ hospital under the *Mental Health Act 1974*)’—**

omit, insert—

‘other than a high security unit under the *Mental Health Act 2000*’.

2. Section 21(1)(c), from ‘detained’ to ‘1974’—

omit, insert—

‘an involuntary patient, under the *Mental Health Act 2000*, who is, or is liable to be, detained in an authorised mental health service under that Act’.

BEACH PROTECTION ACT 1968**1. Section 8(1)(d)—**

omit.

**BUILDING AND CONSTRUCTION INDUSTRY
(PORTABLE LONG SERVICE LEAVE) ACT 1991****1. Section 15(1)(a)—**

omit.

SCHEDULE 1 (continued)

BUILDING UNITS AND GROUP TITLES ACT 1980**1. Section 43(1)(i), from ‘or becomes’ to ‘1974’—**

omit.

CHICKEN MEAT INDUSTRY COMMITTEE ACT 1976**1. Section 6(1)(c)—**

omit.

COLLECTIONS ACT 1966**1. Section 35A(9)(a), from ‘or becomes’ to ‘1974’—**

omit.

COMMISSIONS OF INQUIRY ACT 1950**1. Section 5B(1)(b)—**

omit, insert—

- ‘(b) an involuntary patient detained in an authorised mental health service—the chairperson may, by signed notice served on the administrator of the health service, direct the administrator to produce the patient at the time and place stated in the direction.’.

 SCHEDULE 1 (continued)

2. Section 5B(2), ‘hospital’—

omit.

3. Section 5B(3), definitions “hospital” and “hospital administrator”—

omit.

4. Section 5B(3)—

insert—

‘ **“administrator”**, of an authorised mental health service, see the *Mental Health Act 2000*, schedule 2.¹⁴⁸

“authorised mental health service” see the *Mental Health Act 2000*, schedule 2.¹⁴⁹

“involuntary patient” see the *Mental Health Act 2000*, schedule 2.¹⁵⁰.

¹⁴⁸ For the declaration of administrators of authorised mental health services, see the *Mental Health Act 2000*, section 497.

¹⁴⁹ For the declaration of health services providing treatment and care of people having mental illnesses to be authorised mental health services, see the *Mental Health Act 2000*, section 495.

¹⁵⁰ *Mental Health Act 2000*, schedule 2 (Dictionary)—

‘ **“involuntary patient”** means a person—

- (a) who is, or is liable to be, detained, under chapter 2, part 4, in an authorised mental health service for assessment; or
- (b) for whom an involuntary treatment order is in force; or
- (c) who is a classified or forensic patient.’

SCHEDULE 1 (continued)

CORRECTIVE SERVICES ACT 1988**1. Sections 32(1) and 69(2), ‘Mental Health Act 1974’—**

omit, insert—

‘Mental Health Act 2000’.

2. Section 69(1), definition “institution”, paragraph (c), ‘a security patients’ hospital within the meaning of the *Mental Health Act 1974*—

omit, insert—

*‘an authorised mental health service under the *Mental Health Act 2000*’.*

3. Sections 134(3)(a) and 147(3)(a), from ‘or becomes’ to ‘1974’—

omit.

4. Section 165—

insert—

‘(6) In this section—

*“prisoner” includes a classified patient, under the *Mental Health Act 2000*, who is detained in an authorised mental health service under that Act.’.*

CRIMES (CONFISCATION) ACT 1989**1. Section 14(5)(a), after ‘part 4’—**

insert—

*‘, or the *Mental Health Act 2000*, chapter 7, part 6’.*

SCHEDULE 1 (continued)

CRIMINAL CODE**1. Section 145A(a)—**

omit, insert—

‘(a) the custody of a patient mentioned in the *Mental Health Act 2000*, section 535; or’.

2. Section 146—

omit.

3. Section 266, heading, ‘1974’—

omit, insert—

‘2000’.

4. Section 266, from ‘a patient’ to ‘1974)’—

omit, insert—

‘an involuntary patient under the *Mental Health Act 2000*¹⁵¹’.

5. Section 358, heading, ‘1974’—

omit, insert—

‘2000’.

¹⁵¹ *Mental Health Act 2000*, schedule 2 (Dictionary)—

‘**“involuntary patient”** means a person—

- (a) who is, or is liable to be, detained, under chapter 2, part 4, in an authorised mental health service for assessment; or
- (b) for whom an involuntary treatment order is in force; or
- (c) who is a classified or forensic patient.’

SCHEDULE 1 (continued)

6. Section 358, from ‘a patient’ to ‘1974’—

omit, insert—

‘an involuntary patient under the *Mental Health Act 2000*¹⁵²’.

7. Section 592A(2)(i), ‘Mental Health Tribunal’—

omit, insert—

‘Mental Health Court’.

8. Section 645(1) and 647(1), ‘Mental Health Act 1974’—

omit, insert—

‘*Mental Health Act 2000*’.

CRIMINAL JUSTICE ACT 1989**1. Section 14(7)(c)—**

omit.

2. Section 81(2)—

omit, insert—

‘(2) If the attendance of an involuntary patient detained in an authorised mental health service before the commission is required, the chairperson

¹⁵² *Mental Health Act 2000*, schedule 2 (Dictionary)—

‘**“involuntary patient”** means a person—

- (a) who is, or is liable to be, detained, under chapter 2, part 4, in an authorised mental health service for assessment; or
- (b) for whom an involuntary treatment order is in force; or
- (c) who is a classified or forensic patient.’.

SCHEDULE 1 (continued)

may, by signed notice served on the administrator of the health service, direct the administrator to produce the patient at the time and place stated in the direction.’.

3. Section 81(3), ‘hospital’—

omit.

4. Section 81(4)—

omit, insert—

‘(4) The general manager or administrator must comply with the direction.’.

5. Section 81(5), definitions “hospital administrator” and “patient”—

omit.

6. Section 81(5)—

insert—

‘ **“administrator”**, of an authorised mental health service, see the *Mental Health Act 2000*, schedule 2.¹⁵³

¹⁵³ For the declaration of administrators of authorised mental health services, see the *Mental Health Act 2000*, section 497.

SCHEDULE 1 (continued)

“authorised mental health service” see the *Mental Health Act 2000*, schedule 2.¹⁵⁴

“involuntary patient” see the *Mental Health Act 2000*, schedule 2.¹⁵⁵.

7. Section 118N(c)—

omit.

CRIMINAL OFFENCE VICTIMS ACT 1995**1. Section 33(1)(b)(i), ‘Mental Health Act 1974, part 4’—**

omit, insert—

‘*Mental Health Act 2000*, chapter 7, part 6¹⁵⁶’.

¹⁵⁴ For the declaration of health services providing treatment and care of people having mental illnesses to be authorised mental health services, see the *Mental Health Act 2000*, section 495.

¹⁵⁵ *Mental Health Act 2000*, schedule 2 (Dictionary)—

‘“**involuntary patient**” means a person—

- (a) who is, or is liable to be, detained, under chapter 2, part 4, in an authorised mental health service for assessment; or
- (b) for whom an involuntary treatment order is in force; or
- (c) who is a classified or forensic patient.’.

¹⁵⁶ *Mental Health Act 2000*, chapter 7 (Examinations, references and orders for persons charged with offences), part 6 (Inquiries on references to Mental Health Court)

SCHEDULE 1 (continued)

DAIRY INDUSTRY ACT 1993**1. Section 88(2)(d) and (4)(f)—**

omit.

DENTAL ACT 1971**1. Section 9(3)(a), from ‘or becomes’ to ‘1974’—**

omit.

2. Section 27(2)—

omit.

DISPUTE RESOLUTION CENTRES ACT 1990**1. Section 9(c)—**

omit.

DISTRICT COURT ACT 1967**1. Section 3, definition “mentally ill person”—**

omit.

SCHEDULE 1 (continued)

FORESTRY ACT 1959**1. Section 22I(a)—**

omit.

GAMING MACHINE ACT 1991**1. Section 17(1)(c)—**

omit.

2. Section 17(2)(a)(ii), from ‘bankruptcy; and’—

omit, insert—

‘bankruptcy; or

(iii) becomes mentally or physically incapable of satisfactorily performing the commissioner’s duties; and’.

GRAIN RESEARCH FOUNDATION ACT 1976**1. Section 10(1)(a), from ‘or becomes’ to ‘1974’—**

omit.

SCHEDULE 1 (continued)

GUARDIANSHIP AND ADMINISTRATION ACT 2000**1. Section 222, definition “consumer”—**

omit, insert—

“consumer” means—

- (a) for a visitable site that is an authorised mental health service under the *Mental Health Act 2000*—any person who lives or receives services at the visitable site; or
- (b) for another visitable site—an adult—
 - (i) with impaired capacity for a personal matter or a financial matter or with a mental or intellectual impairment; and
 - (ii) who lives or receives services at the visitable site.

2. Section 230(4)—

insert—

‘(d) the director of mental health appointed under the *Mental Health Act 2000*.’

HEALTH ACT 1937**1. Section 100B, definition “psychiatric hospital”—**

omit.

2. Section 100C, ‘psychiatric hospital,’—

omit.

SCHEDULE 1 (continued)

HOSPITALS FOUNDATIONS ACT 1982**1. Section 26(c)—**

omit.

INTEGRATED RESORT DEVELOPMENT ACT 1987**1. Sections 124(1)(h) and 159(1)(h), from ‘or becomes’ to ‘1974’—**

omit.

**JUSTICES OF THE PEACE AND COMMISSIONERS
FOR DECLARATIONS ACT 1991****1. Section 17(c)—**

omit.

JUVENILE JUSTICE ACT 1992**1. Section 48—**

omit, insert—

‘Application of Mental Health Act 2000

‘48. The *Mental Health Act 2000* applies to a child charged with an offence as it applies to an adult.’.

SCHEDULE 1 (continued)

2. After section 203—

insert—

‘Authorisations for Mental Health Act 2000

‘**203A.(1)** The chief executive may, by signed writing, authorise a member of staff of a detention centre to exercise powers of a detention centre officer under the *Mental Health Act 2000*.

‘(2) However, the chief executive may authorise a staff member only if, in the chief executive’s opinion, the staff member has the necessary expertise or experience to exercise the powers.’.

LAW REFORM COMMISSION ACT 1968**1. Section 7(1)(a)(i), ‘inability or’—**

omit.

2. Section 7(1)(a)—

insert—

‘(iv) because the member becomes mentally or physically incapable of performing the duties of office; or’.

3. Section 7(1)(c)—

omit.

SCHEDULE 1 (continued)

LEGISLATIVE STANDARDS ACT 1992**1. Section 19(a)—**

omit, insert—

‘(a) becomes mentally or physically incapable of satisfactorily performing the duties of office; or’.

LIMITATION OF ACTIONS ACT 1974**1. Section 5(3)(a)—**

omit, insert—

‘(a) while the person is an involuntary patient under the *Mental Health Act 2000*’.

2. Section 5(3)(c)—

omit.

MEDICAL ACT 1939**1. Section 4, definition “mentally ill”—**

omit.

2. Section 9(a), ‘, or becomes mentally ill’—

omit.

SCHEDULE 1 (continued)

NATIONAL TRUST OF QUEENSLAND ACT 1963**1. Section 9(d)—**

omit.

2. Section 10(a), from ‘or becomes’ to ‘1974’—

omit.

3. Section 10—

insert—

‘(2) Also, a councillor’s office becomes vacant if the councillor is removed from office because the councillor becomes mentally or physically incapable of satisfactorily performing the councillor’s duties.

‘(3) A councillor may be removed under subsection (2) only by—

- (a) for an elected councillor—the National Trust; or
- (b) for an appointed councillor—the entity that appointed the councillor.’.

NEWSTEAD HOUSE TRUST ACT 1939**1. Section 3(6), from ‘, or becomes’ to ‘1974’—**

omit.

SCHEDULE 1 (continued)

PENALTIES AND SENTENCES ACT 1992**1. Section 163(3)(a)—**

omit, insert—

‘(a) that the *Mental Health Act 2000*, chapter 7, part 6,¹⁵⁷ does not apply; and’.

**POLICE POWERS AND RESPONSIBILITIES ACT
2000****1. Section 10(1)—**

insert—

‘*Example—*

A police officer who has entered a place under section 300¹⁵⁸ may, under the *Mental Health Act 2000*, section 34, take a person to an authorised mental health service under that Act if the circumstances mentioned in section 33 of that Act apply.¹⁵⁹’.

¹⁵⁷ *Mental Health Act 2000*, chapter 7 (Examinations, references and orders for persons charged with offences), part 6 (Inquiries on references to Mental Health Court)

¹⁵⁸ Section 300 (Entry of place to prevent offence, injury or domestic violence)

¹⁵⁹ The *Mental Health Act 2000*, sections 33 and 34, are in chapter 2 (Involuntary assessment), part 3 (Procedures leading to involuntary assessment), division 3 (Emergency examination orders), subdivision 1 (Emergency examination orders by police officers and ambulance officers)

SCHEDULE 1 (continued)

2. Schedule 1, ‘Mental Health Act 1974’—*omit, insert—**‘Mental Health Act 2000’.***POWERS OF ATTORNEY ACT 1998****1. Section 38(1), ‘a person liable to be detained under the *Mental Health Act 1974*’—***omit, insert—**‘an involuntary patient under the *Mental Health Act 2000*’.***2. Section 38(2), ‘Mental Health Act 1974’—***omit, insert—**‘Mental Health Act 2000’.***PUBLIC SERVICE ACT 1996****1. Section 109(3)—***insert—**‘(eb) a member of the Mental Health Review Tribunal appointed under the *Mental Health Act 2000*;’*

SCHEDULE 1 (continued)

2. Schedule 1, after item 10—*insert—*

‘10A Mental Health Review President of the
 Tribunal under the *Mental* tribunal’.
 Health Act 2000

**QUEENSLAND BUILDING SERVICES AUTHORITY
ACT 1991****1. Section 48(g)—***omit.***QUEENSLAND HERITAGE ACT 1992****1. Section 11(2)(f)—***omit.***QUEENSLAND INSTITUTE OF MEDICAL
RESEARCH ACT 1945****1. Section 8D(e)—***omit.*

SCHEDULE 1 (continued)

RACING AND BETTING ACT 1980**1. Sections 11G(1)(c), 42(f), 83(f) and 115D(c)—**

omit.

RACING VENUES DEVELOPMENT ACT 1982**1. Section 7(c)—**

omit.

**REGISTRATION OF BIRTHS, DEATHS AND
MARRIAGES ACT 1962****1. Section 5(1), definition “public institution”, from ‘, hospital’ to
‘received’—**

omit, insert—

‘or hospital’.

SANCTUARY COVE RESORT ACT 1985**1. Sections 42(1)(i) and 86(1)(i), from ‘or becomes’ to ‘1974’—**

omit.

SCHEDULE 1 (continued)

SECURITY PROVIDERS ACT 1993**1. Section 11(4)(d)—**

omit.

SOUTH BANK CORPORATION ACT 1989**1. Schedule 7, section 43(1)(i), from ‘or becomes’ to ‘1974’—**

omit.

**STATE DEVELOPMENT AND PUBLIC WORKS
ORGANISATION ACT 1971****1. Section 10(1)(f), from ‘is a’ to ‘or’—**

omit.

2. Section 72(1)(e)—

omit.

SCHEDULE 1 (continued)

SUCCESSION ACT 1981**1. Section 41(7), from ‘next friend’ to ‘1974) in’—**

omit, insert—

‘litigation guardian of a person under a legal incapacity in’.

SUPREME COURT OF QUEENSLAND ACT 1991**1. Section 118(1)(c), ‘Tribunal’—**

omit, insert—

‘Court’.

TORRES STRAIT ISLANDER LAND ACT 1991**1. Section 95(1)(a)—**

omit, insert—

‘(a) becomes mentally or physically incapable of satisfactorily performing the member’s duties; or’.

TRANSPLANTATION AND ANATOMY ACT 1979**1. Section 4(1), definition “hospital”, paragraph (b)—**

omit.

SCHEDULE 1 (continued)

TRUSTS ACT 1973**1. Section 6(1)(a), ‘patient (within the meaning of the *Mental Health Act 1974*)’—**

omit, insert—

‘mentally ill person’.

2. Section 6(1)(a), ‘patients (within the meaning of the *Mental Health Act 1974*)’—

omit, insert—

‘mentally ill persons’.

VETERINARY SURGEONS ACT 1936**1. Section 7(a), from ‘or becomes’ to ‘1974’—**

omit.

2. Section 15C(1)(b)—

omit.

3. Section 18(3)—

omit, insert—

‘(3) The board may refuse an application for registration as a veterinary surgeon if the board is satisfied the applicant is not medically fit to practise veterinary surgery.’.

SCHEDULE 1 (continued)

WATER RESOURCES ACT 1989**1. Section 141(a)—***omit.***2. Section 142(3)(c)—***omit.*

SCHEDULE 2

DICTIONARY

section 10

“administrator”, of an authorised mental health service or a high security unit part of an authorised mental health service, means the person declared, under section 497, to be the administrator for the health service or unit.

“adult guardian” means the Adult Guardian appointed under the *Guardianship and Administration Act 2000*.

“agreement for assessment” see section 49(b).

“allied person”, for an involuntary patient, means the person chosen under chapter 9, part 1, to be the patient’s allied person for this Act.

“ambulance officer” means an ambulance officer appointed under the *Ambulance Service Act 1991*, section 13.

“application documents”, for a justices examination order, means the application for the order and any document filed or given with the application.

“appointed person”, for chapter 11, part 9, see section 429.

“appropriately qualified”, for a person to whom a power under this Act may be delegated, includes having the qualifications, experience or standing appropriate to exercise the power.

Example of ‘standing’—

A person’s classification level in the public service.

“approved form” means a form approved under section 421, 481 or 493.

“approved officer” means a person appointed as an approved officer under section 500, and includes the director.

“assessment”, of a person, means an assessment of the person under—

(a) chapter 2, part 4; or

SCHEDULE 2 (continued)

- (b) chapter 3, part 4; or
- (c) section 116.

“assessment criteria” see section 13.

“assessment documents” for—

- (a) chapter 2—see section 16; or
- (b) chapter 3—see section 49.

“assessment period” means—

- (a) initially, a period of not longer than 24 hours; or
- (b) if that period is extended or further extended under section 47, the extended period.

“assisting psychiatrist” see section 390.

“attendance notice” see section 466.

“audiovisual link facilities” means facilities, including closed-circuit television, that enable reasonably contemporaneous and continuous audio and visual communication between persons at different places.

“authorised doctor”, for an authorised mental health service, means a doctor who, under section 504, is or holds appointment as an authorised doctor for the health service.

“authorised mental health practitioner” means a health practitioner appointed as an authorised mental health practitioner under section 499.

“authorised mental health service”—

- (a) generally—means a mental health service declared under section 495 to be an authorised mental health service; or
- (b) for chapter 2—see section 15.

“authorised officer”, for a high security unit, means—

- (a) a health practitioner providing mental health services at the unit; or
- (b) a security officer for the unit.

“authorised person” for—

SCHEDULE 2 (continued)

- (a) chapter 10—see section 348;
- (b) chapter 14, part 2—see section 510.

“authorised psychiatrist” means a psychiatrist who is an authorised doctor for an authorised mental health service.

“brief of evidence” means—

- (a) a brief of evidence compiled by the commissioner of the police service or director of public prosecutions that includes any of the following—
 - (i) an indictment or bench charge sheets;
 - (ii) summaries or particulars of allegations;
 - (iii) witness statements;
 - (iv) exhibits;
 - (v) transcripts of proceedings;
 - (vi) a record of interview or transcript of a record of interview;
 - (vii) a person’s criminal history; or
- (b) an expert’s report or medical record.

“capacity”, for a person, means the person is capable of—

- (a) understanding the nature and effect of decisions about the person’s assessment, treatment or choosing of an allied person; and
- (b) freely and voluntarily making decisions about the person’s assessment, treatment or choosing of an allied person; and
- (c) communicating the decisions in some way.

“care” includes the provision of rehabilitation, support and other services.

“carer”, of a patient, means a person who—

- (a) provides domestic services and support to the patient; or
- (b) arranges for the patient to be provided with domestic services and support.

 SCHEDULE 2 (continued)

“**category**”, of an involuntary treatment order, means in-patient category or community category decided under section 109.

“**charge**”, for an indictable offence, includes committed for trial or sentence for the offence.

“**chief executive for families**” means the chief executive of the department for whom a representative may, under the *Childrens Court Act 1992*, section 20, be present at a proceeding before the Childrens Court in relation to a child.

“**chief executive for justice**” means the chief executive of the department in which the Criminal Code is administered.

“**child**” see *Juvenile Justice Act 1992*, section 5.¹⁶⁰

“**classified patient**” means a person who, under section 69, is a classified patient.

“**close friend**”, of a person, means a person with whom the first person has a close relationship.

“**complaint**” includes information and charge.

“**confidentiality order**”, for—

- (a) the Mental Health Court—see section 426(1); or
- (b) the tribunal—see section 458.

“**constituting judge**”, of the Mental Health Court, means the Supreme Court judge constituting the court.

“**correctional officer**” means a community correctional officer or custodial correctional officer under the *Corrective Services (Administration) Act 1988*.

“**corresponding law**” means a law of another State that is declared under a regulation to be a corresponding law for this Act.

¹⁶⁰ Under the *Juvenile Justice Act 1992*, section 5, “child” is defined as follows—

“**child**” means—

- (a) a person who has not turned 17 years; or
- (b) after a day fixed under section 6—a person who has not turned 18 years.

SCHEDULE 2 (continued)

“**court**” includes justices conducting committal proceedings.

“**court assessment order**” see section 58.

“**court examination order**” see section 422(1).

“**court rule**” means a rule made under section 419.

“**criminal history**”, of a person, means the person’s criminal history within the meaning of the *Criminal Law (Rehabilitation of Offenders) Act 1986* and—

- (a) despite sections 6, 8 and 9 of that Act, includes a conviction of the person to which any of the sections applies; and
- (b) despite section 5 of that Act, includes a charge made against the person for an offence.

“**custodian**”, for a person in lawful custody, means the person having the custody of the person.

“**custodian’s assessment authority**” see section 65(1).

“**custody order**” see section 299(b)(ii).

“**de facto spouse**” means either 1 of 2 people, whether of the same or opposite sex, who are living together as a couple on a genuine domestic basis in a relationship based on intimacy, trust and personal commitment to each other.

“**detention centre**” means a detention centre established under the *Juvenile Justice Act 1992*.

“**detention centre officer**” means a person authorised under the *Juvenile Justice Act 1992*, section 203A, to exercise powers of a detention centre officer under this Act.

SCHEDULE 2 (continued)

“**diminished responsibility**” means the state of abnormality of mind described in the Criminal Code, section 304A.¹⁶¹

“**director**” means the Director of Mental Health appointed under this Act.

“**director of public prosecutions**” means the Director of Public Prosecutions appointed under the *Director of Public Prosecutions Act 1984*.

“**electroconvulsive therapy**” means the application of electric current to specific areas of the head to produce a generalised seizure that is modified by general anaesthesia and the administration of a muscle relaxing agent.

“**emergency examination order**” means—

- (a) an emergency examination order (police or ambulance officer); or
- (b) an emergency examination order (psychiatrist).

“**emergency examination order (police or ambulance officer)**” see section 35(1).

“**emergency examination order (psychiatrist)**” see section 38(1).

“**entry**”, of a person to a high security unit, includes re-entry to the unit.

“**examination order**” means a justices or emergency examination order.

“**examination time**” see sections 36(1) and 40(1).

“**examining practitioner**” see section 422(1).

“**executive officer**” means the executive officer of the tribunal.

¹⁶¹ The state of mind is described in the Criminal Code, section 304A(1), as follows—

‘When a person who unlawfully kills another under circumstances which, but for the provisions of this section, would constitute murder, is at the time of doing the act or making the omission which causes death in such a state of abnormality of mind (whether arising from a condition of arrested or retarded development of mind or inherent causes or induced by disease or injury) as substantially to impair the person’s capacity to understand what the person is doing, or the person’s capacity to control the person’s actions, or the person’s capacity to know that the person ought not to do the act or make the omission, the person is guilty of manslaughter only.’

SCHEDULE 2 (continued)

“fit for trial”, for a person, means fit to plead at the person’s trial and to instruct counsel and endure the person’s trial, with serious adverse consequences to the person’s mental condition unlikely.

“force”, for taking a person to an authorised mental health service, includes the use of physical restraint.

“forensic order” means—

- (a) a forensic order (Criminal Code); or
- (b) a forensic order (Mental Health Court); or
- (c) a forensic order (Minister).

“forensic order (Criminal Code)” see section 299(b)(i).

“forensic order (Mental Health Court)” see section 288(2) and (4).

“forensic order (Minister)” see section 302(2).

“forensic patient” means a person who is, or is liable to be, detained in an authorised mental health service under a forensic order.

“guardian” means a person who is recognised in law as having all the duties, powers, responsibilities and authority that, by law, parents have in relation to their children.

“harmful thing” means anything—

- (a) that may be used to—
 - (i) threaten the security or good order of an authorised mental health service; or
 - (ii) threaten a person’s health or safety; or
- (b) that, if used by a patient in an authorised mental health service, is likely to adversely affect the patient’s treatment.

Examples of harmful things—

1. A gun or replica of a gun.
2. A dangerous drug.
3. Alcohol.
4. Medication.

SCHEDULE 2 (continued)

“health practitioner” means—

- (a) a doctor, registered nurse, occupational therapist or psychologist or a social worker engaged in providing health services; or
- (b) another person with the training or qualifications in mental health prescribed under a regulation.

“health service” means a service for maintaining, improving and restoring people’s health and wellbeing, and includes a community health facility.

“health service employee”, for an authorised mental health service, means—

- (a) a health practitioner employed at the health service; or
- (b) a person employed at the health service to perform administrative functions relating to the assessment or treatment of persons who have mental illnesses.

“hearing”, means—

- (a) for the tribunal—
 - (i) the hearing for a review, treatment application or application for a notification order; or
 - (ii) the hearing of an application for approval for a patient to move out of Queensland; or
 - (ii) the hearing of an appeal against a decision to exclude a visitor from an authorised mental health service; or
- (b) for the Mental Health Court—
 - (i) the hearing of an appeal against a review decision or a treatment application; or
 - (ii) the hearing of a reference or withdrawal of a reference.

“high security unit” means a public sector mental health service, or part of a public sector mental health service, declared under section 496 to be a high security unit.

“informed consent” means consent under chapter 4, part 3, division 1.

SCHEDULE 2 (continued)

“inspect”, a thing, includes open the thing and examine its contents.

“interstate agreement” means an agreement under section 176.

“interstate authority”, for an interstate mental health service, means a person performing a similar or corresponding function to the administrator of an authorised mental health service.

“interstate mental health service” means a health service in which a person in a participating State may be detained under a corresponding law of that State.

“interstate order”, means an order under a corresponding law of another State that is declared under a regulation to be an interstate order for this Act.

“involuntary patient” means a person—

- (a) who is, or is liable to be, detained, under chapter 2, part 4, in an authorised mental health service for assessment; or
- (b) for whom an involuntary treatment order is in force; or
- (c) who is a classified or forensic patient.

“involuntary treatment order” see section 108(1).

“justice of the peace (qualified)” means a justice of the peace (qualified) under the *Justices of the Peace and Commissioners for Declarations Act 1991*.

“justices examination order” see section 27(1).

“less restrictive”, for assessment or treatment of an involuntary patient, means assessment or treatment of the level that—

- (a) maximises the opportunity for positive outcomes; and
- (b) ensures the protection of the patient and the community; and
- (c) having regard to paragraphs (a) and (b), imposes the minimum limits on the freedom of the patient.

“limited community treatment”, for a patient, means undertaking some treatment or rehabilitation in the community other than under the community category of an involuntary treatment order.

 SCHEDULE 2 (continued)

“**mechanical restraint**”, for chapter 4, part 3, division 3, see section 141.

“**member**” means a member of the tribunal, and includes the president.

“**Mental Health Court**” means the Mental Health Court established under section 381(1).

“**mental illness**” see section 12.

“**notification order**” see section 221(1).

“**obstruct**” includes hinder, resist and attempt to obstruct.

“**occupational therapist**” means an occupational therapist under the *Occupational Therapists Act 1979*.

“**occupier**”, of place, includes the person apparently in charge of the place.

“**offence**” for—

- (a) chapter 3, part 2, division 2—see section 60; or
- (b) chapter 7—see section 235.

“**parole**” means parole under the *Corrective Services Act 1988*, part 4, and for a child includes release under a fixed release order under the *Juvenile Justice Act 1992*, section 189.

“**participating State**” means a State—

- (a) in which a corresponding law is in force; and
- (b) with which an interstate agreement is in force.

“**party**” means—

- (a) for an appeal to the tribunal against a decision of the administrator of an authorised mental health service under chapter 10, part 4¹⁶² to refuse to allow a person to visit a patient in the health service—the appellant or the administrator of the health service; or
- (b) for another proceeding in the tribunal—a person who, under chapter 12, part 4, has a right to appear in person at the hearing of the proceeding, regardless of whether the person appears or is

¹⁶² Chapter 10 (Security of authorised mental health services), part 4 (Exclusion of visitors)

SCHEDULE 2 (continued)

represented at the hearing; or

- (c) for a proceeding in the Mental Health Court on an appeal against a review decision, a decision on a treatment application or a decision on an application under chapter 5, part 1, division 3, for approval that a patient move out of Queensland—
 - (i) a party to the proceeding in the tribunal for the review or application; or
 - (ii) the director, if the director is the appellant or elects to become a party to the proceeding; or
- (d) for a proceeding in the Mental Health Court on a reference—
 - (i) the person the subject of the reference; or
 - (ii) the director; or
 - (iii) director of public prosecutions; or
- (e) for a proceeding in the Mental Health Court on an application to withdraw a reference—the parties to the proceeding for the reference; or
- (f) for a proceeding in the Mental Health Court on an application to inquire into a patient's detention in an authorised mental health service—
 - (i) the patient; or
 - (ii) the applicant; or
 - (iii) the director.

“patient”—

- (a) for chapter 10, part 3—see section 351; or
- (b) for chapter 14, part 2—see section 510; or
- (c) for chapter 14, part 6—see section 531; or
- (d) elsewhere—means—
 - (i) an involuntary patient; or
 - (ii) a person detained or liable to be detained in an authorised

SCHEDULE 2 (continued)

mental health service under a court order under section 101(2), 273(1)(b) or 337(5).¹⁶³

“personal attorney” means an attorney for a personal matter under the *Powers of Attorney Act 1998*.

“personal guardian” means a guardian for a personal matter under the *Guardianship and Administration Act 2000*.

“person in lawful custody” means—

- (a) a person who is detained in lawful custody on a charge of an offence or awaiting sentence on conviction of an offence; or
- (b) a person who is serving a sentence of imprisonment or detention for a period under a court order and is not released on parole.

“place” includes the following—

- (a) vacant land;
- (b) premises;
- (c) a vehicle;
- (d) a boat;
- (e) an aircraft.

“postal article” includes a postal article carried by a courier service.

“premises” includes the following—

- (a) a building or structure of any kind;
- (b) part of a building or structure of any kind;
- (c) the land on which a building or structure is situated.

“president” means the president of the tribunal.

“presiding member”, for a tribunal hearing, means the tribunal member who, under section 449 is the presiding member of the tribunal for the hearing.

¹⁶³ Sections 101 (Court may order person’s detention in authorised mental health service, 273 (Orders about custody) and 337 (Appeal powers)

 SCHEDULE 2 (continued)

“proceeding” means—

- (a) for a provision relating to the Mental Health Court—a proceeding in the court; or
- (b) for a provision relating to the Patient Review Tribunal—a proceeding in the tribunal.

“psychiatrist” means a specialist registered under the *Medical Act 1939* for the speciality psychiatry.

“psychologist” means a psychologist under the *Psychologists Act 1977*.

“psychosurgery” means a neurosurgical procedure to diagnose or treat a mental illness, but does not include a surgical procedure for treating epilepsy, Parkinson’s disease or another neurological disorder.

“public place” means any place the public is entitled to use or is open to, or used by, the public (whether or not on payment of an admission fee).

“public sector health service” see *Health Services Act 1991*, section 2.¹⁶⁴

“public sector hospital” see *Health Services Act 1991*, section 2.¹⁶⁵

“public sector mental health service” means an authorised mental health service that is a public sector health service.

“publish” means publish to the public by way of television, newspaper, radio, the Internet or other form of communication.

“reasonably believes” means believes on grounds that are reasonable in the circumstances.

“reasonably satisfied” means satisfied on grounds that are reasonable in the circumstances.

¹⁶⁴ Under the *Health Services Act 1991*, section 2, “public sector health service” is defined as follows—

“public sector health service” means a health service provided by the State, and includes a health service declared under a regulation to be a public sector health service, but does not include a health service declared under a regulation not to be a public sector health service.

¹⁶⁵ Under the *Health Services Act 1991*, section 2, “public sector hospital” is defined as follows—

“public sector hospital” means a hospital operated by the State.

SCHEDULE 2 (continued)

“reasonably suspects” means suspects on grounds that are reasonable in the circumstances.

“recommendation for assessment” for—

- (a) chapter 2—see section 16(b); or
- (b) chapter 3—see section 49(a).

“reference” means a reference, under section 62, 240, 247 or 257, to the Mental Health Court of a person’s mental condition relating to an offence.

“registered nurse” means a registered nurse under the *Nursing Act 1992*.

“registrar” means the registrar of the Mental Health Court.

“registry” means the Mental Health Court Registry.

“relative”, of a person, means—

- (a) the person’s spouse; or
- (b) a child, grandchild, parent, brother, sister, grandparent, aunt or uncle (whether of whole or half-blood) of the person or the person’s spouse.

“relevant offence”, for chapter 6, part 4, see section 208.

“request for assessment” see section 16(a).

“review” means a review by the tribunal under chapter 6.

“review decision” means a decision on a review.

“searcher”, for chapter 10, part 3—see section 357(1).

“seclusion”, for chapter 4, part 3, division 4—see section 148.

“section 613 finding” see section 299(a)(i).

“section 645 finding” see section 299(a)(ii).

“section 647 finding” see section 299(a)(iii).

“security officer”, for a high security unit, means a person appointed to an office at the unit to provide security services, regardless of how the person’s office is described.

SCHEDULE 2 (continued)

“seizure provisions”, for chapter 10, see section 348.

“senior registered nurse on duty”, for a patient in an in-patient facility of an authorised mental health service, means the senior registered nurse on duty in the ward in which the patient is being treated.

“spouse” includes a de facto spouse.

“statement of rights” see section 344(1).

“treating health service”, for a patient, means—

- (a) the authorised mental health service stated in—
 - (i) the involuntary treatment order for the patient; or
 - (ii) the court assessment order or custodian’s authority for assessment for the patient; or
 - (iii) the forensic order for the patient; or
 - (iv) the court order for the patient under section 101(2), 273(1)(b) or 337(5);¹⁶⁶ or
 - (vi) if a court examination order is in force for the patient—the order; or
- (b) another authorised mental health service to which the patient is transferred.

“treatment”, of a person who has a mental illness, means anything done, or to be done, with the intention of having a therapeutic effect on the person’s illness.

“treatment application” means an application under chapter 6, part 6, for approval for treatment of a person.

“treatment criteria” see section 14.

“treatment plan”, for an involuntary patient, means the treatment plan prepared under chapter 4, part 2, for the patient.

¹⁶⁶ Sections 101 (Court may order person’s detention in authorised mental health service, 273 (Orders about custody) and 337 (Appeal powers)

SCHEDULE 2 (continued)

“tribunal” means the Mental Health Review Tribunal established under section 436(1).

“tribunal rule” means a rule made under section 479.

“unlawfully” means without authority under this Act or other legal authority, justification or excuse.

“unsound mind” means the state of mental disease or natural mental infirmity described in the Criminal Code, section 27¹⁶⁷, but does not include a state of mind resulting, to any extent, from intentional intoxication or stupefaction alone or in combination with some other agent at or about the time of the alleged offence.

“young patient” means an involuntary patient who is under 17 years.

“young person” means an individual who is under 17 years.

“visitor” means a person who—

- (a) is visiting a high security unit or a patient in a high security unit;
or
- (b) seeks entry to a high security unit.

¹⁶⁷ The Criminal Code, section 27, provides as follows—

Insanity

27.(1) A person is not criminally responsible for an act or omission if at the time of doing the act or making the omission the person is in such a state of mental disease or natural mental infirmity as to deprive the person of capacity to understand what the person is doing, or of capacity to control the person's actions, or of capacity to know that the person ought not to do the act or make the omission.

(2) A person whose mind, at the time of the person's doing or omitting to do an act, is affected by delusions on some specific matter or matters, but who is not otherwise entitled to the benefit of subsection (1), is criminally responsible for the act or omission to the same extent as if the real state of things had been such as the person was induced by the delusions to believe to exist.

ATTACHMENT

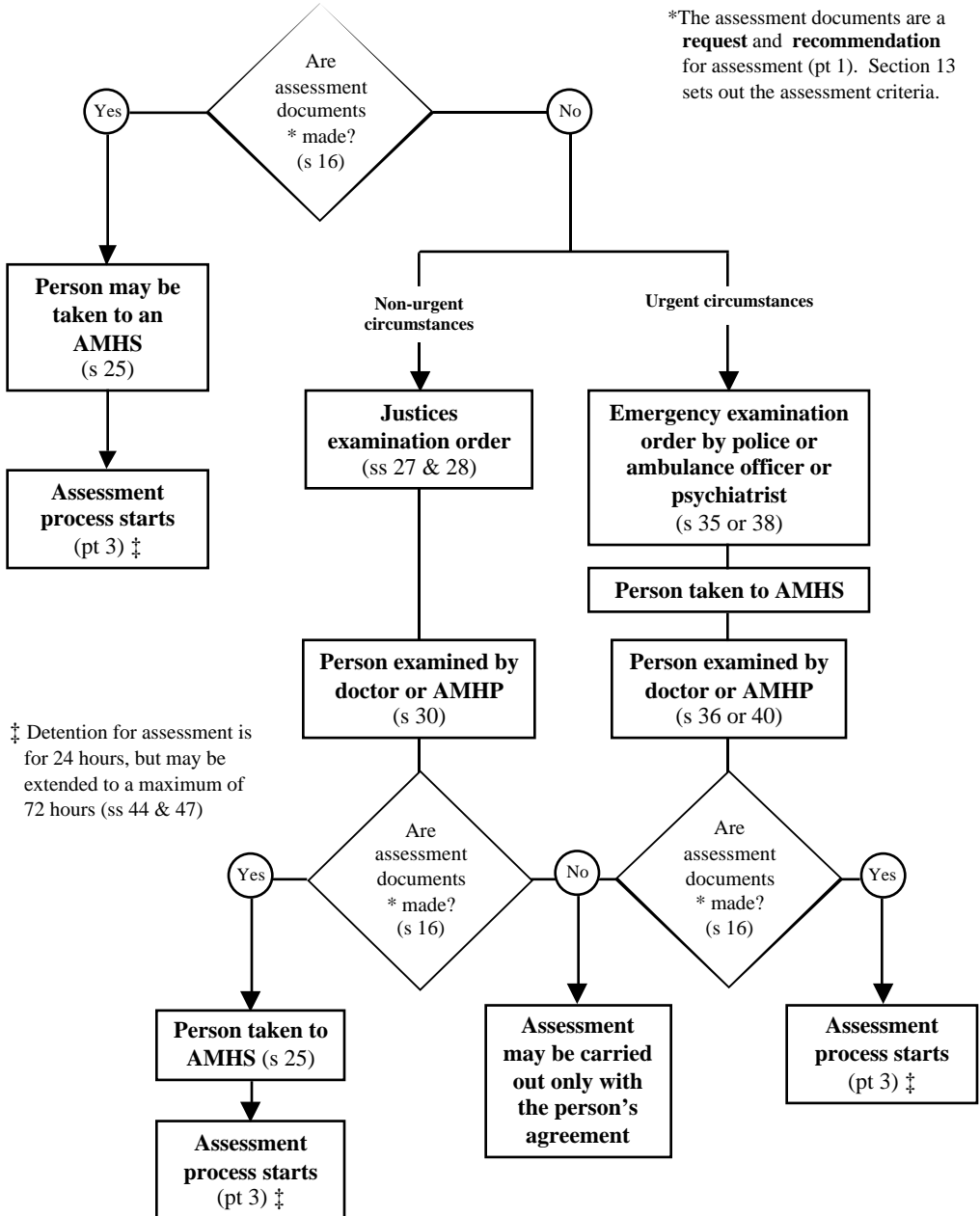
section 7

Abbreviations used in the flowcharts in this attachment—

AMHP	=	Authorised Mental Health Practitioner
AMHS	=	Authorised Mental Health Service
DMH	=	Director of Mental Health
ITO	=	Involuntary Treatment Order
MHC	=	Mental Health Court
MHRT	=	Mental Health Review Tribunal

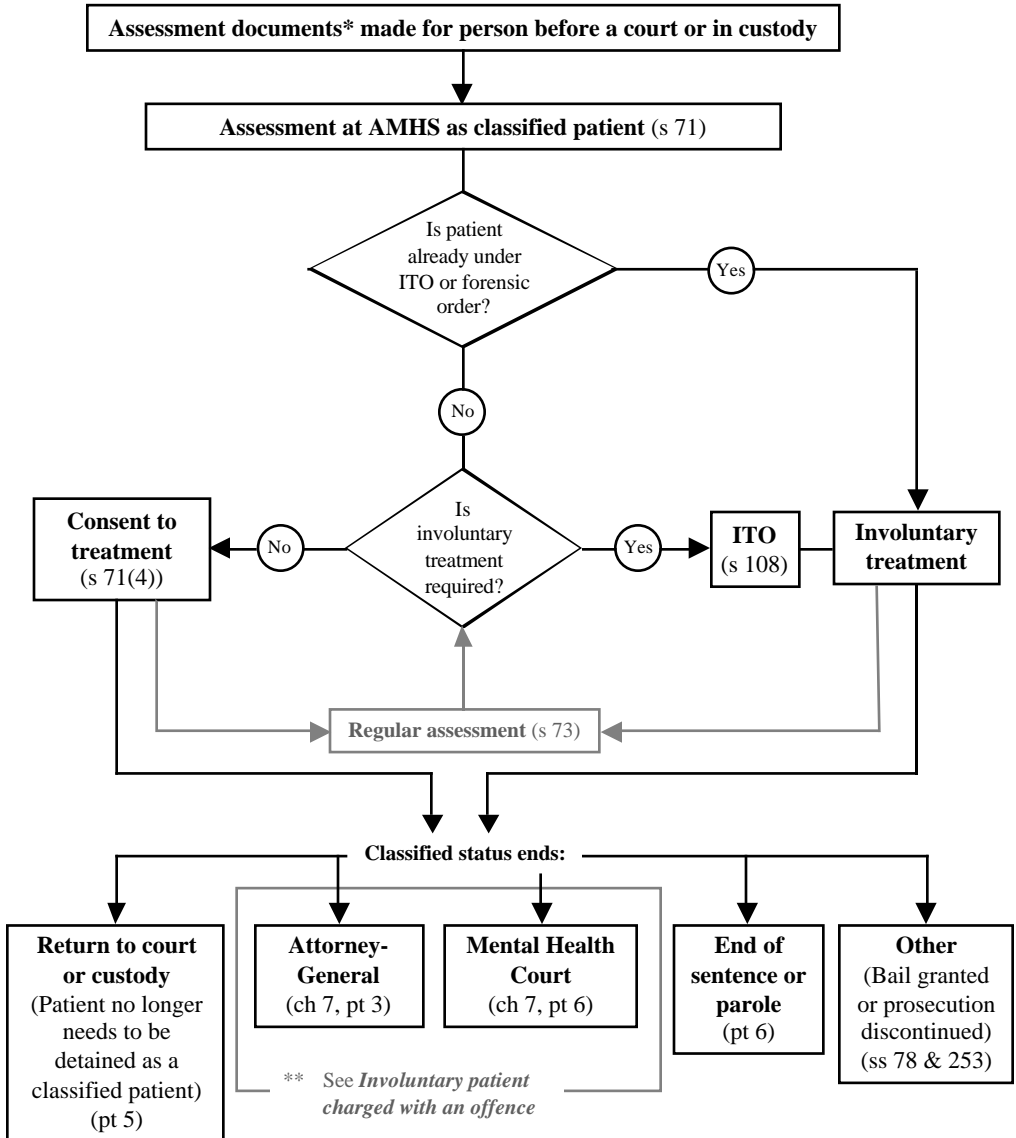
ATTACHMENT (continued)

Involuntary assessment of a person—chapter 2



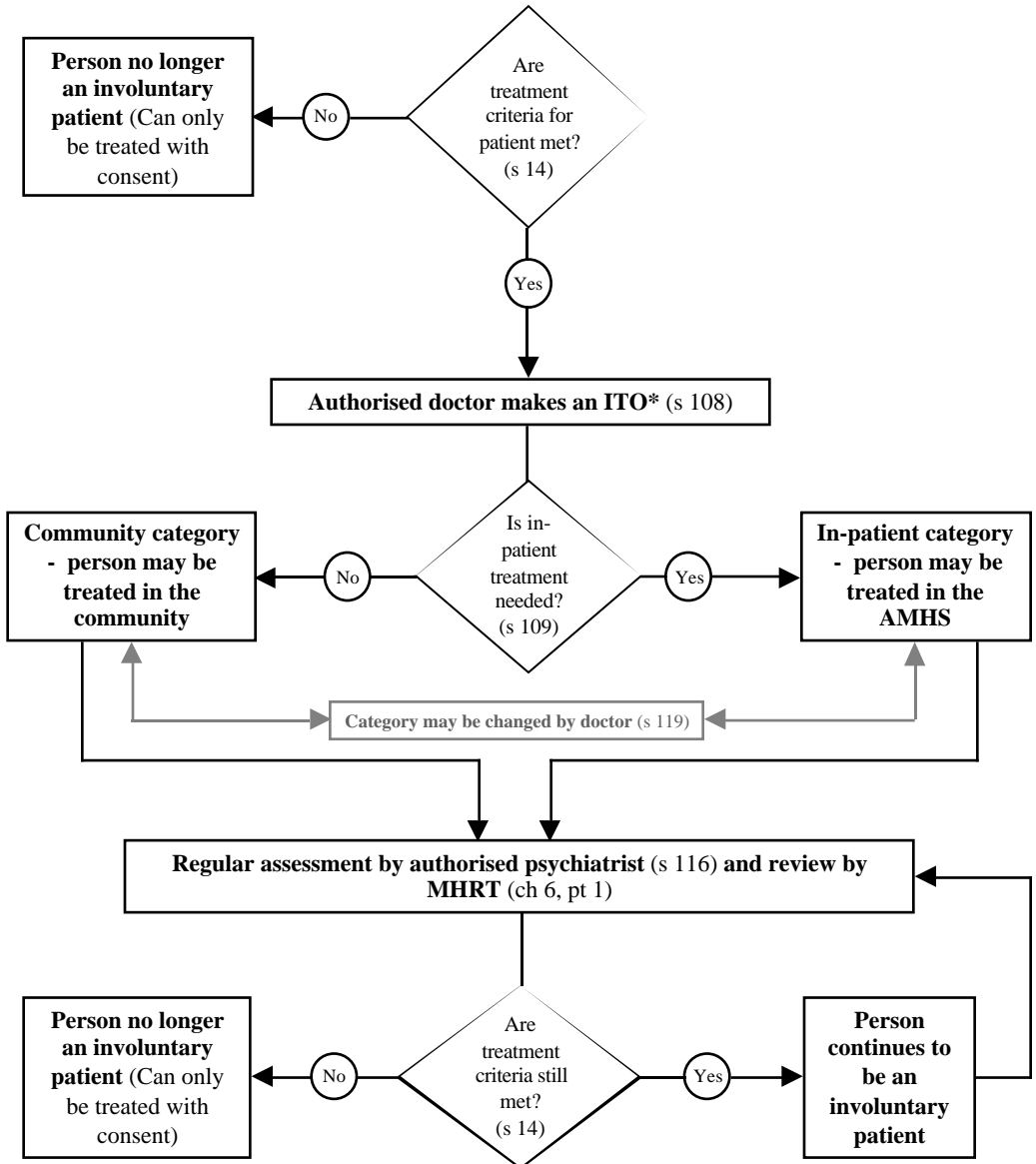
ATTACHMENT (continued)

Detention as a classified patient—chapter 3



* The assessment documents for chapter 3 (s 49) are:
 (a) **Court assessment order** (pt 2) or **custodian’s assessment authority** (pt 3)
 (b) **Recommendation for assessment** (pt 1)
 (c) **Agreement for assessment** (pt 1)

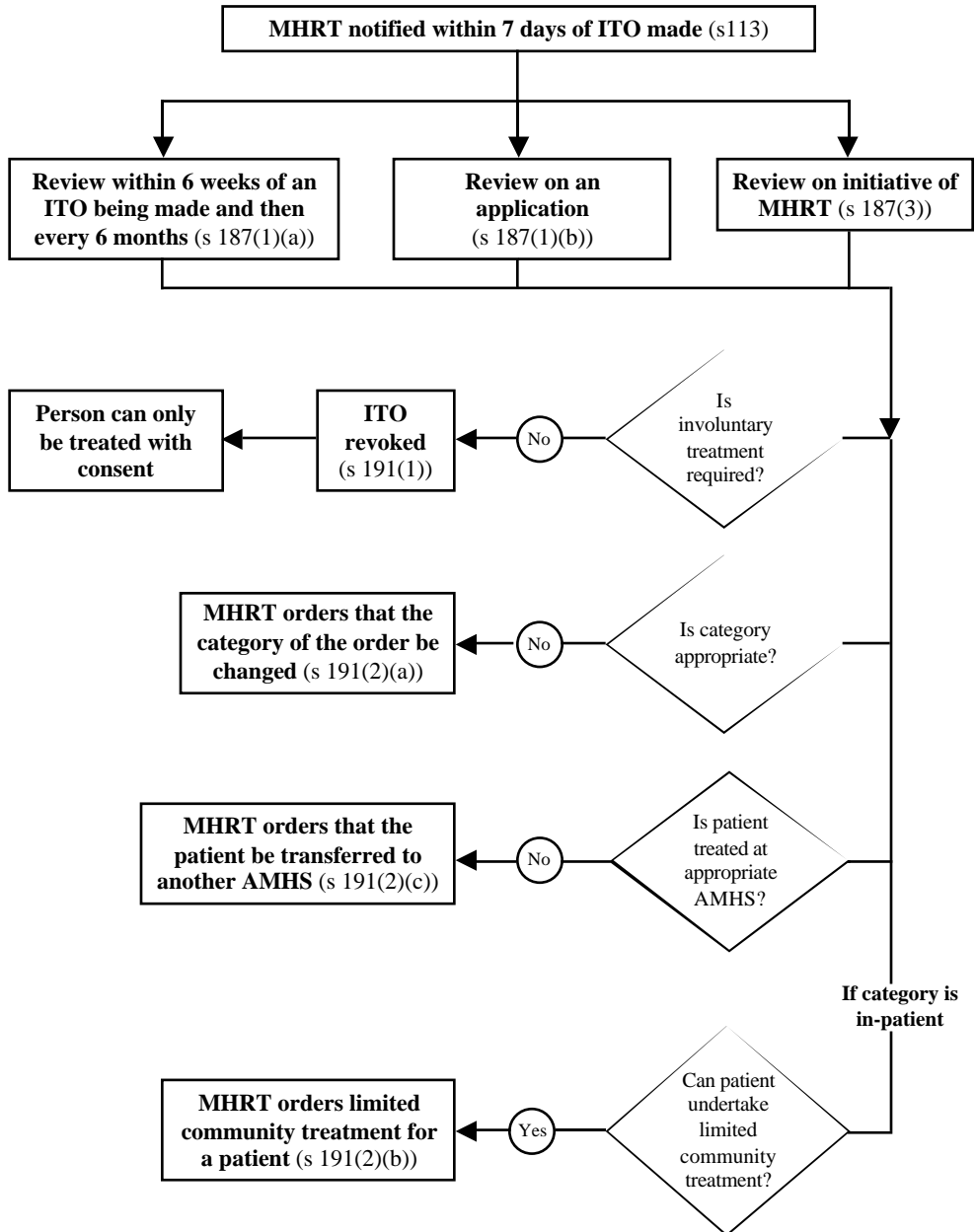
ATTACHMENT (continued)

Involuntary treatment—chapter 4

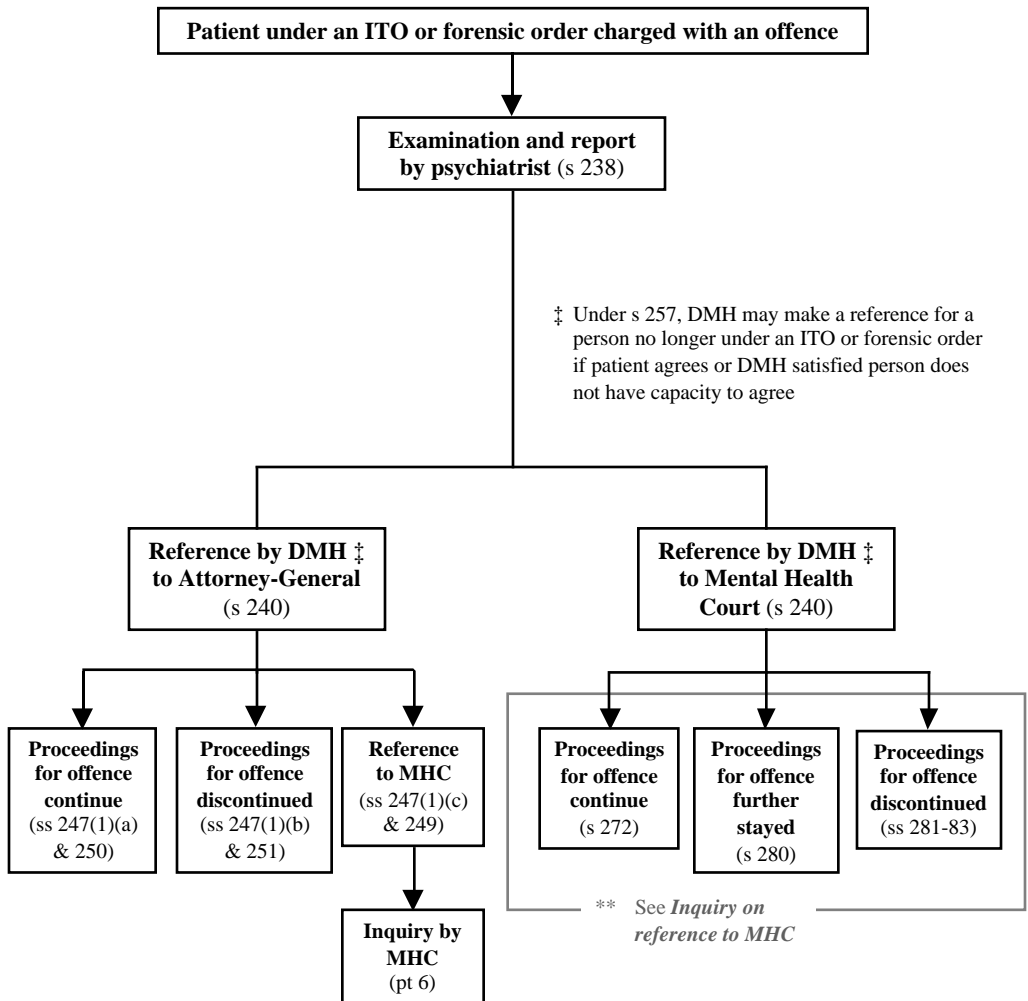
* If the authorised doctor who makes the ITO is not a psychiatrist, an authorised psychiatrist must examine the person within 3 days. If the psychiatrist is not satisfied the person meets the treatment criteria, the person ceases to be an involuntary patient (s 112).

ATTACHMENT (continued)

Hearings of reviews by Mental Health Review Tribunal—chapter 6



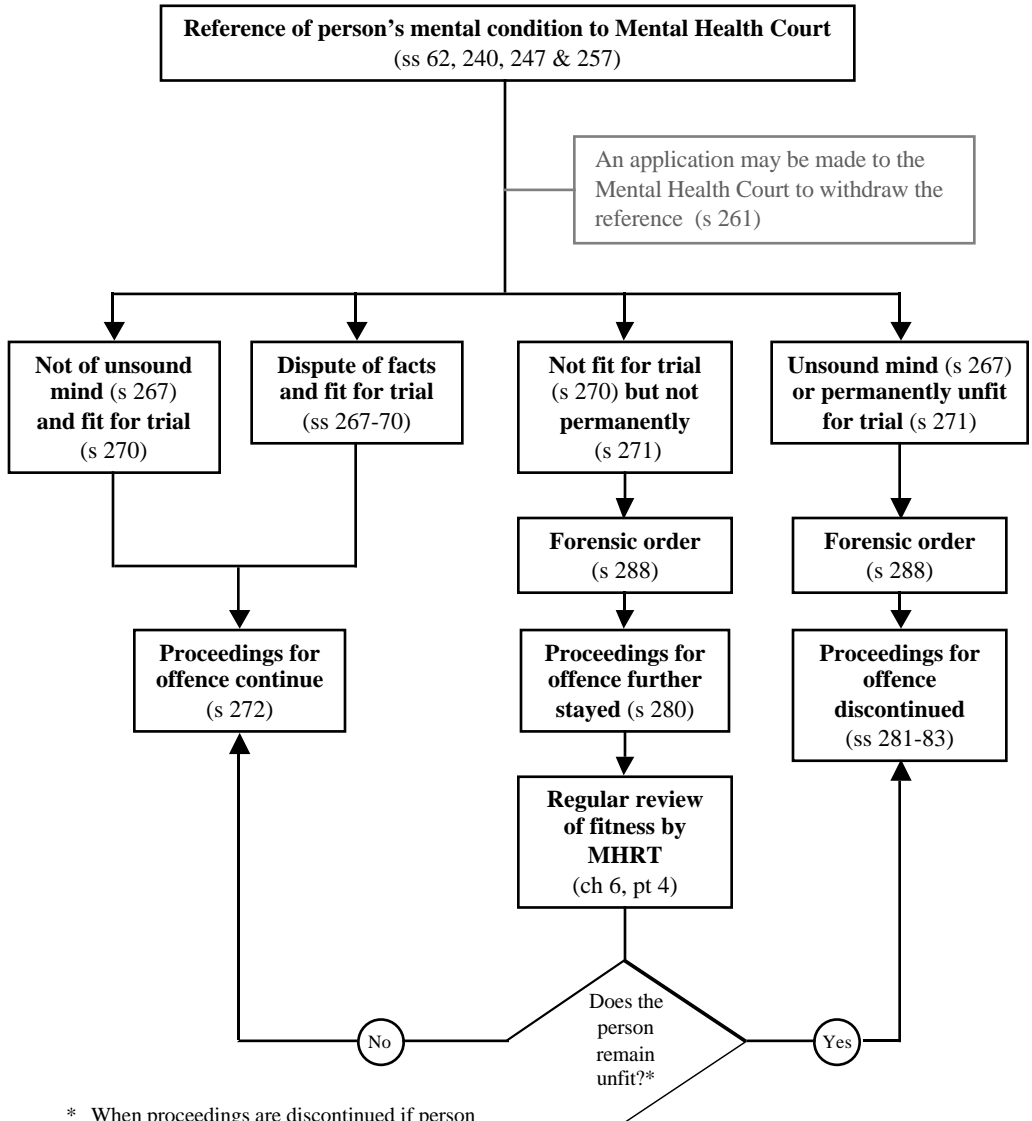
ATTACHMENT (continued)

Involuntary patient charged with an offence—chapter 7

NB Part 2 ceases to apply if ITO revoked (ss 121, 122 & 191) or patient ceases to be forensic patient (ss 207 & 219). In this case, proceedings for offence continue (s 245) unless prosecution discontinued (s 244(b)).

ATTACHMENT (continued)

Inquiry on reference Mental Health Court—chapter 7, part 6



* When proceedings are discontinued if person remains unfit for trial—

- after 7 years if charged with an offence with a maximum sentence of life imprisonment; or
- after 3 years in any other case.

