

Performance against Key Performance Indicators 1 January to 31 March 2016

1. Caseflow

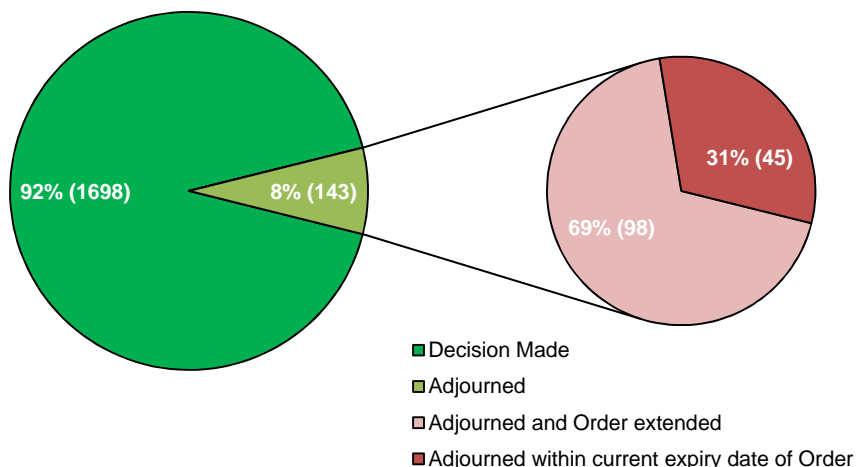
1.1 Matters determined as a percentage of all matters heard

In the January to March 2016 quarter, the vast majority of matters (1698, or 91%) were determined at their first hearing and 143 (8%) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload. In this quarter, there were four matters that were unable to be determined before the expiry of the patient's Order due to errors by the Tribunal.

2. Adjournments

2.1 Proportion of matters adjourned

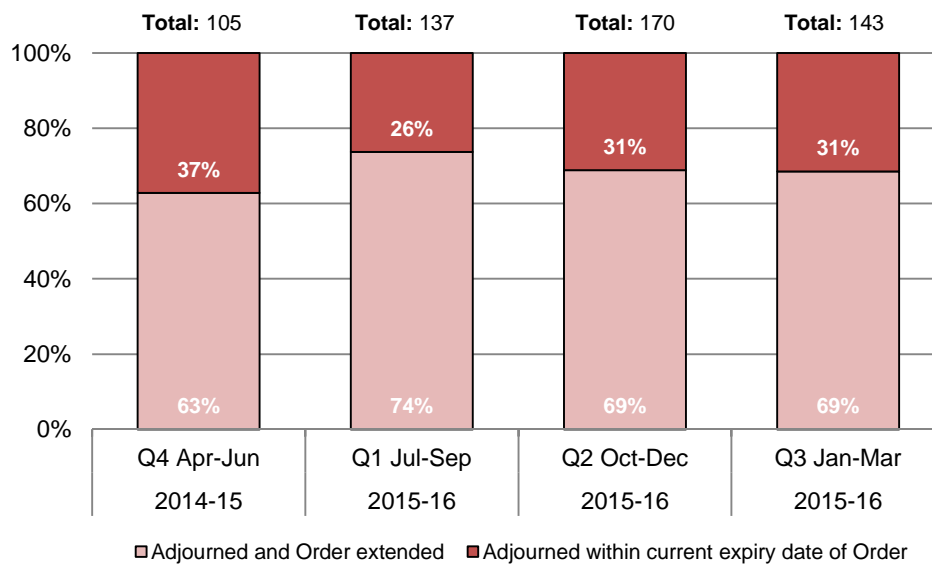
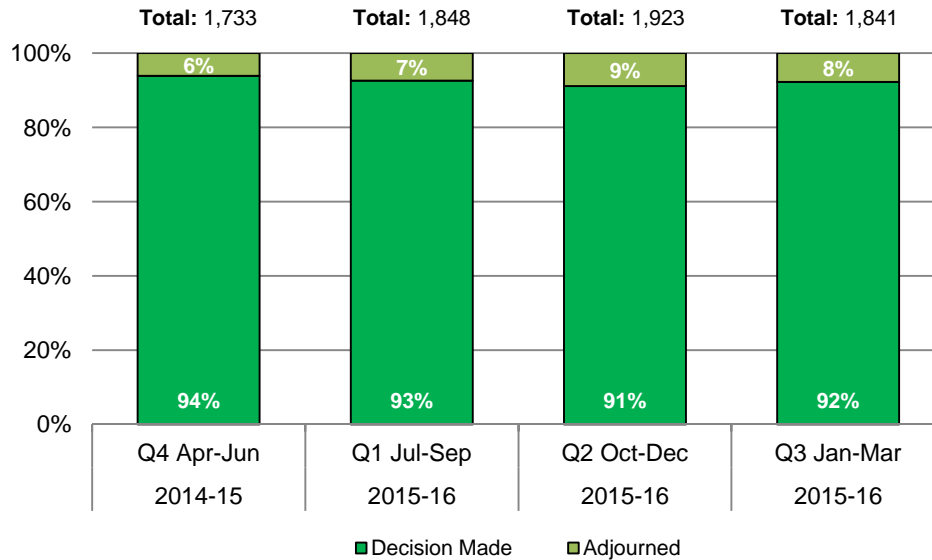
The number of adjournments as a proportion of matters determined remained relatively consistent with the last three quarters. Of the matters adjourned, 98 (69%) extended the Order. The primary reason for the Tribunal granting an adjournment with extension was in relation to procedural fairness (including allowing time to enable participation of the patient).



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Comparison of matters determined and adjourned between quarters



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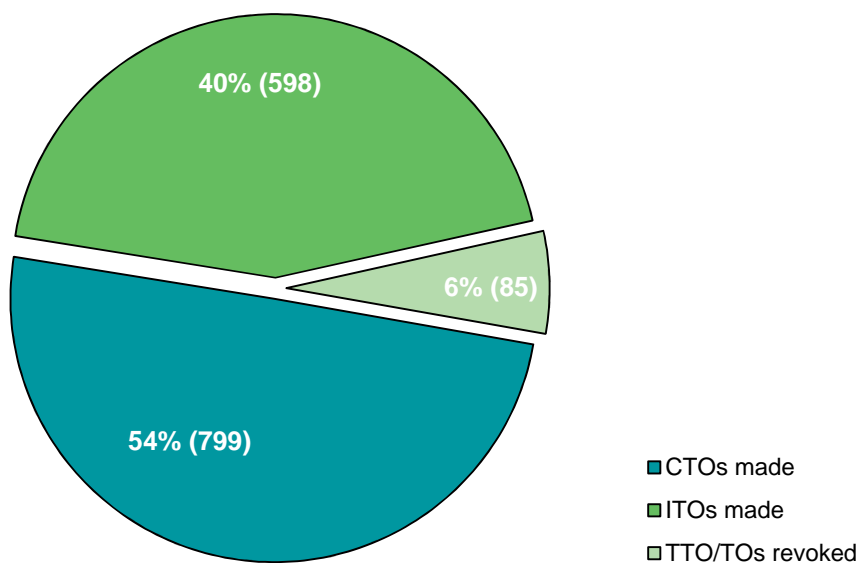


3. Tribunal Orders

3.1 Treatment Order determinations made by the Tribunal

When the Tribunal makes an Order, the Tribunal must determine the category of the Order, being a Community Treatment Order or an Inpatient Treatment Order, based on the circumstances at the time of the hearing. The patient's treating team is required to regularly review the category of the Order and whether the criteria for compulsory treatment apply to the patient, and may vary an Inpatient Treatment Order to a Community Treatment Order if satisfied that treatment can occur in the community (or revoke the Order if the treatment criteria no longer apply). Conversely, if a person on a Community Treatment Order can no longer be treated in the community their Order can be varied to an Inpatient Treatment Order.

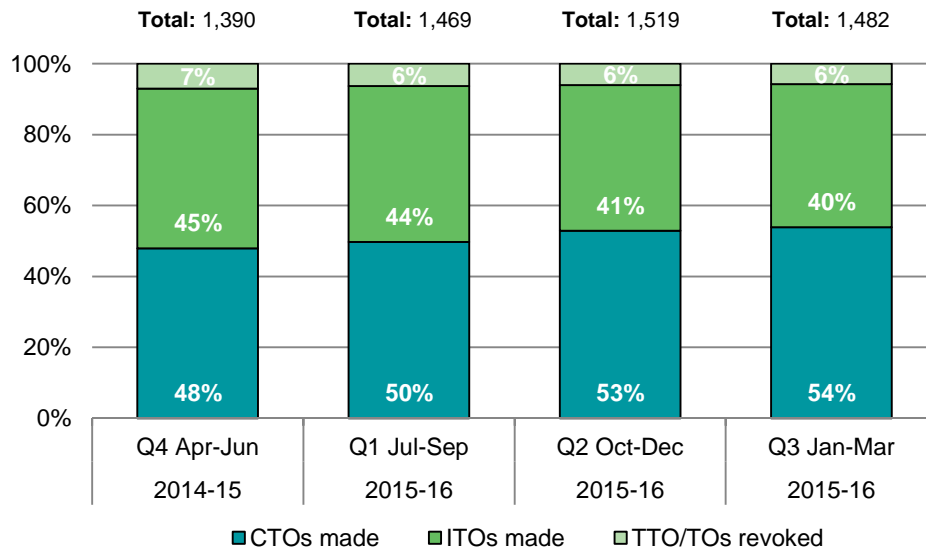
Between 1 January and 31 March 2016, the Tribunal made 799 Community Treatment Orders, 598 Inpatient Treatment Orders and revoked 85 Temporary Treatment Orders / Treatment Orders.



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Comparison of Tribunal determinations between quarters



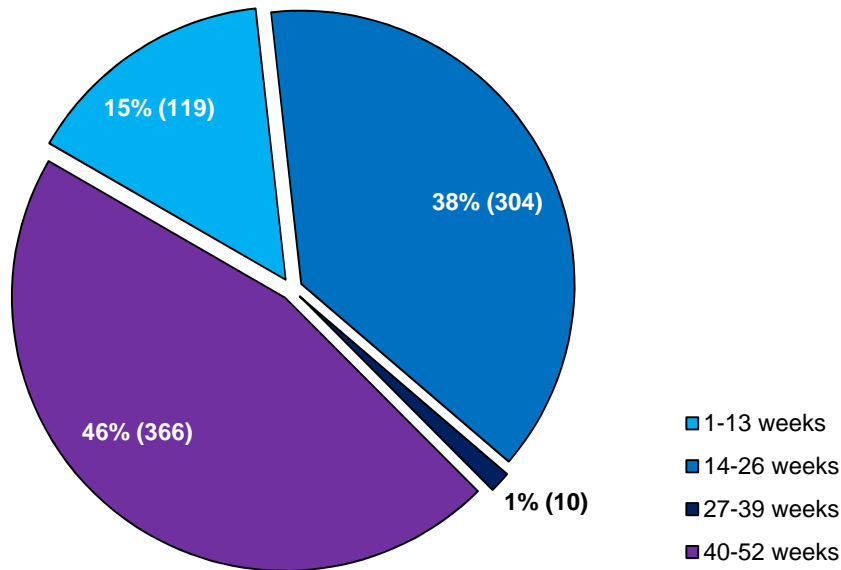
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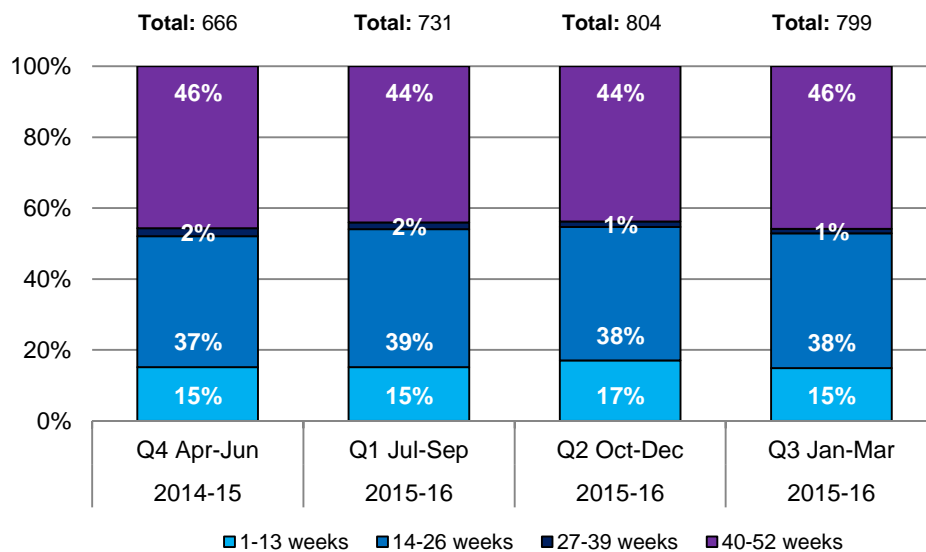
3.2 Duration of Orders made

When the Tribunal makes an Order, the Tribunal must set the duration of the Order.

Community Treatment Orders



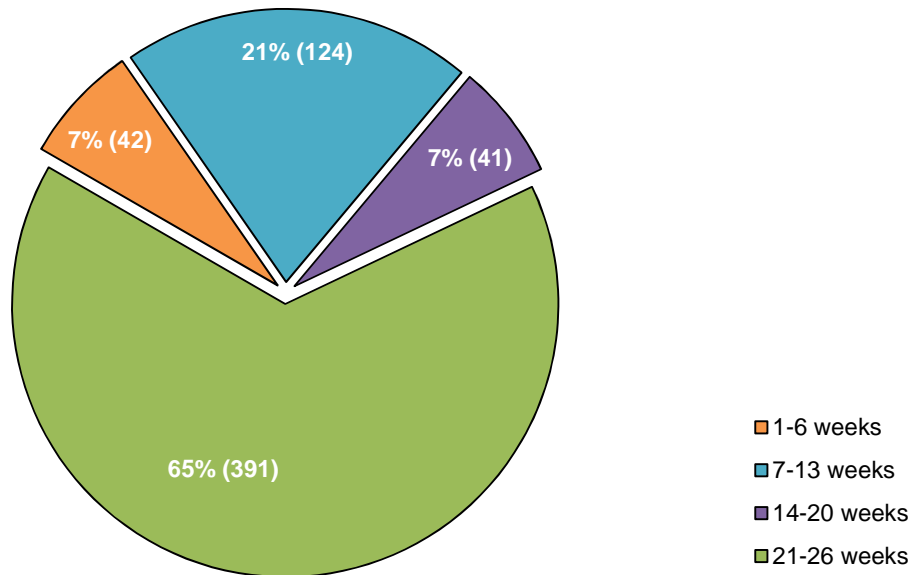
Comparison of Community Treatment Order duration between quarters



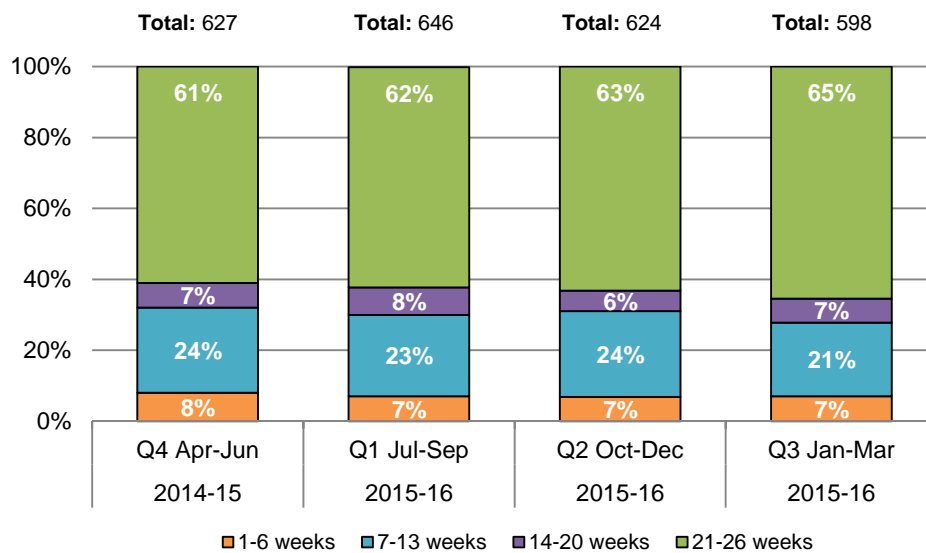
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Inpatient Treatment Orders



Comparison of Inpatient Treatment Order duration between quarters



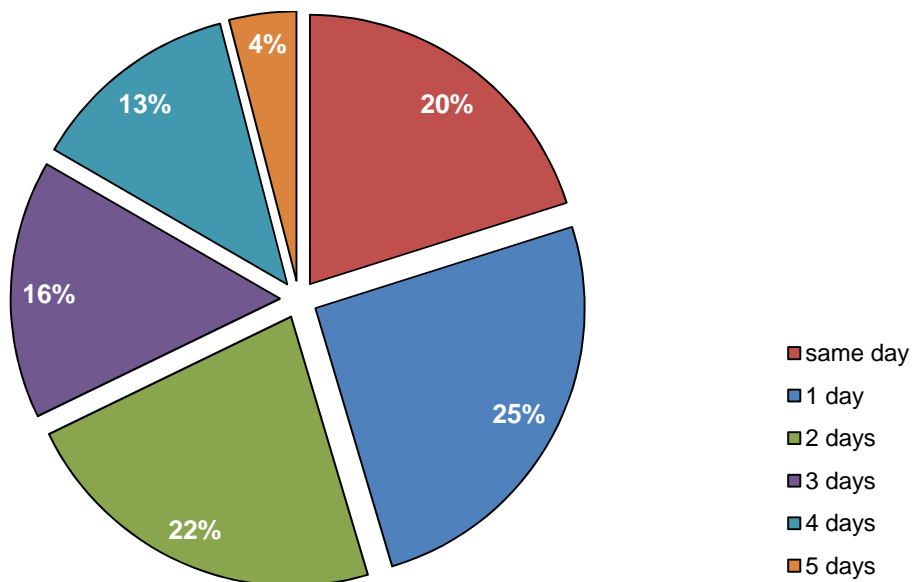
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4. ECT Orders

4.1 Elapsed time from receipt of ECT application to hearing

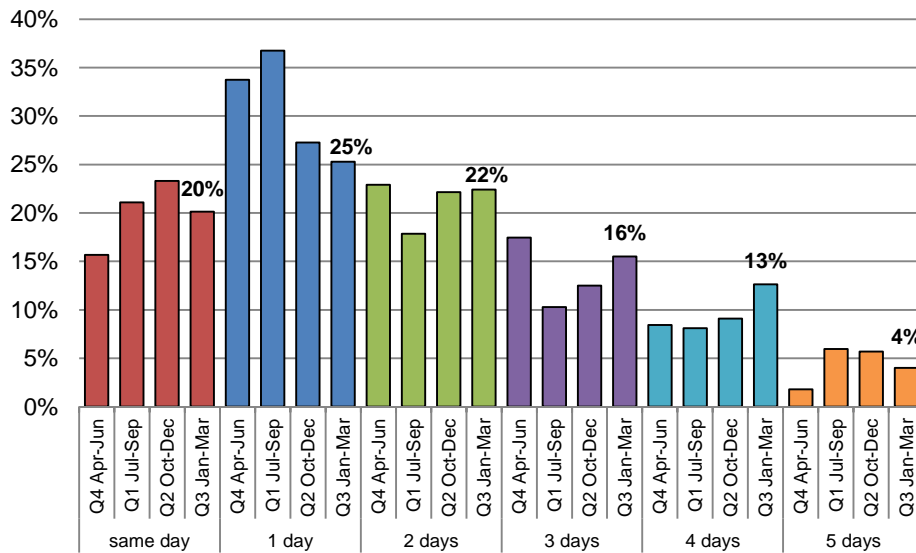
The Tribunal must list and complete the hearing of an application for ECT as soon as practicable and within five business days after receiving the application. The proportion of ECT applications listed for hearing within one day of the application being received decreased in the January to March quarter to 25% of all ECT applications. The Tribunal Registry aims to list and hear matters within the timeframe requested by the service, and also liaises with services when listing hearings to ensure patients receive procedural fairness (for example, that carers have been notified and that patients have been offered legal assistance).



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Comparison of elapsed time from receipt of ECT application to hearing between quarters



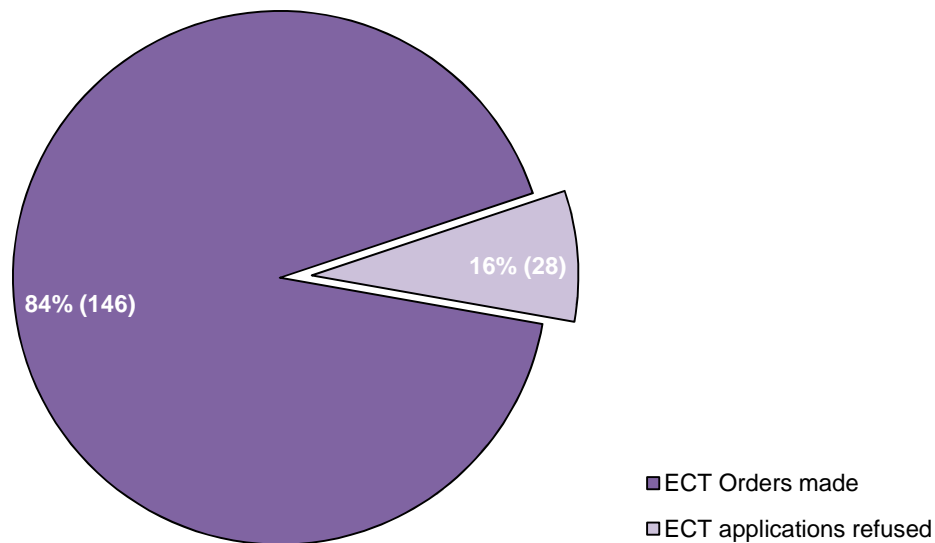
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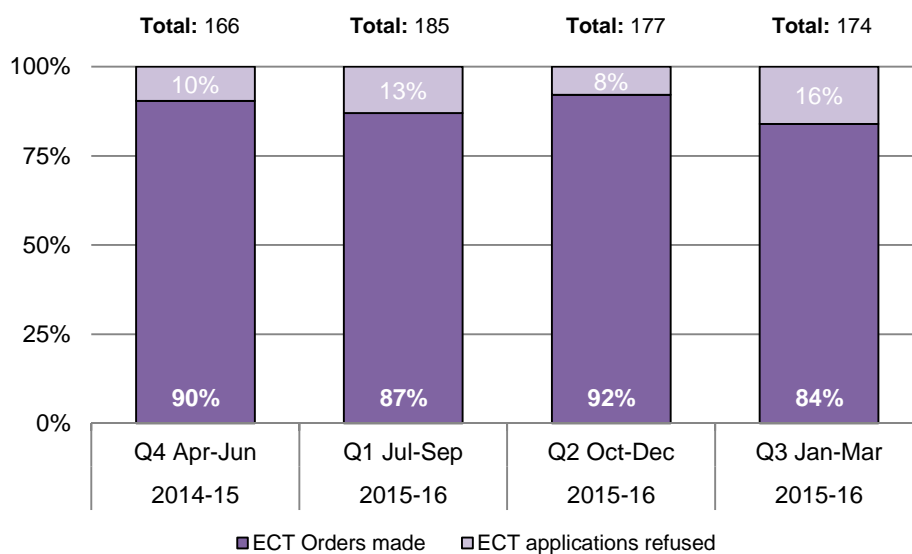
4.2 ECT Orders made and applications refused by the Tribunal

Between 1 January and 31 March 2016, the Tribunal heard 174 applications for ECT. Of those, 146 (84%) ECT Orders were made and 28 (16%) ECT applications were refused.

In this quarter, one ECT matter was determined on a weekend. No ECT matters were determined on a public holiday.



Comparison of Tribunal ECT determinations between quarters



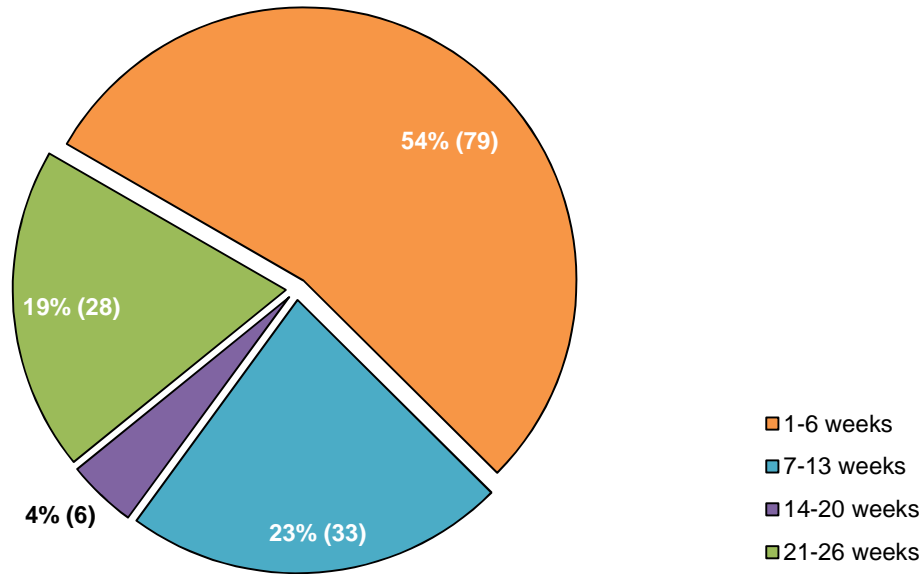
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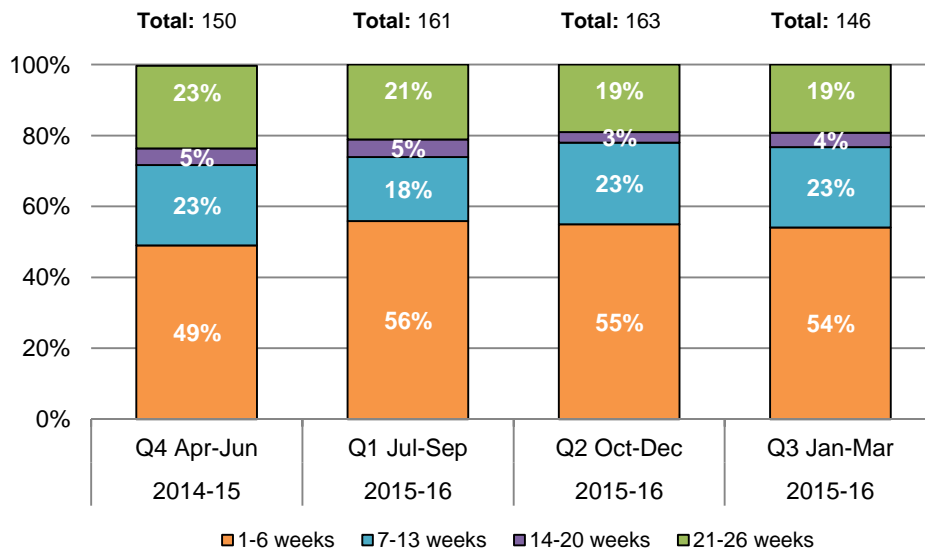
When making an Order, the Tribunal must set the duration of the ECT Order and the number of ECT treatments.

4.3 Duration of ECT Orders

For the third consecutive quarter, the number of ECT Orders of shorter (1-6 weeks) duration remained over 50%.



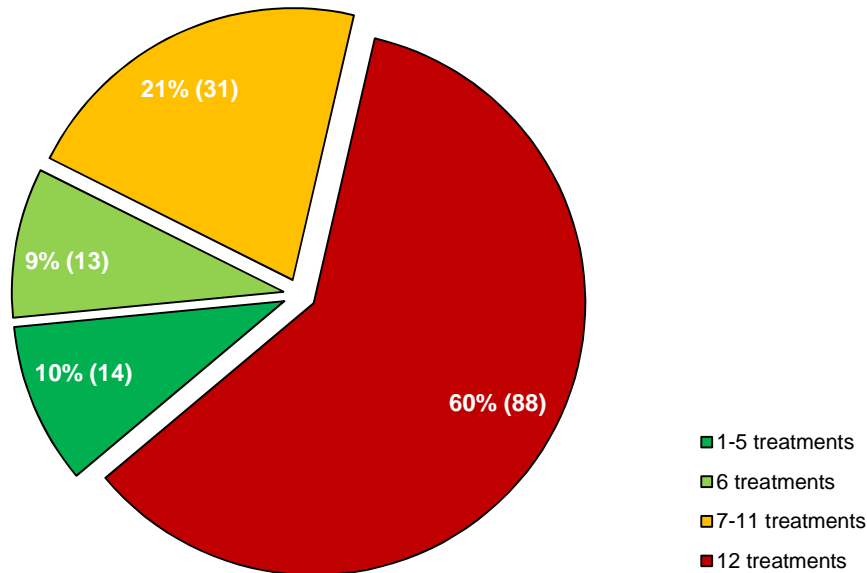
Comparison of ECT Order duration between quarters



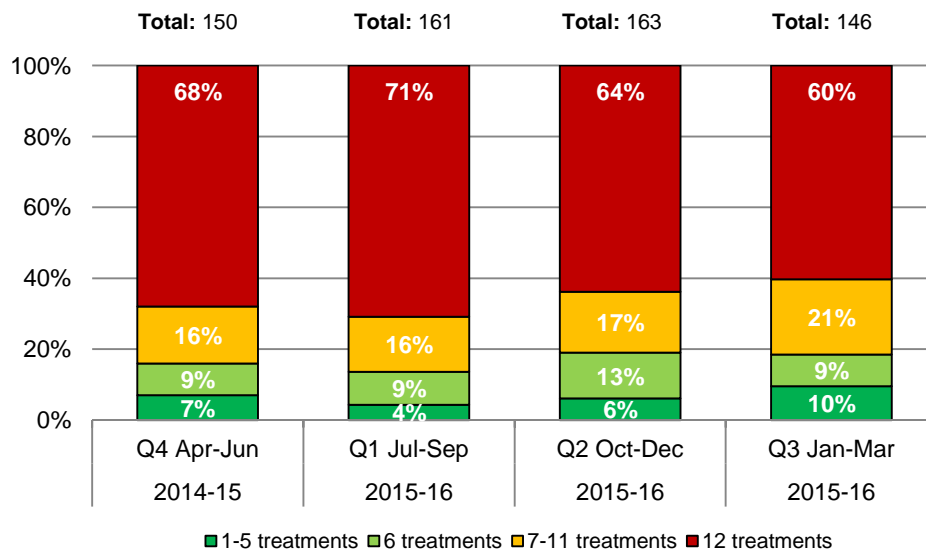
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4.4 Number of treatments authorised through ECT Orders



Comparison of treatments authorised through ECT Orders between quarters



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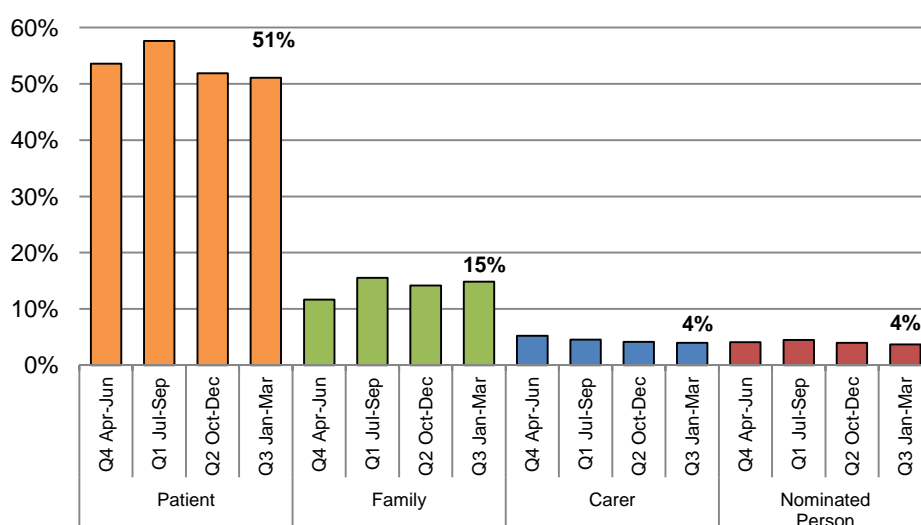


5. Attendance at hearings and feedback received by the Tribunal

The Tribunal Advisory Group recommended that these reports detail attendance at hearings by patients, family members, carers and nominated persons.

5.1 Attendance

Comparison of attendance by parties at hearings between quarters



The low percentage of carers and nominated person attendance at hearings may be attributed to only a small number of patients having carers or nominated persons formally identified as compulsory notification persons.

5.2 Feedback

Complaints about a person's treatment

The Tribunal will often receive complaints or feedback about the public mental health system and concerns about a particular individual's treatment. The Tribunal does not make decisions regarding the specific medication or treatment required. The Tribunal makes a decision regarding whether a person should be subject to compulsory treatment. If an Order is made, the treating service will determine appropriate levels and types of medication. The Tribunal has no jurisdiction to intervene in this space.

In responding to this type of feedback, the Tribunal will attempt to explain, as clearly as possible, the role of the Tribunal and its jurisdictional limits. The Tribunal will also include referral points of a range of support networks available for consumers, families and carers.

Performance against Key Performance Indicators

1 January to 31 March 2016



Scheduling of hearings

The Tribunal received a complaint about the manner a particular day's hearings were sought to be re-shuffled on the day. The Tribunal determined that the concerns were likely due to a misunderstanding and that discussions regarding the day's scheduled matters were appropriate.

The Tribunal also received feedback from a service about the schedule of a particular day's hearings that were conducted by video-conference, where a patient was waiting for their hearing to be conducted. Upon review of this matter, the Tribunal confirmed the importance of staff at services keeping the Tribunal informed of changed arrangements to avoid issues such as this in the future.

Outcomes of Tribunal hearings

A question was raised by one complainant as to whether Tribunal members receive feedback on the outcome of their decisions. In 2014-15, the Tribunal conducted 6,619 hearings. After a hearing is finalised, the Tribunal does not continue to monitor the person who was the subject of the hearing. However, there has been some research conducted examining outcomes for patients depending on their mode of discharge from compulsory treatment – by the Tribunal (or former Mental Health Review Board), the person's treating team, or by the person disengaging from treatment. The preliminary findings in relation to this research were presented to Tribunal members in a training session, and the Tribunal is keen to engage with any further research into this area.

Conduct of hearings

Three complaints were received regarding the conduct of Tribunal hearings. All complaints were investigated consistent with the Tribunal's feedback and complaint guide, which is available on the Tribunal's website. One complaint has been responded to, and the responses to the other two matters are in progress.