Mental Health Tribunal

Performance against Key Performance Indicators

1 January to 31 March 2015

1. Caseflow

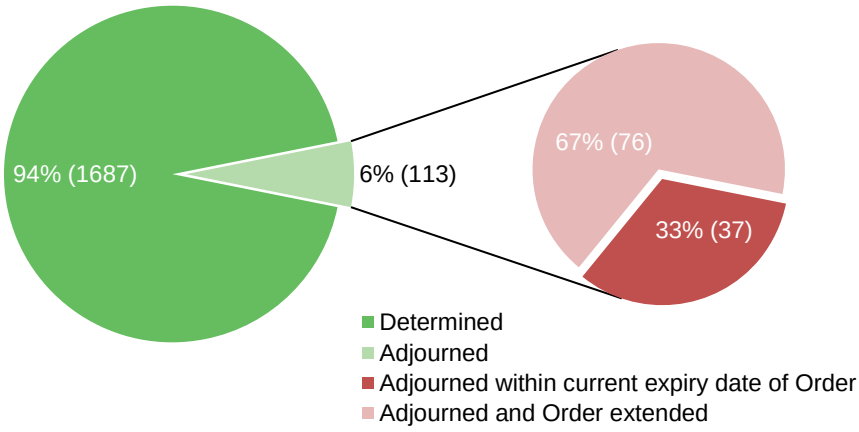
1.1 Matters determined as a percentage of all matters heard

Consistent with the last two quarters, the vast majority of matters (94%) were determined (finalised) at the first hearing. 6% of matters (113) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload. In this quarter there were five matters that were unable to be determined before the expiry of the patient's Order. All these matters were reviewed to confirm the cause for the delay. The Tribunal's annual report will provide an explanation for these matters and outline any remedial work undertaken by the Tribunal to prevent recurrence.

2. Adjournments

2.1 Proportion of matters Adjourned

The number of adjournments as a proportion of matters determined remains consistent with the last two quarters. The primary reasons for the Tribunal granting an adjournment related to procedural fairness, including allowing time to enable participation or fuller participation by compulsory patients. Two out of three adjournments extended the Order. Of these, 21 adjournments (31%) were made because the designated mental health service was not prepared for the hearing.



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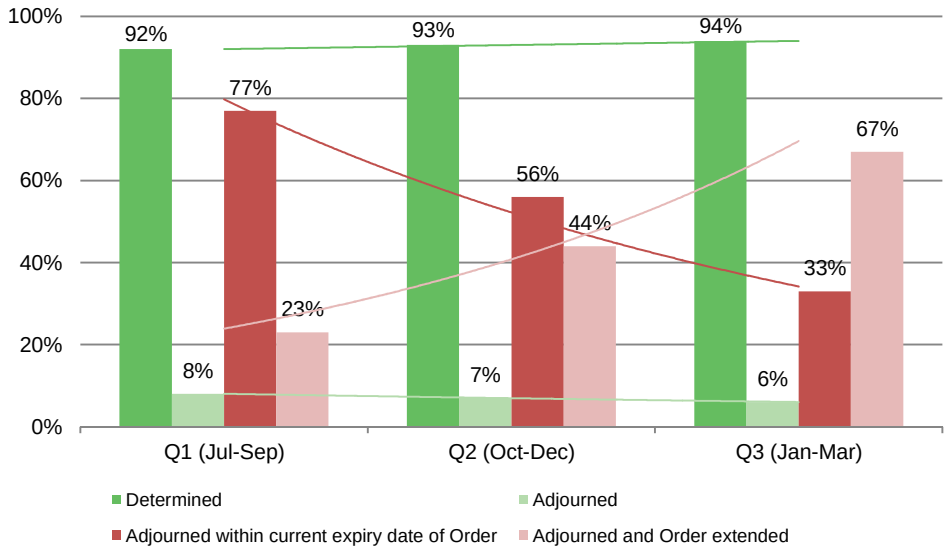
Comparison of performance between quarters, including trend



Although the number of adjournments as a proportion of the matters determined remained consistent with the last two quarters, there was again an increase in the number of adjournments which extended the Order. As noted in our second quarter report, the primary reason for this shift is that in the first quarter, when implementing the transitional arrangements in the Act, many hearings were being listed well before the expiry of the Order. As such, any adjournments for these matters did not require an extension of the Order. As the proportion of matters affected by the transitional provisions reduces over time, more hearings are being listed closer to the expiry date of the current Order (primarily to maximise the notice period of hearings). As such, any adjournments frequently require an Order extension.

3. Tribunal Orders

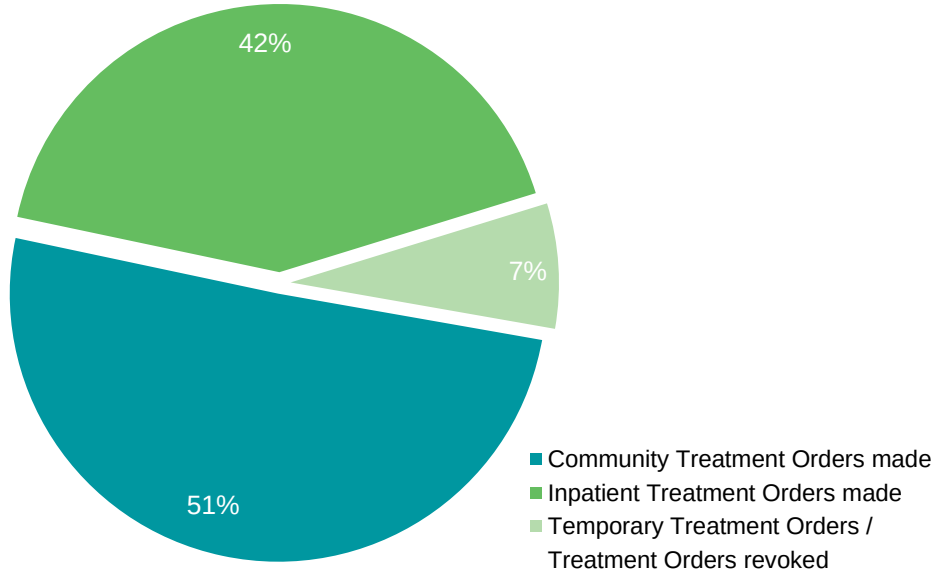
3.1 Treatment Order determinations made by the Tribunal

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 in existence 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.

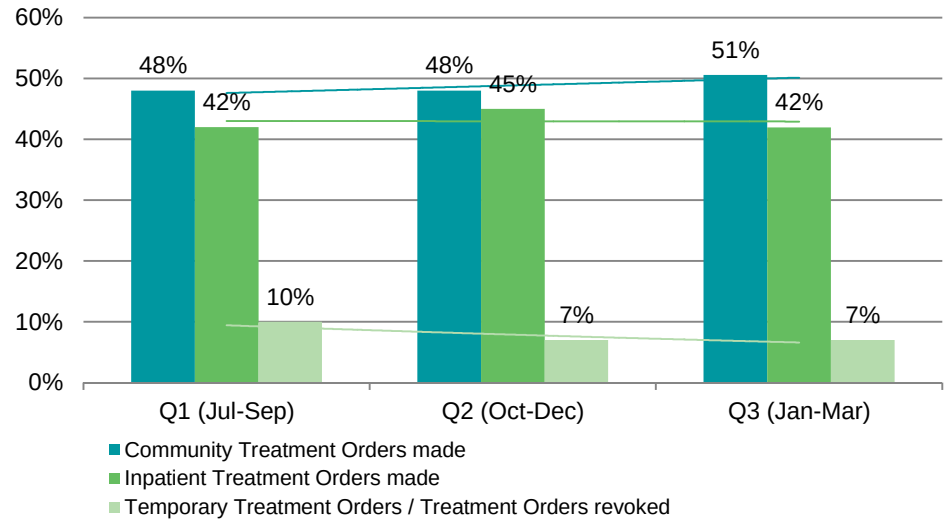
Performance against Key Performance Indicators
1 January to 31 March 2015

Between 1 January and 31 March 2015, the Tribunal made 744 Community Treatment Orders, 617 Inpatient Treatment Orders and revoked 111 Temporary Treatment Orders / Treatment Orders.

For the 2014-15 year to date, the Tribunal has made 1918 Community Treatment Orders, 1702 Inpatient Treatment Orders and revoked 320 Temporary Treatment Orders / Treatment Orders.



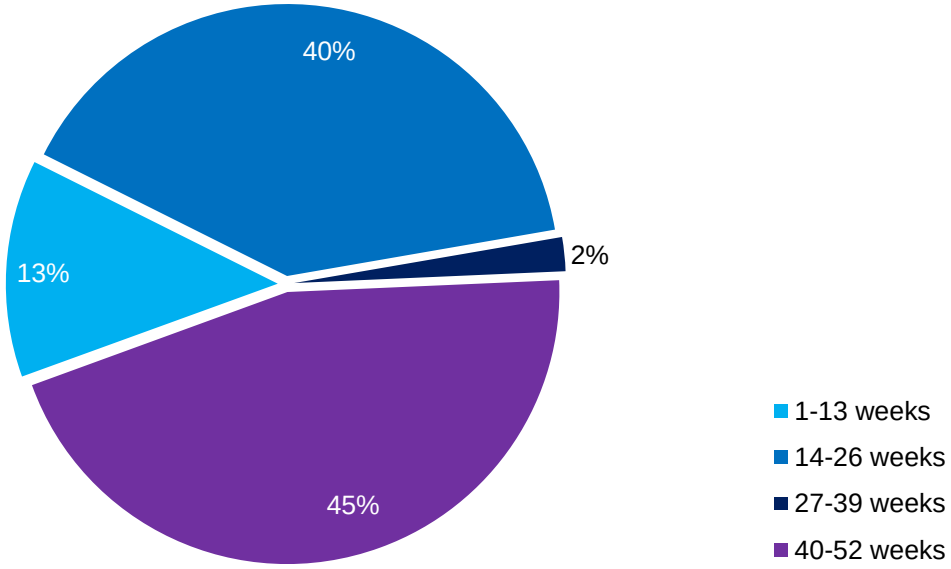
Comparison of determinations between quarters, including trend



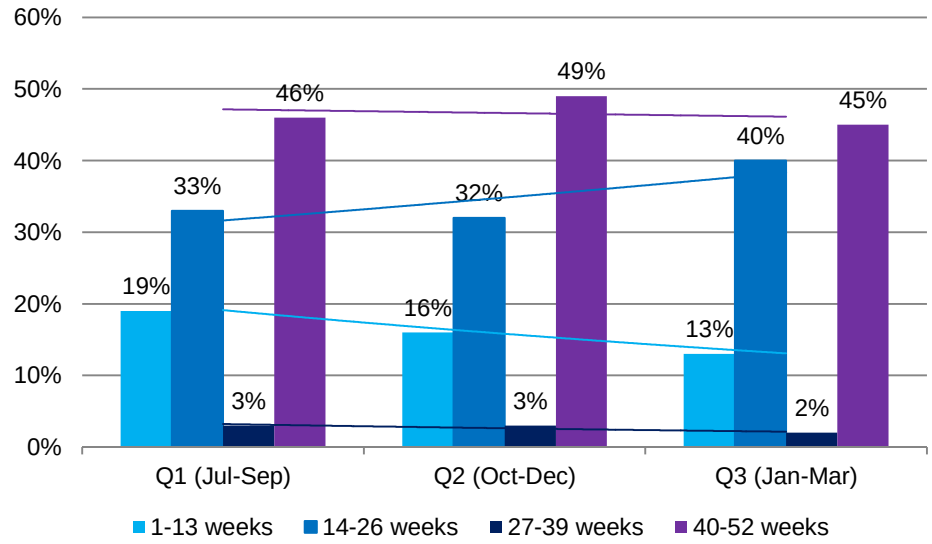
3.2 Duration of Orders made

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

Community Treatment Orders

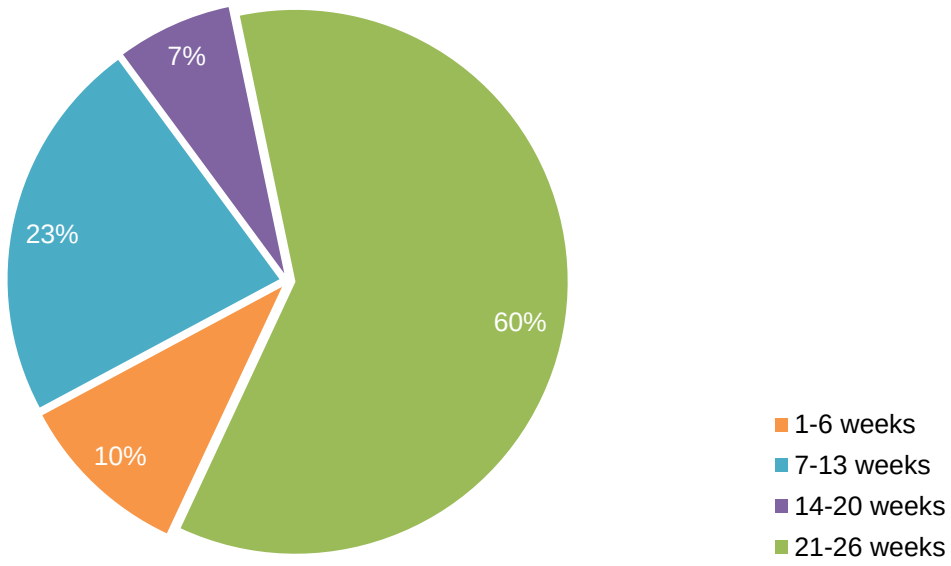


Community Treatment Orders: Comparison of durations between quarters, including trend

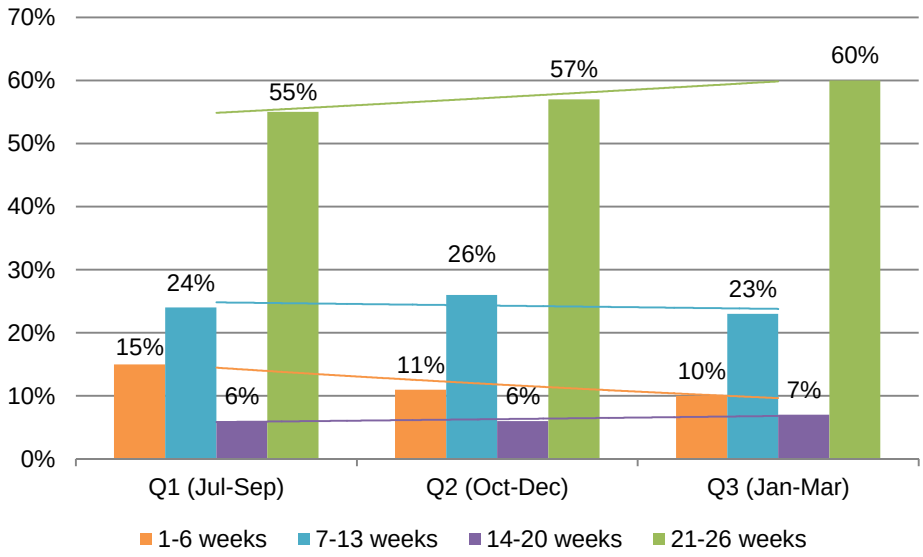


Performance against Key Performance Indicators
1 January to 31 March 2015

Inpatient Treatment Orders

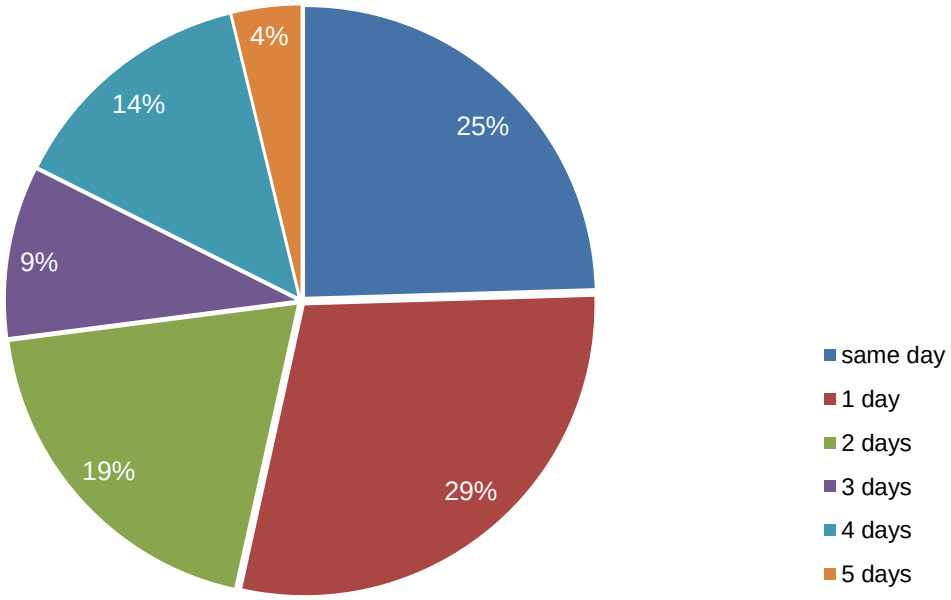


Inpatient Treatment Orders: Comparison of durations between quarters, including trend

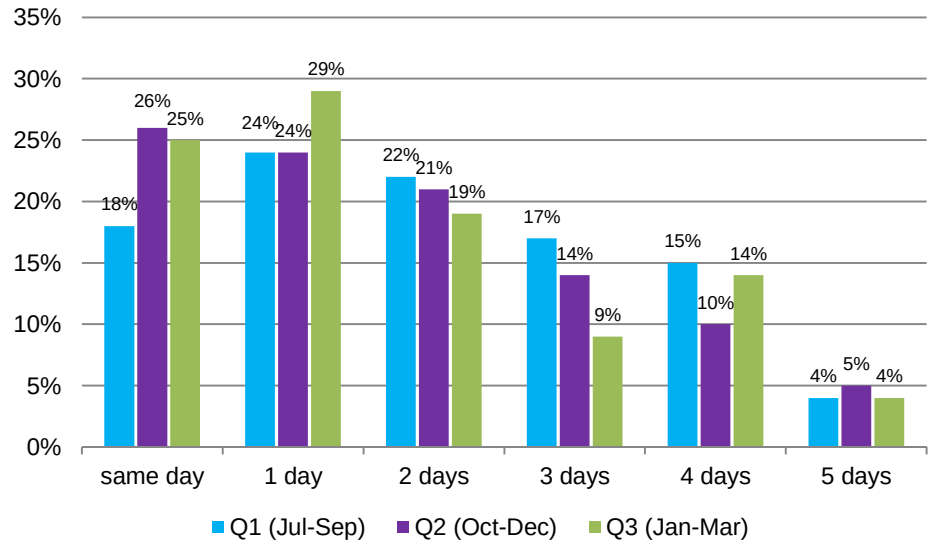


4. ECT Orders

4.1 Elapsed time from receipt of ECT application to hearing



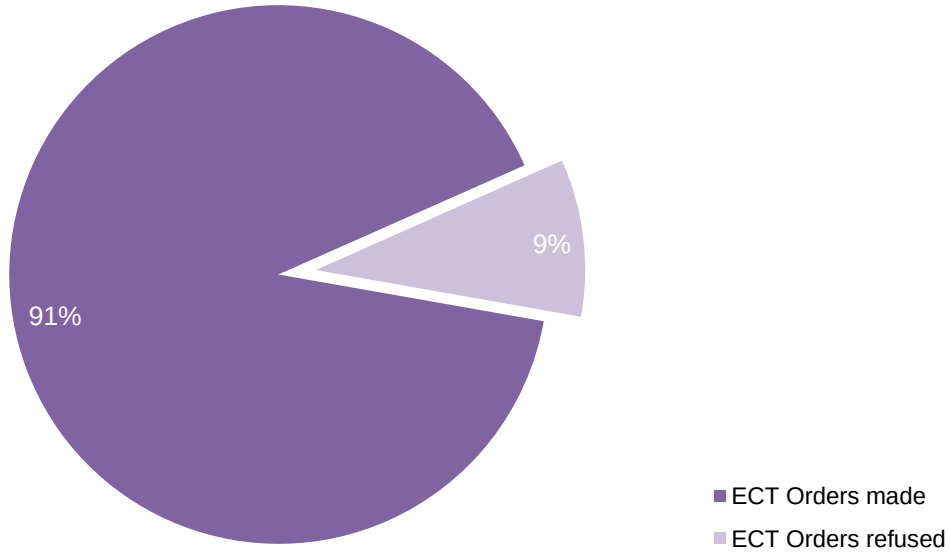
Comparison of performance between quarters



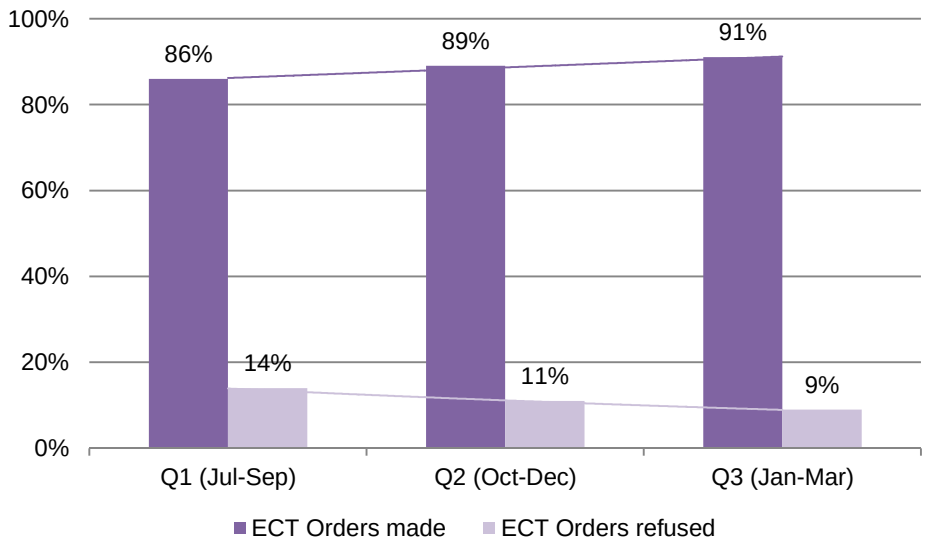
4.2 ECT Orders made and refused by the Tribunal

Between 1 January and 31 March, the Tribunal heard 159 ECT applications. Of those, 144 ECT Orders were made and 15 ECT applications were refused.

For the 2014-15 year to date, the Tribunal has made 390 ECT Orders and refused 51 ECT applications. Five ECT matters were determined on weekends or public holidays.

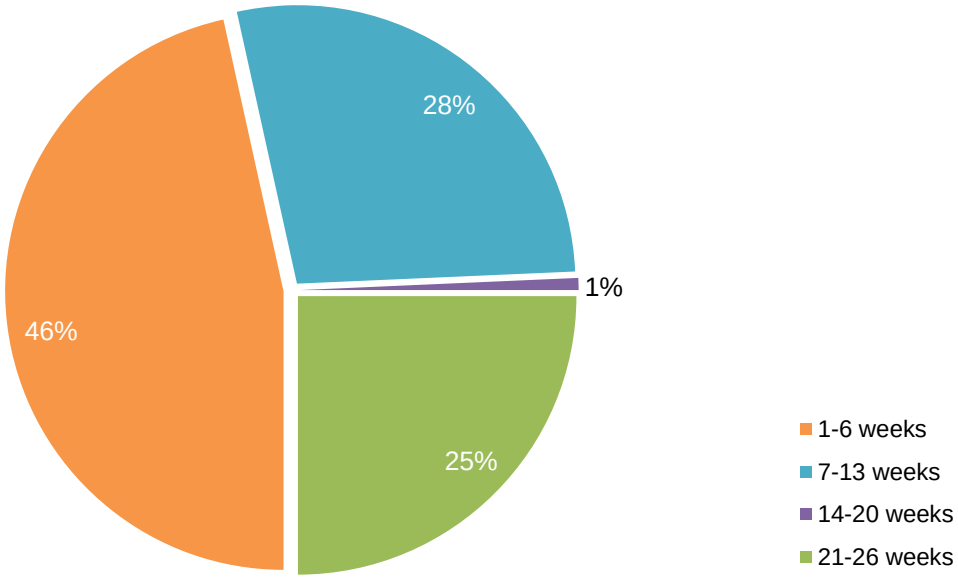


Comparison of determinations between quarters, including trend

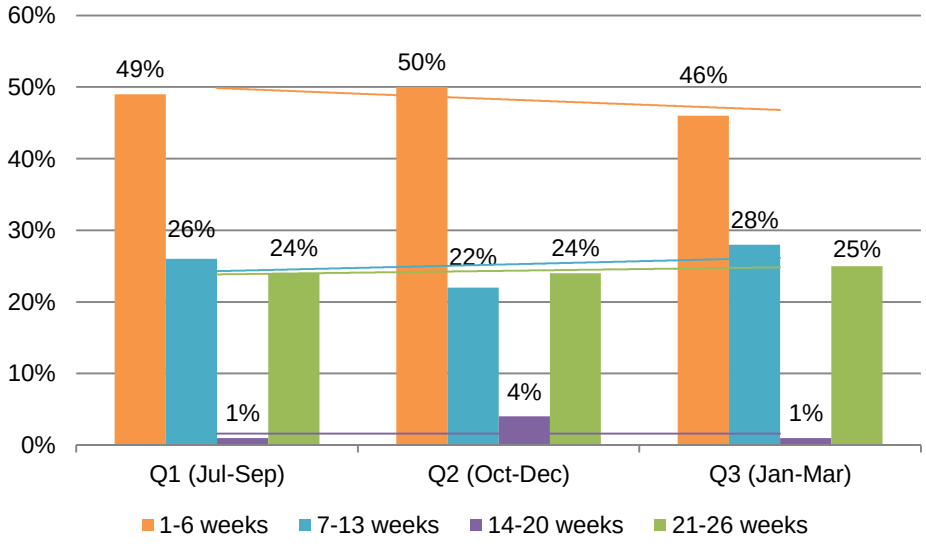


When making an Order, the Tribunal must set the duration of the ECT Order, and the number of ECT treatments.

4.3 Duration of ECT Orders

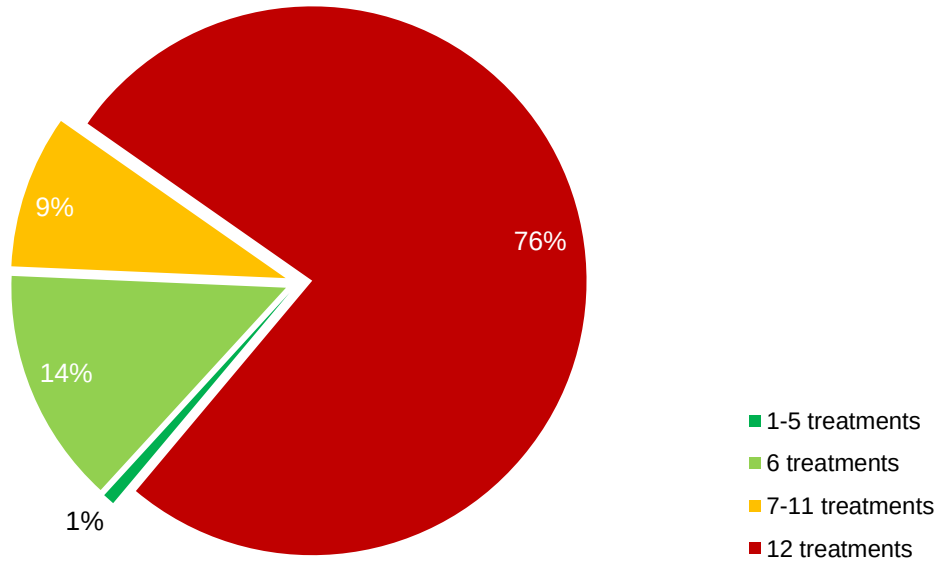


Comparison of durations between quarters, including trend

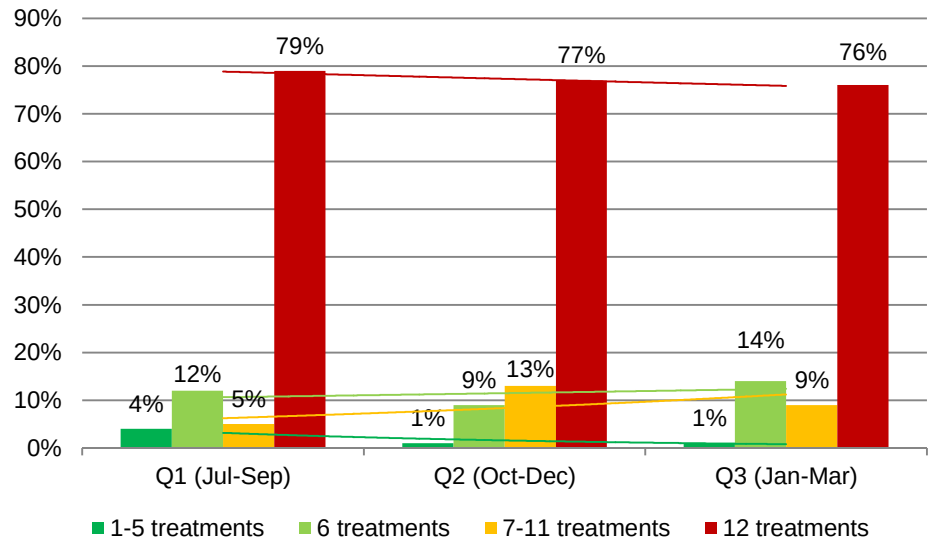


Performance against Key Performance Indicators
1 January to 31 March 2015

4.4 Number of ECT treatments



Comparison of authorised treatments between quarters, including trend



5. Feedback

During the third quarter the Tribunal received six complaints.

Scheduling of hearings

Three complaints related to the scheduling of Tribunal hearings.

One was in relation to an emergency ECT application not being heard. The Tribunal is committed to making all reasonable efforts to enable emergency applications to be heard on Sundays and public holidays. The Tribunal is contactable between 9.00am and 5.00pm on working days. An emergency after-hours application is one that cannot wait for a hearing until the next business day. The Tribunal had previously distributed procedures to each Designated Mental Health Service outlining the process for initiating an emergency application. On investigation it appeared the service had used the Tribunal's usual contact details rather than after hours contacts to initiate an emergency hearing. In response to this complaint, the Tribunal re-confirmed the procedures services must follow to initiate an emergency ECT application.

The second complaint referred to changes in the Tribunal hearing schedule. The Tribunal's state-wide hearing schedule was developed to accommodate, as far as possible, preferences and availability of medical staff regarding hearing days across the 52 venues where the Tribunal conducts hearings. Occasionally the Tribunal may need to convene additional hearings if a service requires more hearings than can be managed by the hearing schedule. The process was explained to the service and the caseload requirements at this service will be looked at particularly carefully when the next hearing schedule is set.

The third complaint was that the Tribunal changed a scheduled in-person hearing to one that would be conducted by video-conference. In managing its lists, the Tribunal may cancel an in-person hearing to best manage Tribunal resources. In this instance, there was only one matter on the list and instead of sending a division to hear one matter, the hearing was "added" to an existing video-hearing list. These changes were made in consultation with the service to confirm such a change was agreeable to everyone. Initially this was the case but preferences did change; however at that time it was too late to reschedule the hearing.

Conduct of hearings

Feedback and complaints were received in relation to various substantive aspects of Tribunal hearings:

- Concerns were raised in relation to the lack of availability of an interpreter for one hearing. The Tribunal clarified with all parties that whenever it is advised that an interpreter is required it endeavours to book an in-person interpreter, and if this is not possible, a telephone interpreter. Unfortunately, in some instances the interpreting service will need to cancel a booking due to the interpreter becoming unavailable, and there may be insufficient time to locate a replacement (as happened in this instance).

- In one matter the carers of a compulsory patient who attended and participated in a hearing complained that they felt they were unable to speak at the hearing. When advised of this

complaint the members of the division all emphasised that the input and involvement of the compulsory patient's carers had been invaluable and greatly appreciated. However, they also explained there were a number of participants in the hearing and it had been necessary to manage the process carefully to ensure everyone had an opportunity to contribute their perspective within the time available.

- Sometimes carers will contact the Tribunal about the outcome of a hearing, in this instance there was concern about the Tribunal making a Community Treatment Order. While carers who are on record are always notified of a Tribunal hearing, unless they are joined as a party they cannot request a statement of reasons. It isn't possible for the Tribunal to revisit the substantive issues explored in a particular hearing, but wherever there are questions about the Tribunal's role, or the scope and effect of its decisions, it clarifies these matters as comprehensively as possible. In response to this complaint, without referring to any specific aspects of the hearing it was explained that Tribunal decisions are made at a point in time and if a person placed on a community treatment order does relapse at a future point, their treating team can intervene as required by the circumstances