

Performance against Key Performance Indicators

1 July to 30 September 2015

1. Caseload

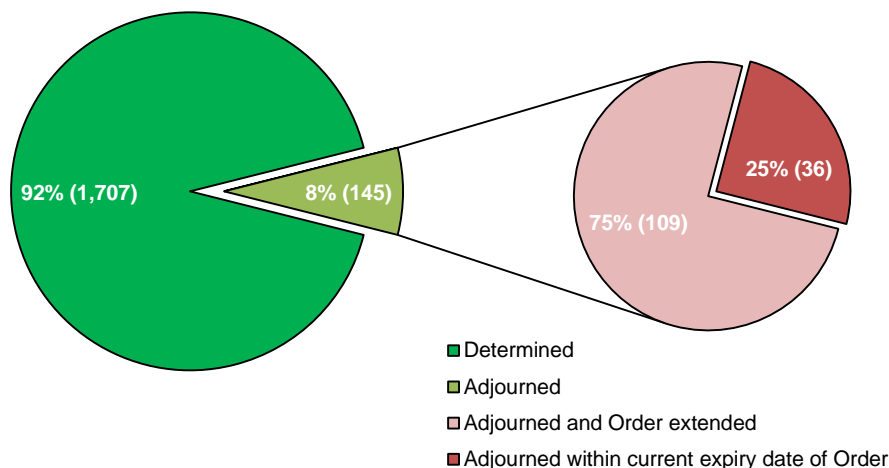
1.1 Matters determined as a percentage of all matters heard

The vast majority of matters (92%) were determined (finalised) at the first hearing. 8% of matters (145) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload. In this quarter there were two matters that were unable to be determined before the expiry of the patient's Order.

2. Adjournments

2.1 Proportion of matters Adjourned

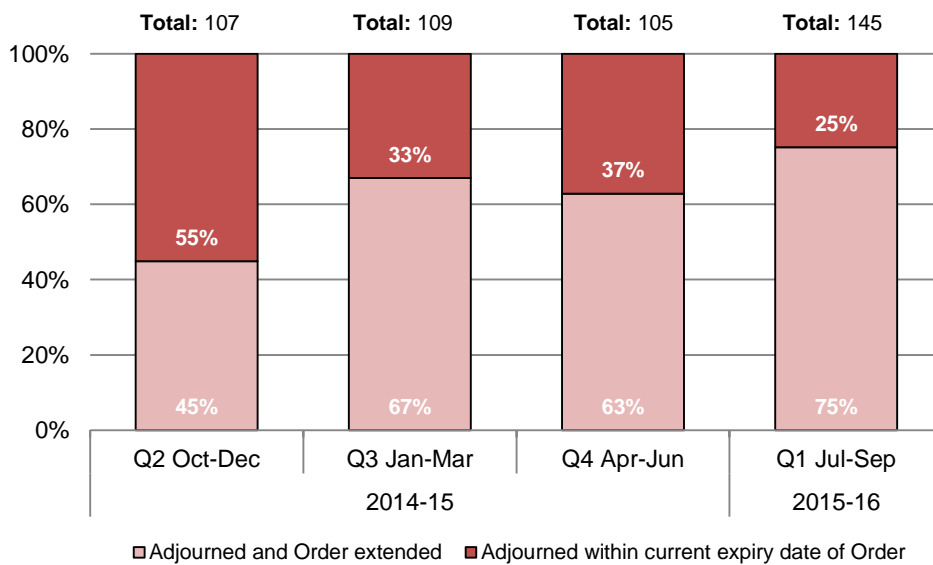
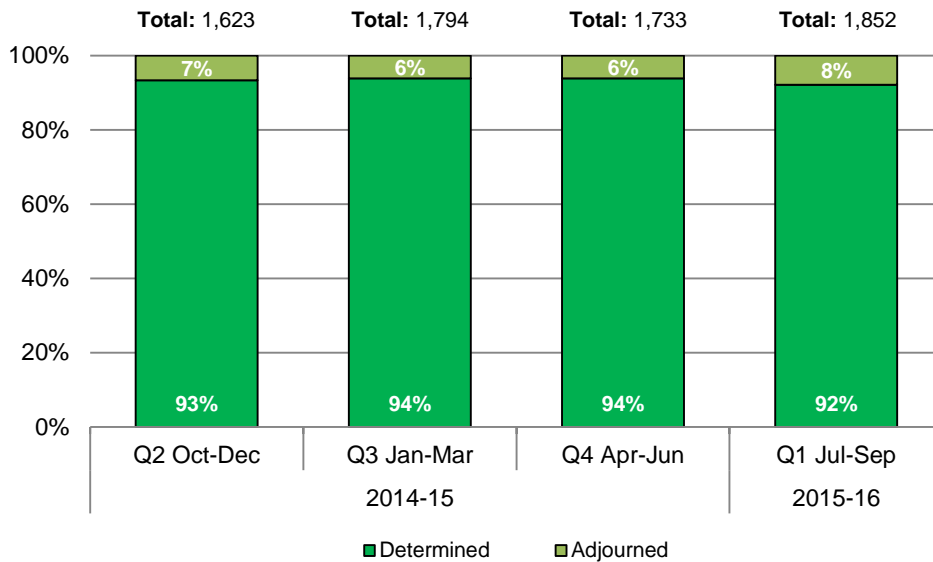
The number of adjournments as a proportion of matters determined remains consistent with the last three quarters. The primary reasons for the Tribunal granting an adjournment related to procedural fairness (59%), including allowing time to enable participation or fuller participation by compulsory patients. Three out of four adjournments extended the Order. Of these, 16 adjournments (15%) 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



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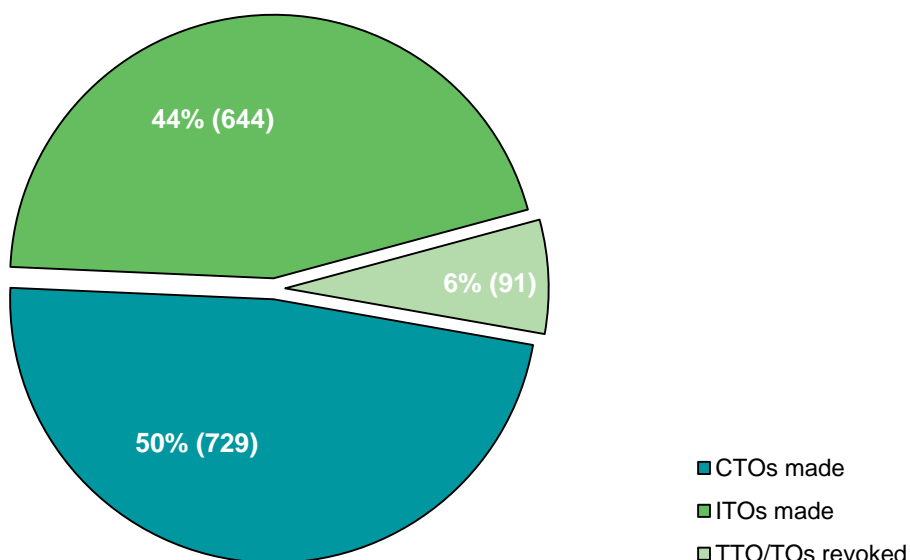


3. Tribunal Orders

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 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.

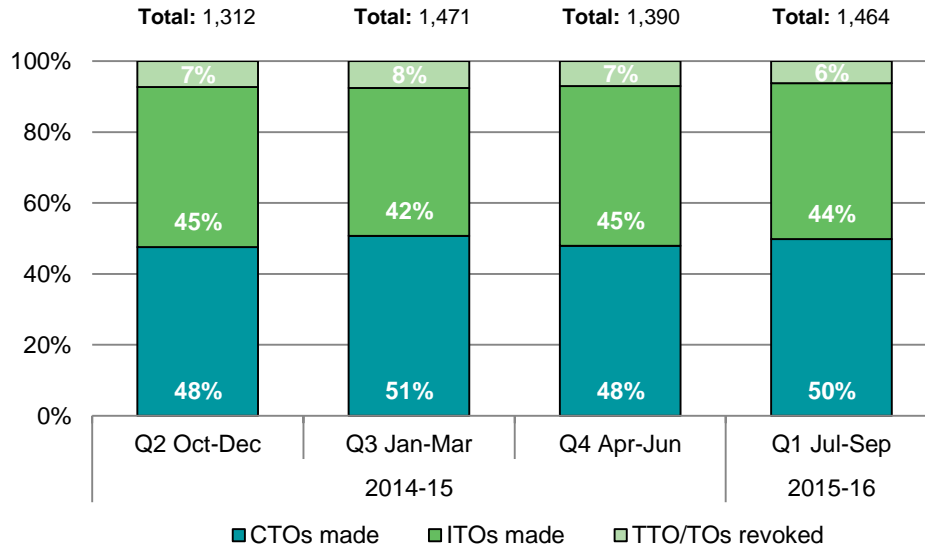
Between 1 July and 30 September 2015, the Tribunal made 729 Community Treatment Orders, 644 Inpatient Treatment Orders and revoked 91 Temporary Treatment Orders / Treatment Orders.



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Comparison of determinations between quarters



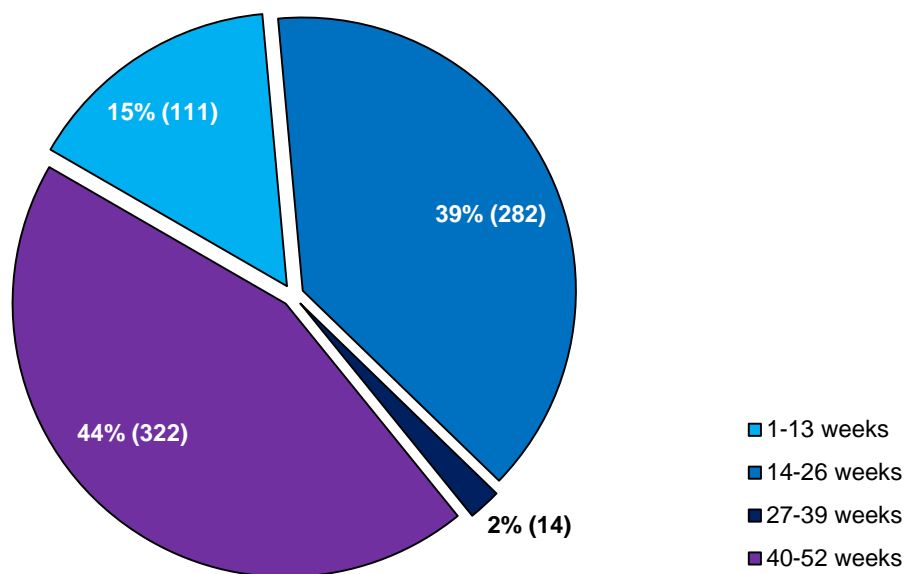
Performance against Key Performance Indicators 1 July to 30 September 2015



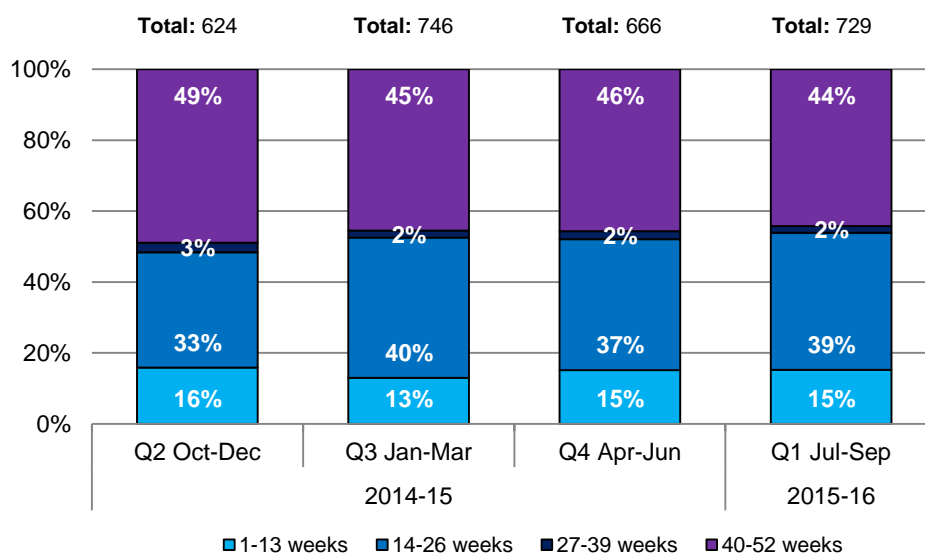
3.2 Duration of Orders made

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

Community Treatment Orders



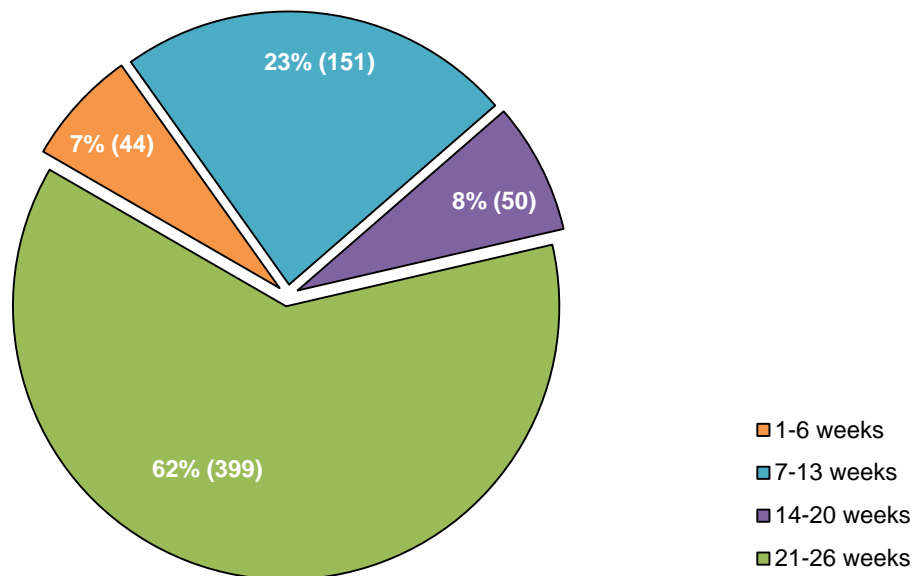
Community Treatment Orders: Comparison of durations between quarters



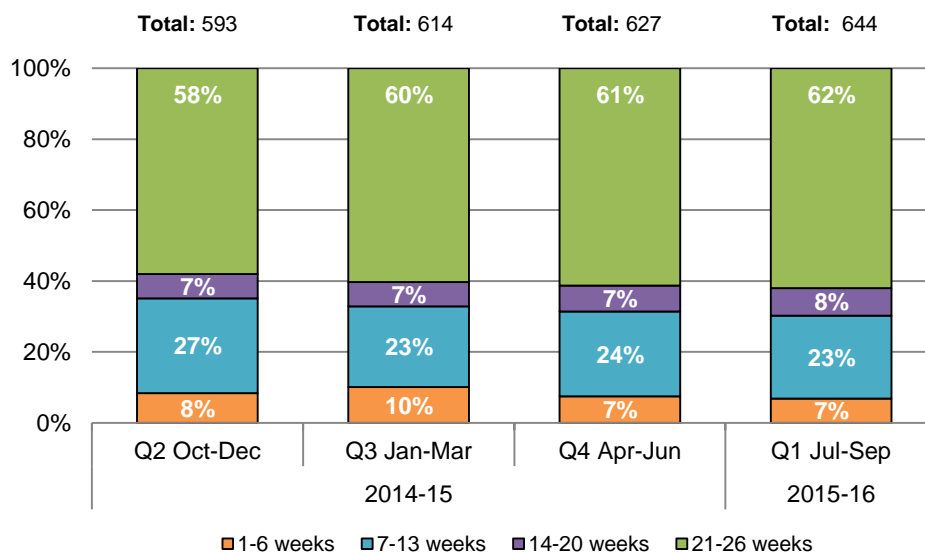
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Inpatient Treatment Orders



Inpatient Treatment Orders: Comparison of durations between quarters



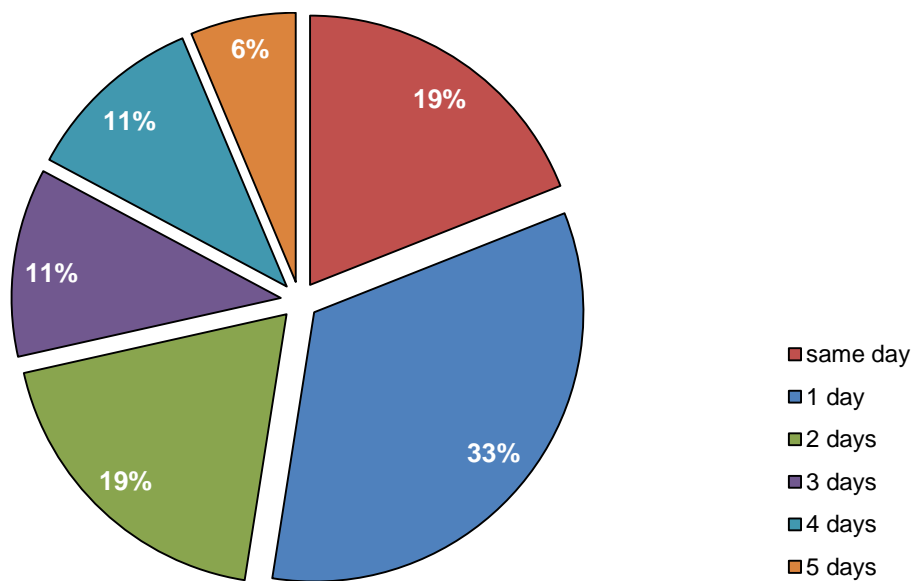
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4. ECT Orders

4.1 Elapsed time from receipt of ECT application to hearing

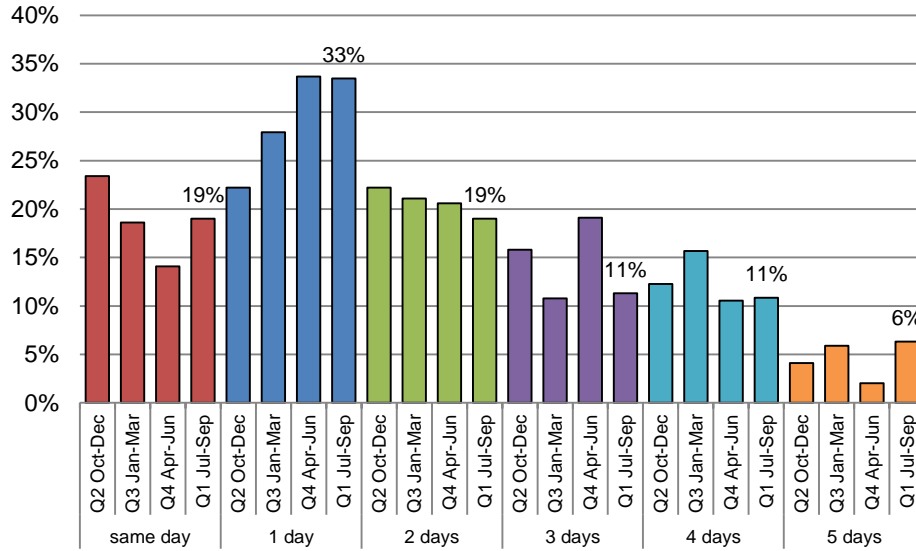
The number of ECT applications listed for hearing within one day of the application being received has steadily increased over the last 12 months. The main factor that has influenced this result is the readiness of mental health services to proceed to hearing. Services are increasingly more prepared for ECT hearings and typically able to confirm that all parties have been consulted; patients have been provided with the report; and the treating team will be ready to proceed within a very short timeframe.



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Comparison of performance between quarters



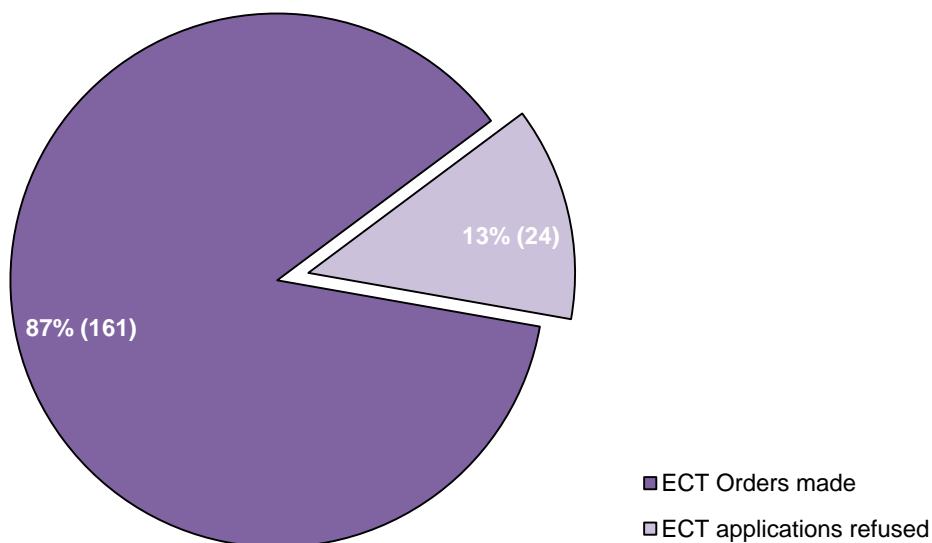
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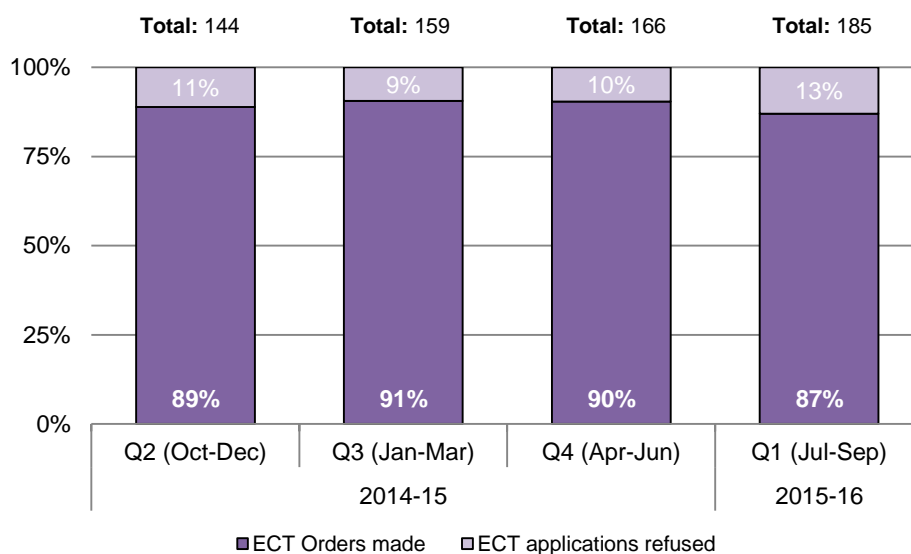
4.2 ECT Orders made and refused by the Tribunal

Between 1 July and 30 September 2015, the Tribunal heard 185 ECT applications. Of those, 161 ECT Orders were made and 24 ECT applications were refused

One ECT matter was determined on a weekend or public holiday, down from five ECT matters in the previous quarter.



Comparison of determinations between quarters



Performance against Key Performance Indicators

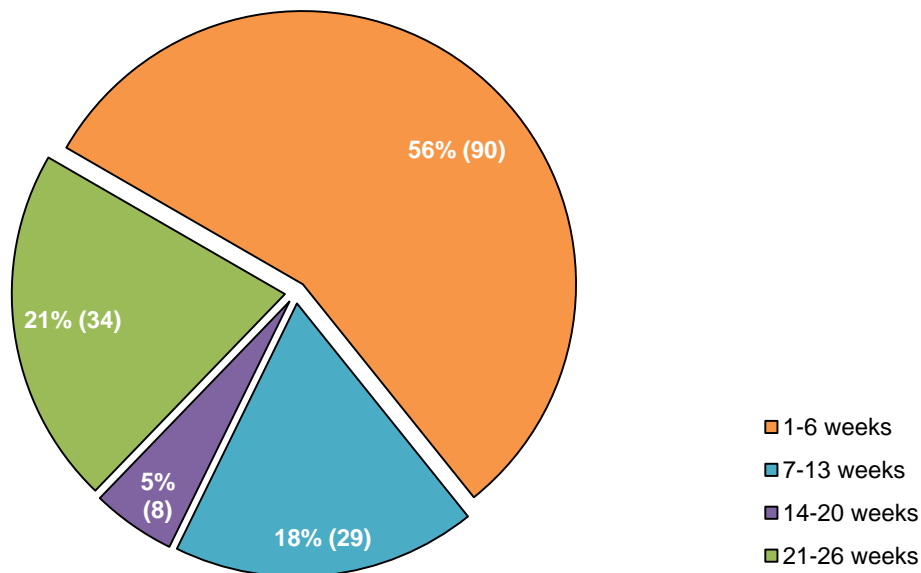
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When making an Order, the Tribunal must set the duration of the ECT Order, and the number of ECT treatments.

4.3 Duration of ECT Orders

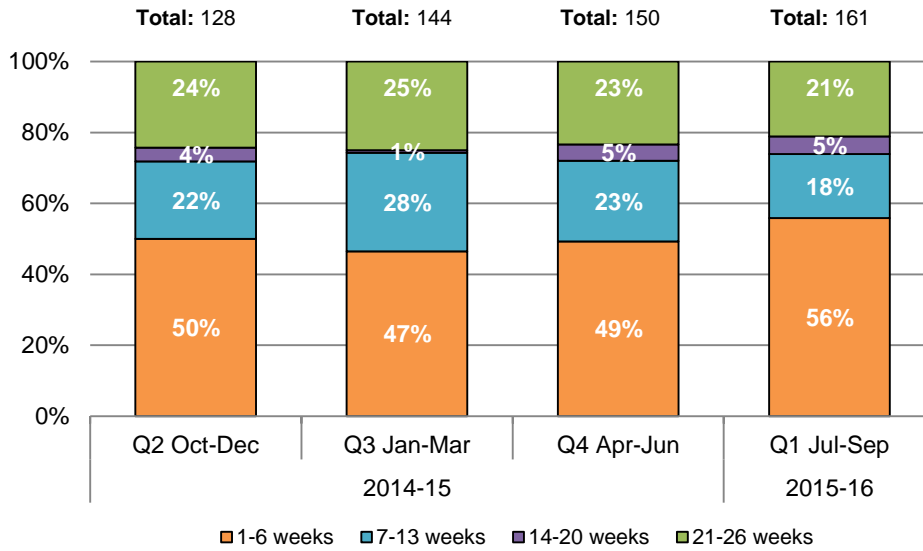
In this quarter, the number of ECT orders of shorter duration has risen from approximately 50% over the past 9 months, to 56%. Orders of longer duration (21-26 weeks) and orders of duration between 7-13 weeks have declined over the same period. The main reason for the change is that members are now making a more consistent effort to align the duration of an ECT order with the duration of a patient's Treatment Order or Temporary Treatment Order. This means that a greater proportion of ECT orders for patients on a Temporary Treatment Order are now for a shorter period of time.



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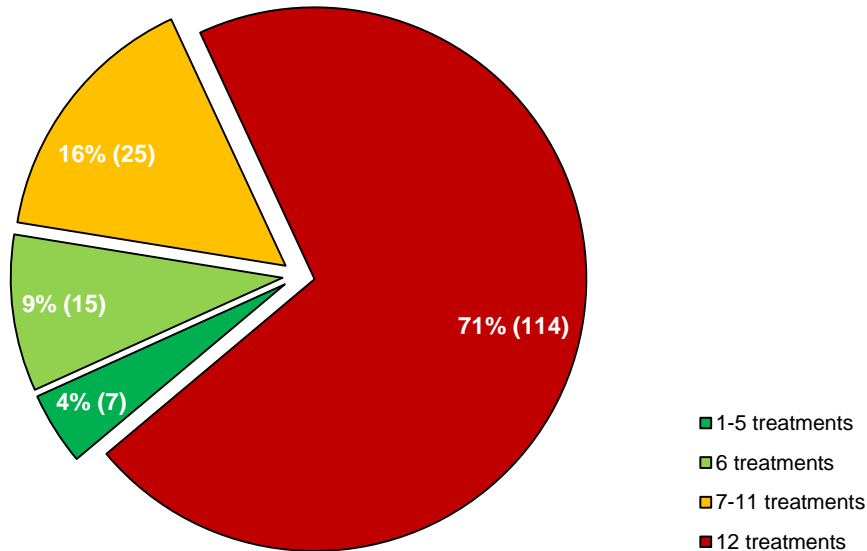
Comparison of durations between quarters, including trend



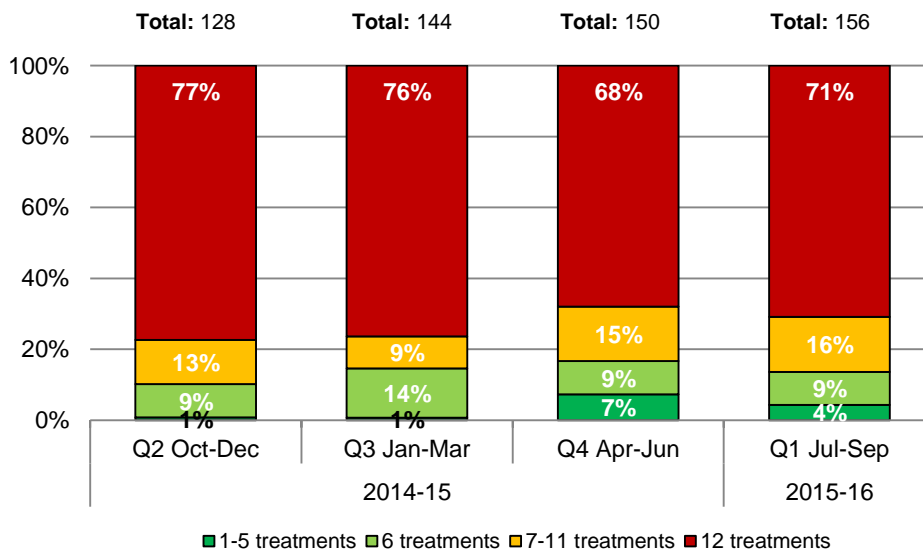
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4.4 Number of ECT treatments



Comparison of authorised treatments between quarters, including trend



Performance against Key Performance Indicators

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5. Feedback

During the quarter the Tribunal received six complaints.

Scheduling of hearings

- One complaint related to the scheduling of Tribunal hearings where hearings commenced late and ran over time. The Tribunal will generally allocate one hour for a hearing and a level of certainty in start times of hearings assists in enabling patient and doctor participation in hearings. Based on the feedback, the Tribunal made a number of changes to the hearing arrangements at the venue, including adjusting the starting time. There has been no further feedback from that venue regarding any issues with hearings running over time.

Decisions of the Tribunal

- Concerns were raised by a patient in relation to their hearing being adjourned to enable legal representation. The Tribunal confirmed that it does not arrange legal representation on behalf of patients. The Tribunal asked the service to assist the patient to arrange for legal representation. The patient and a legal representative attended the next hearing.
- Two complaints were made by family members in relation to Tribunal decisions – one to make a Community Treatment Order for a patient, and one to revoke the patient's Order. In response to these complaints, without referring to any specific aspects of the hearing it was explained that in making its decision, the Tribunal relies on a range of information. The Tribunal will hear from the patient and any other persons in attendance at the hearing, such as family members, carers, friends and support persons. The Tribunal will also rely on evidence from the treating doctor and members of the treating team. As the Tribunal is presented with a range of views about the decision it should make, it is acknowledged that whatever decision is made, some parties will perceive it as the wrong decision. The role of the Tribunal is to weigh up the information available and make what it thinks is the correct decision. Tribunal decisions are made at a specific point in time. The patient's treating team is required to regularly reconsider the need for an Order. If the treatment criteria are no longer applicable, the Order should be revoked. If a person becomes unwell at a future point, their treating team can intervene as required by the circumstances.

Conduct of hearings

- Two complaints were received regarding the conduct of Tribunal hearings. Consistent with the Tribunal's feedback and complaint guide, both complaints were investigated and responded to within two weeks.