

## Performance against Key Performance Indicators

1 October to 31 December 2015

### 1. Caseflow

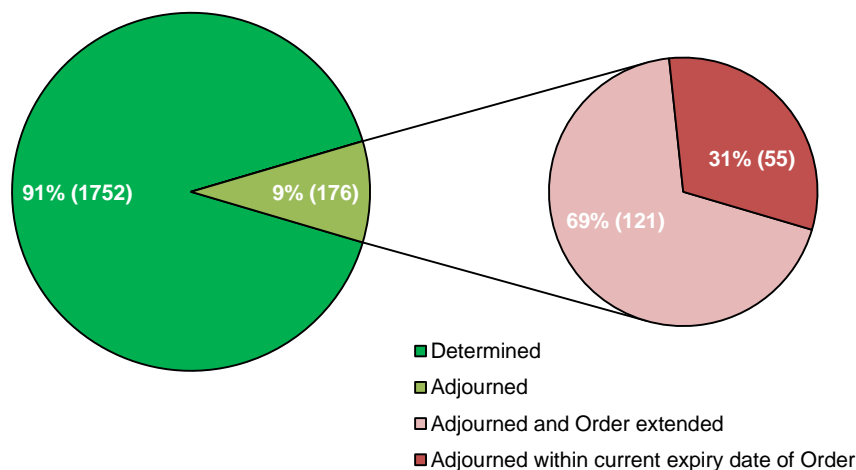
#### 1.1 Matters determined as a percentage of all matters heard

The vast majority of matters (1752, or 91%) were determined at the first hearing and 176 (9%) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload. In this quarter, there were three matters that were unable to be determined before the expiry of the patient's Order because of an error by the Tribunal.

### 2. Adjournments

#### 2.1 Proportion of matters Adjourned

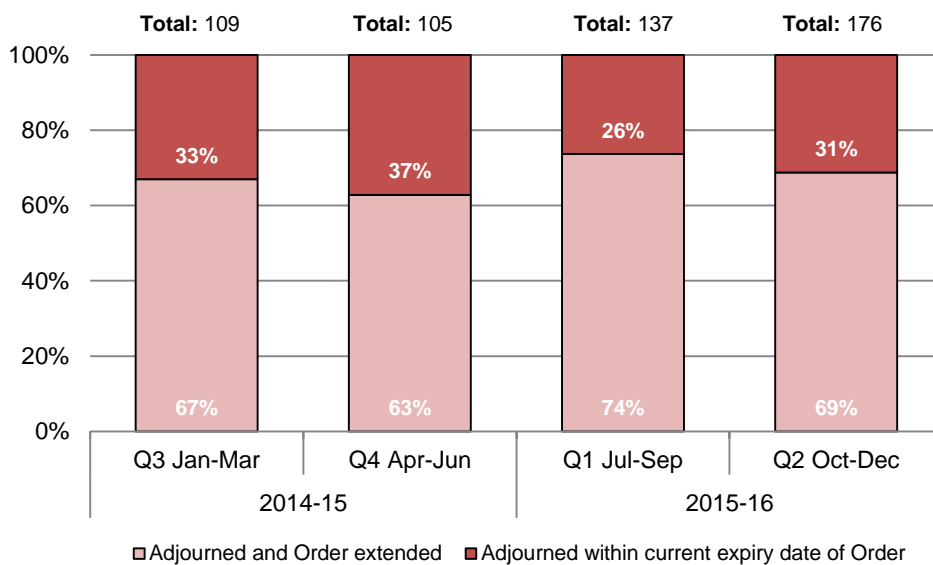
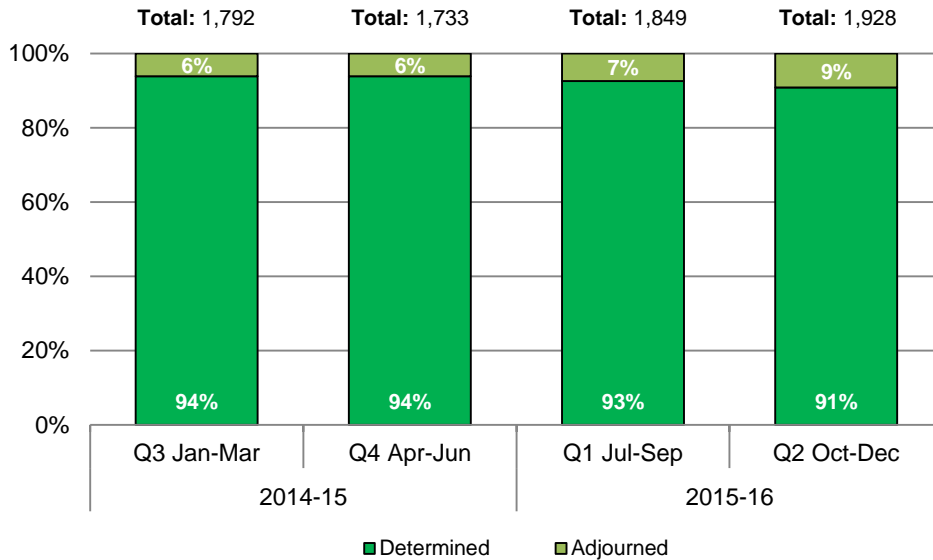
The number of adjournments as a proportion of matters determined remains relatively consistent with the last three quarters. Of the matters adjourned, 121 (69%) extended the Order. The primary reason for the Tribunal granting an adjournment with extension was in relation to procedural fairness (including allowing time to enable participation of the patient).



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## Comparison of matters determined and adjourned between quarters



In this quarter, the proportion of adjournments which extended the Order reduced by 5% compared to the previous quarter.

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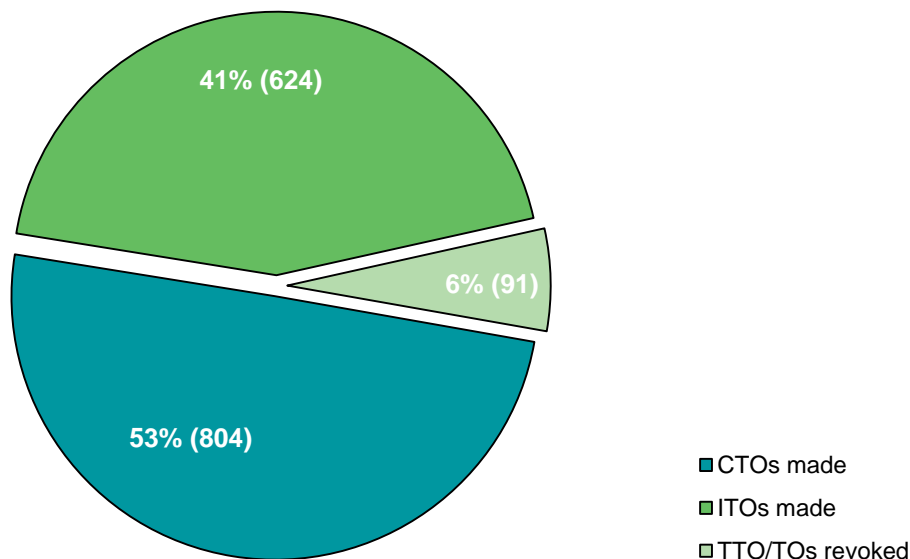


## 3. Tribunal Orders

### 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.

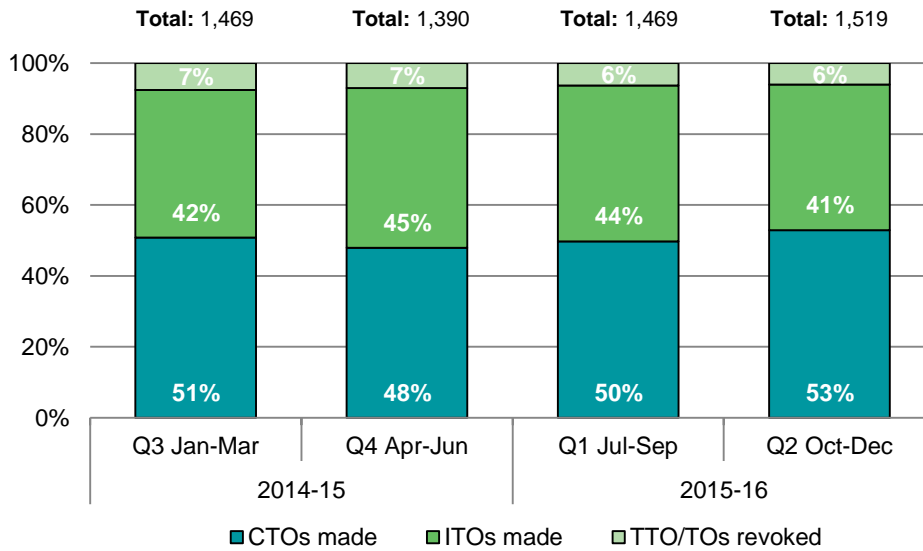
Between 1 October and 31 December 2015, the Tribunal made 804 Community Treatment Orders, 624 Inpatient Treatment Orders and revoked 91 Temporary Treatment Orders / Treatment Orders.



# Performance against Key Performance Indicators 1 October to 31 December 2015



## Comparison of Tribunal determinations between quarters



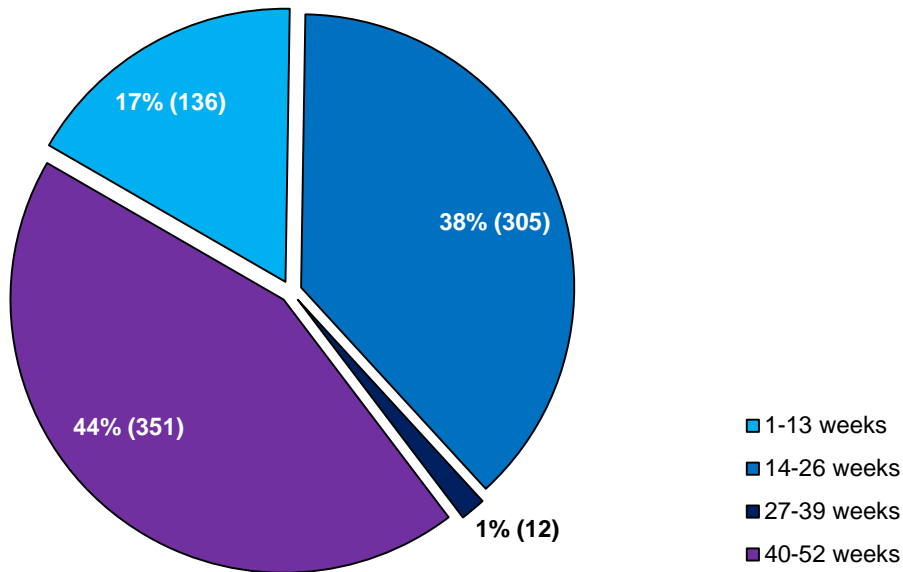
# Performance against Key Performance Indicators 1 October to 31 December 2015



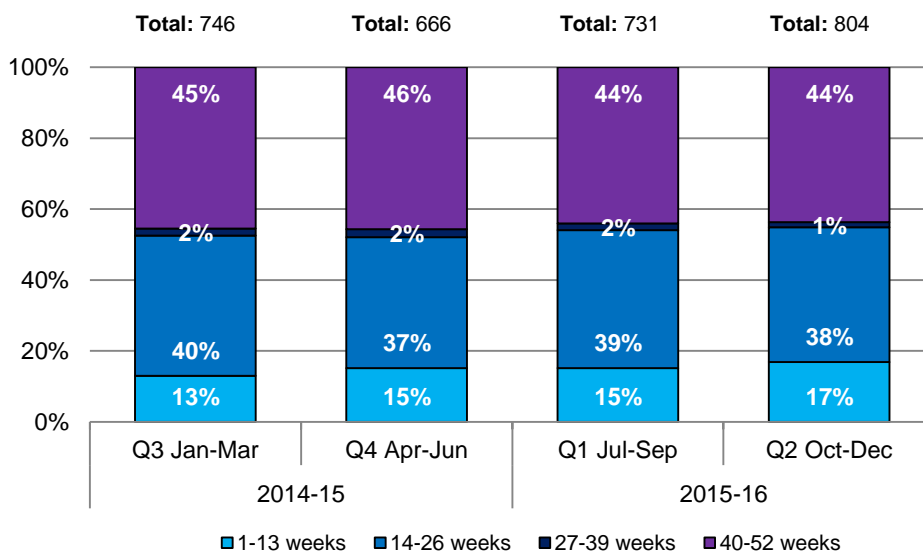
## 3.2 Duration of Orders made

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

### Community Treatment Orders



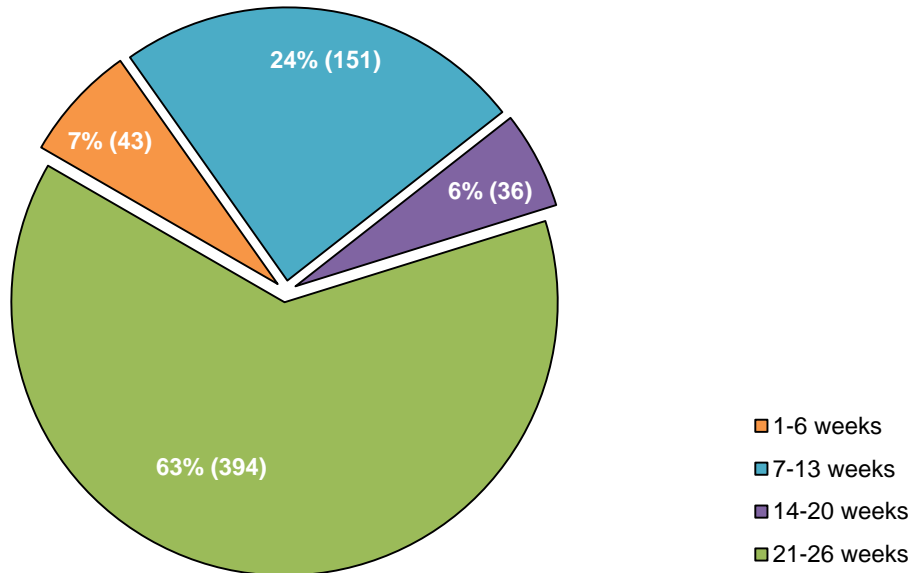
### Comparison of Community Treatment Order duration between quarters



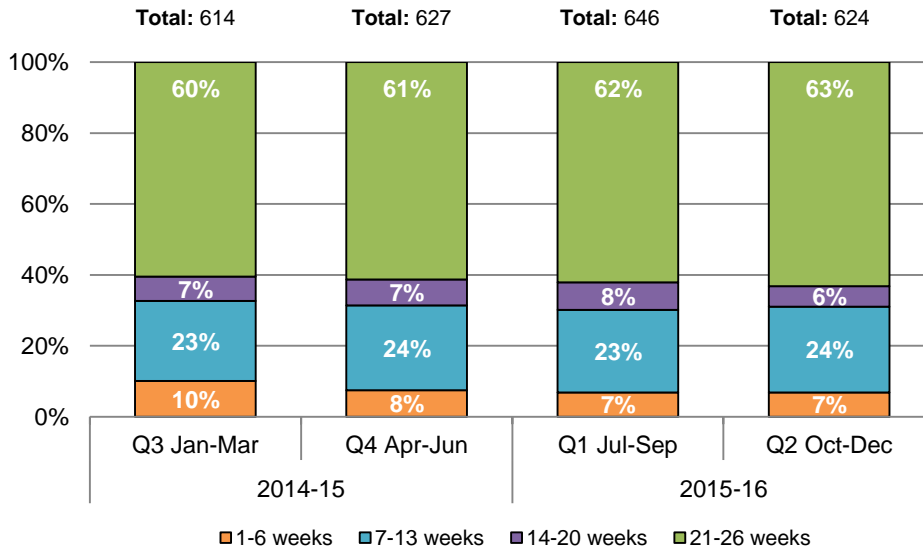
# Performance against Key Performance Indicators 1 October to 31 December 2015



## Inpatient Treatment Orders



## Comparison of Inpatient Treatment Order duration between quarters



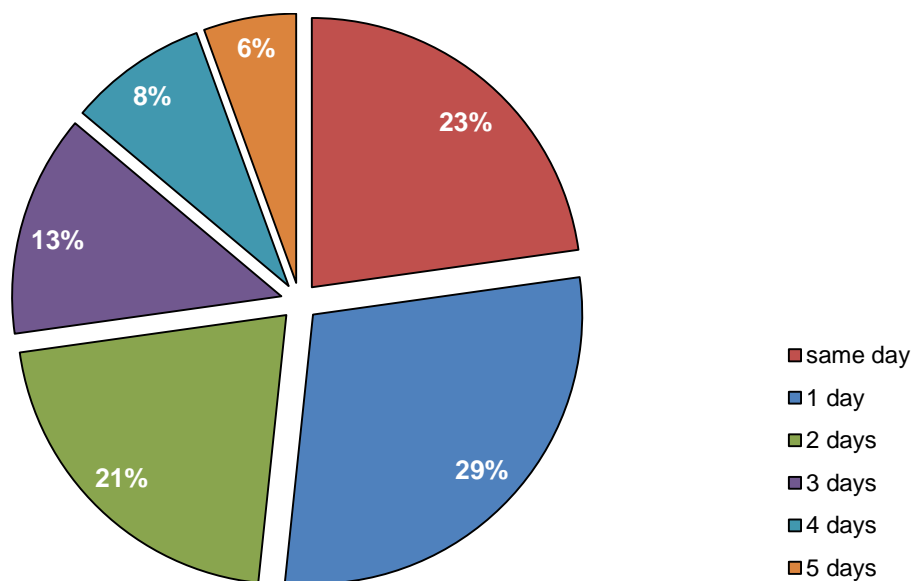
# Performance against Key Performance Indicators 1 October to 31 December 2015



## 4. ECT Orders

### 4.1 Elapsed time from receipt of ECT application to hearing

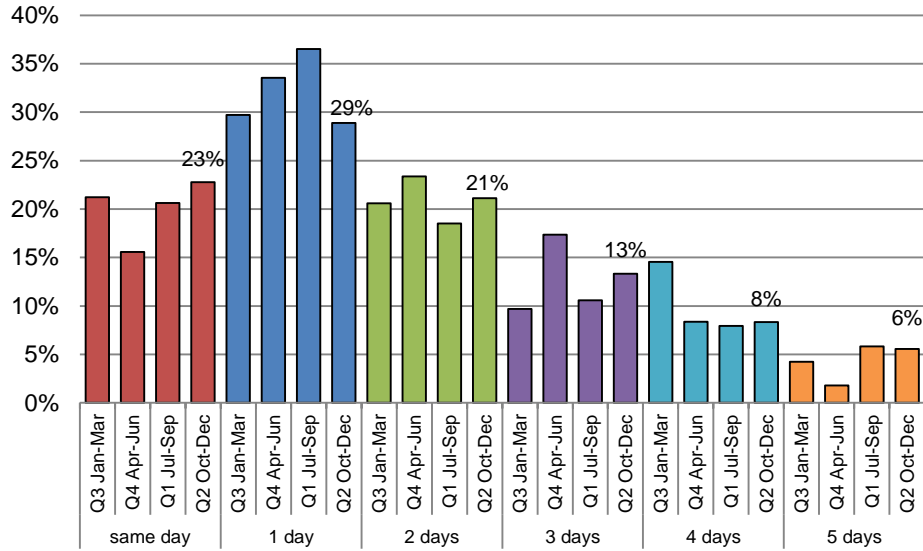
The number of ECT applications listed for hearing within one day of the application being received has steadily increased over the last nine months but fell in the October to December quarter. The primary reason was because there were fewer applications that requested that the matter be heard within one day. The Registry continues to manage video conferencing capacity to ensure as far as possible that hearings can be listed and heard within the timeframe requested by the service.



# Performance against Key Performance Indicators 1 October to 31 December 2015



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





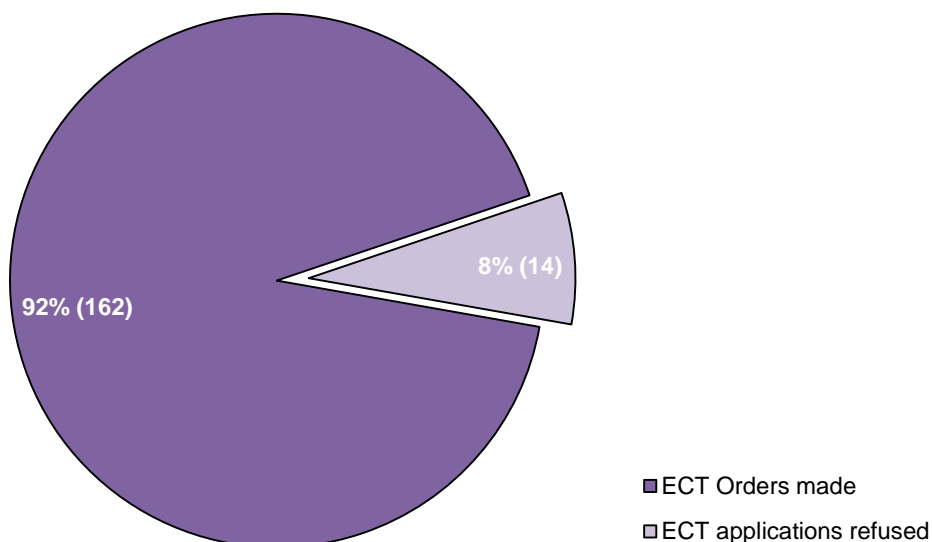
# Performance against Key Performance Indicators 1 October to 31 December 2015



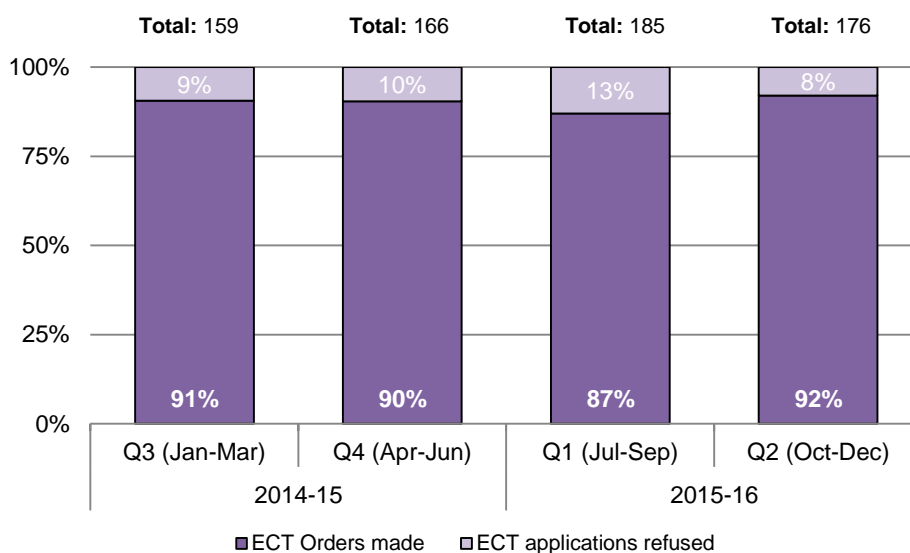
## 4.2 ECT Orders made and applications refused by the Tribunal

Between 1 October and 31 December 2015, the Tribunal heard 176 applications for ECT. Of those, 162 (92%) ECT Orders were made and 14 ECT applications were refused.

Four ECT matters were determined on a weekend or public holiday.



## Comparison of Tribunal ECT determinations between quarters



# Performance against Key Performance Indicators

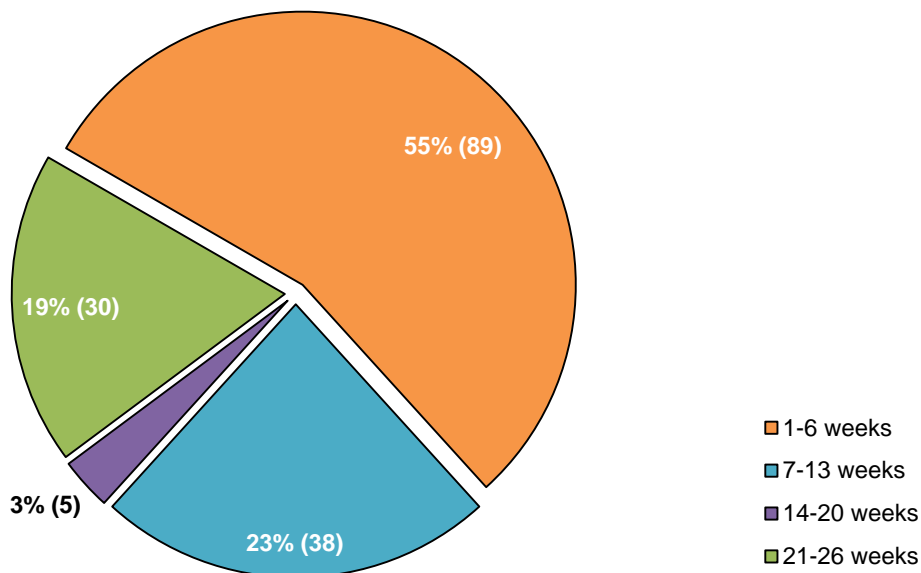
## 1 October to 31 December 2015



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 remained over 50%. The number of Orders between 7-13 weeks was stable but was proportionately greater this quarter (23%) compared to last quarter (18%). The main reason for the change has been that Tribunal members are increasingly 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.

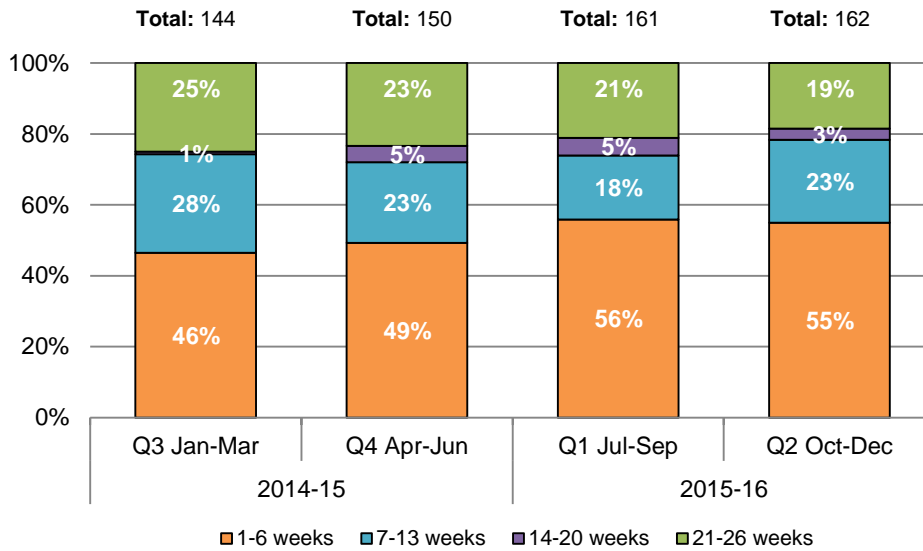


# Performance against Key Performance Indicators

## 1 October to 31 December 2015



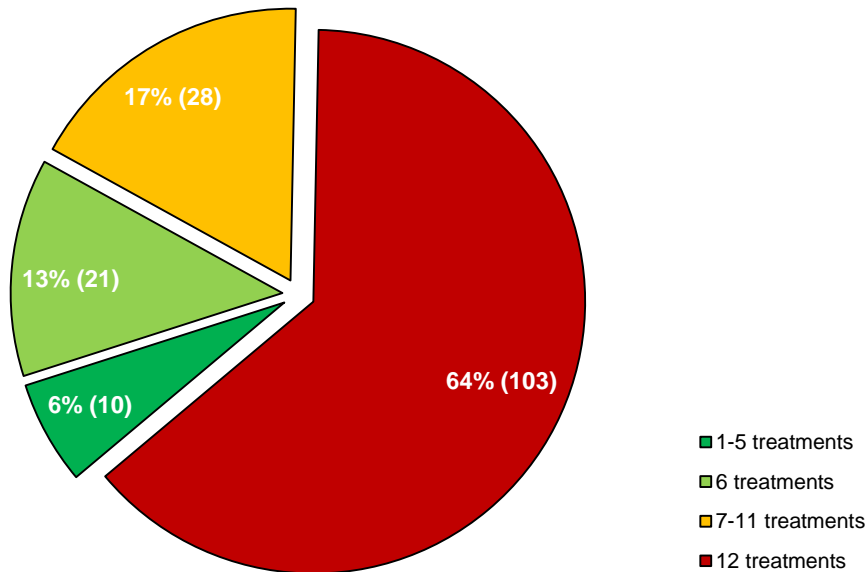
### Comparison of ECT Order duration between quarters



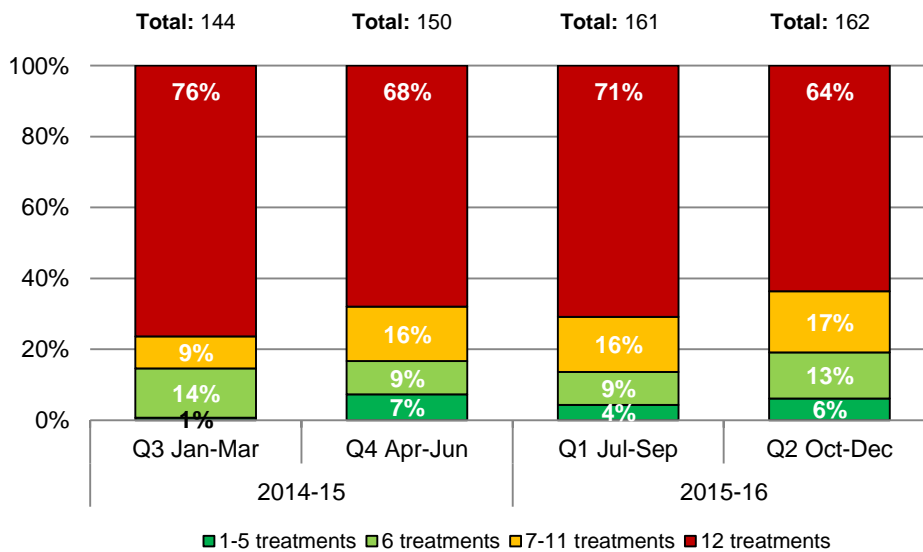
# Performance against Key Performance Indicators 1 October to 31 December 2015



## 4.4 Number of authorised treatments



## Comparison of authorised treatments between quarters



# Performance against Key Performance Indicators 1 October to 31 December 2015

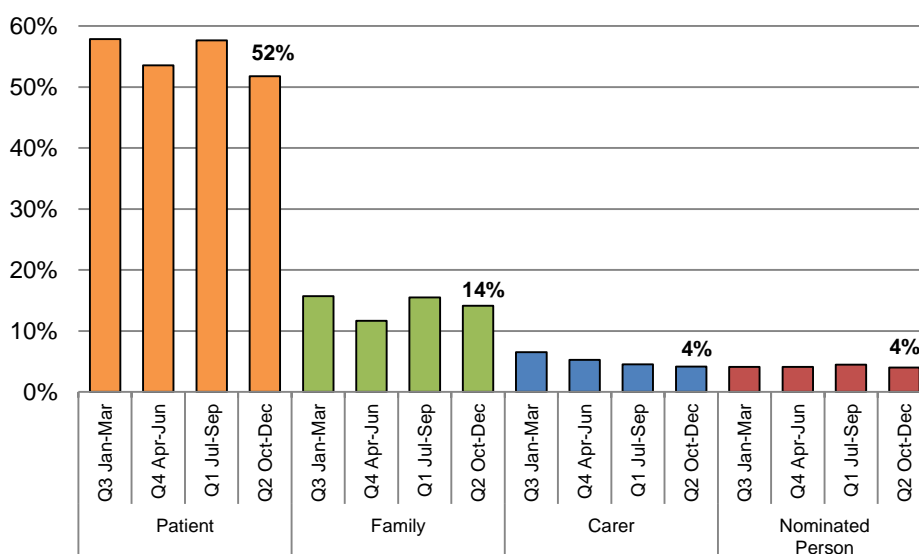


## 5. Attendance at hearings and feedback received by the Tribunal

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



### 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 October to 31 December 2015



### *Involvement of family members in hearings*

The Tribunal received correspondence from the family of a patient. They were unhappy with the Tribunal's decision. The Tribunal acknowledged that as it is presented with a range of views about the decision it should make, 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 in accordance with the Act. If a decision is made to revoke a patient's Order, as these decisions are made at a specific point in time, if a person becomes unwell at a future point, their treating team can intervene as required by the circumstances.

The family were also unhappy that they were not involved in the hearing. It is acknowledged that the issue of family attendance at hearings – when the patient does not wish them to attend – is a complex issue. The Tribunal is working with its Tribunal Advisory Group, the members of whom are consumers and carers, to work on strategies to facilitate carer and family involvement in hearings.

### *Scheduling of hearings*

The Tribunal received feedback on a particular decision to adjourn a matter. This feedback provided an opportunity to review administrative arrangements when the usual staff at the treating hospital/clinic are not available. The usual administrative process when re-listing an adjourned hearing was not followed promptly, which led to some confusion about the re-listed hearing date.

The Tribunal also received feedback on how a particular list was managed on a particular day. An apology was provided and this matter has been closed.