

## Performance against Key Performance Indicators

1 October to 31 December 2014

### 1. Caseload

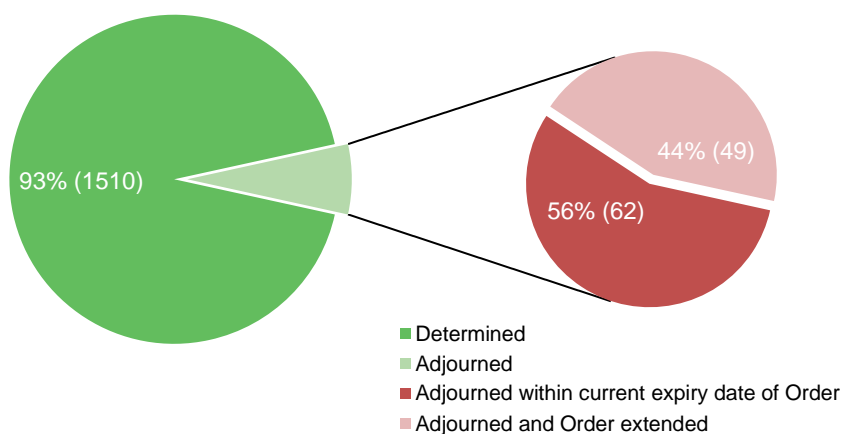
#### 1.1 Matters determined as a percentage of all matters heard

Consistent with the last quarter, the vast majority of matters (over 93%) were determined (finalised) at the first hearing. 7% of matters (111) were adjourned. The number of pending matters remained steady at about 1% of the total caseload. In this quarter there were six 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. Adjudgments

#### 2.1 Proportion of matters Adjudged

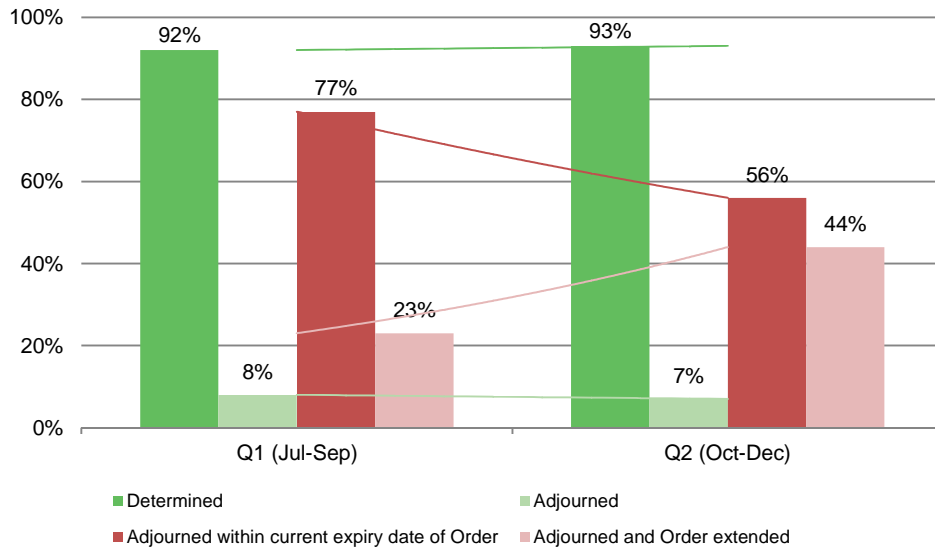
The number of adjournments as a proportion of matters determined remains consistent with the last quarter. Less than a quarter of adjournments extended the Order. The primary reasons for the Tribunal granting an adjournment were related to procedural fairness, including allowing time to enable participation or fuller participation by compulsory patients. Thirty-four adjournments (30%) were granted because the designated mental health service was not prepared for the hearing.



# Performance against Key Performance Indicators 1 October to 31 December 2014



## Comparison of performance between quarters, including trend



Although the number of adjournments as a proportion of the matters determined remained consistent with the last quarter, there was an increase in the number of adjournments which extended the Order. 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 date that the current Order will expire, and any adjournments in such matters will more 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.

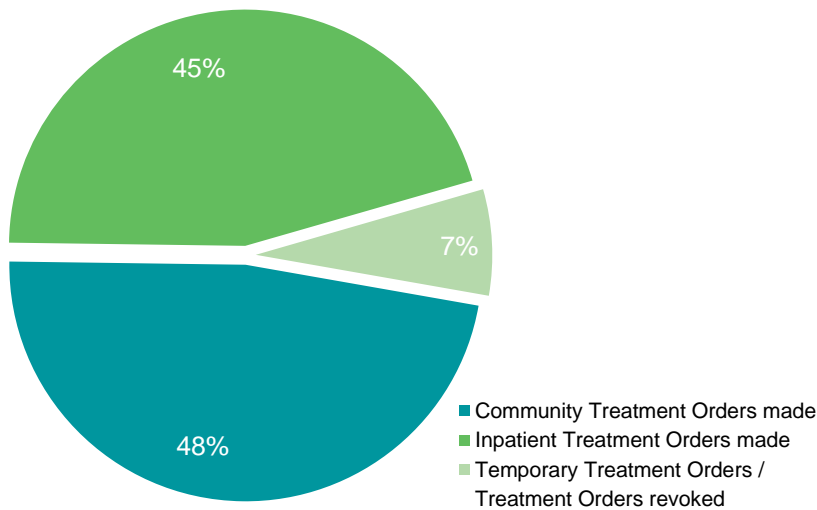
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## 1 October to 31 December 2014

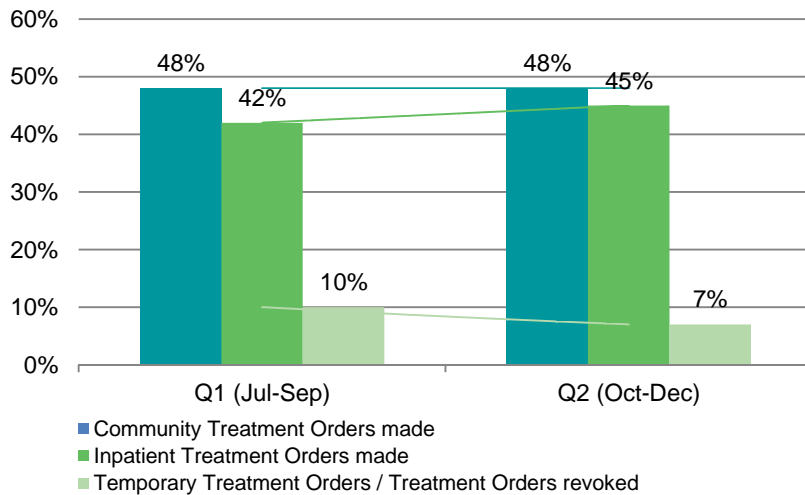


Between 1 October and 31 December, the Tribunal made 622 Community Treatment Orders, 594 Inpatient Treatment Orders and revoked 95 Temporary Treatment Orders / Treatment Orders.

For the 2014-15 year to date, the Tribunal has made 1174 Community Treatment Orders, 1085 Inpatient Treatment Orders and revoked 209 Temporary Treatment Orders / Treatment Orders.



### Comparison of determinations between quarters, including trend



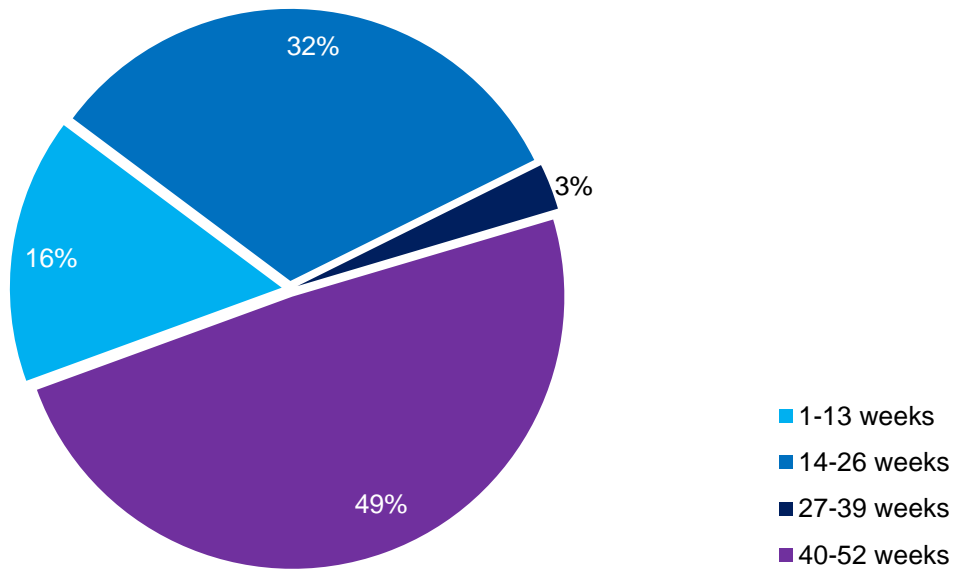
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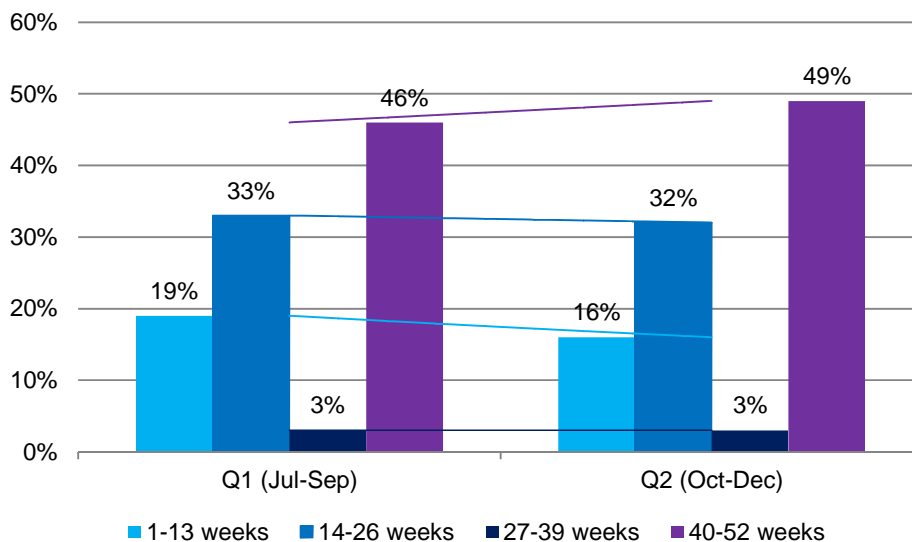
## 3.2 Duration of Orders made

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

### Community Treatment Orders



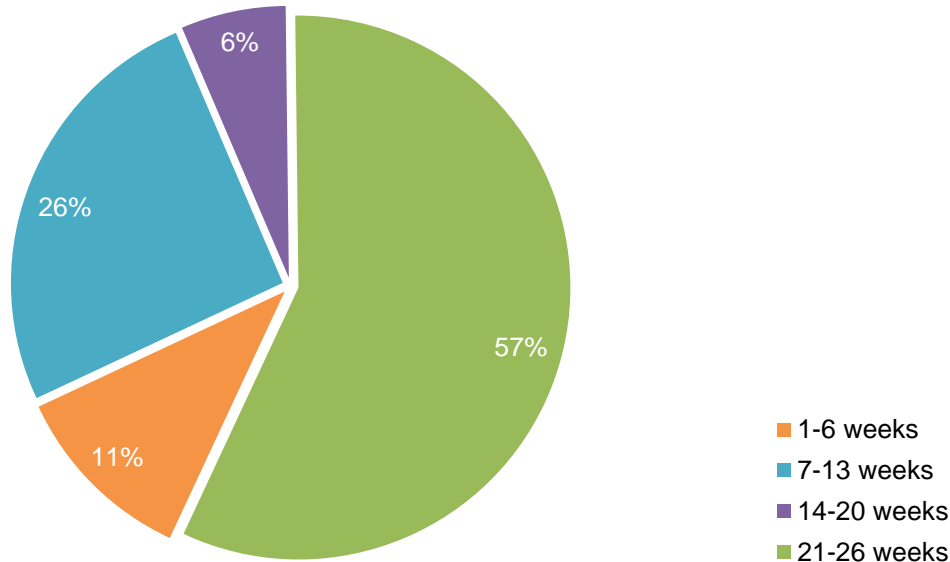
### Community Treatment Orders: Comparison of durations between quarters, including trend



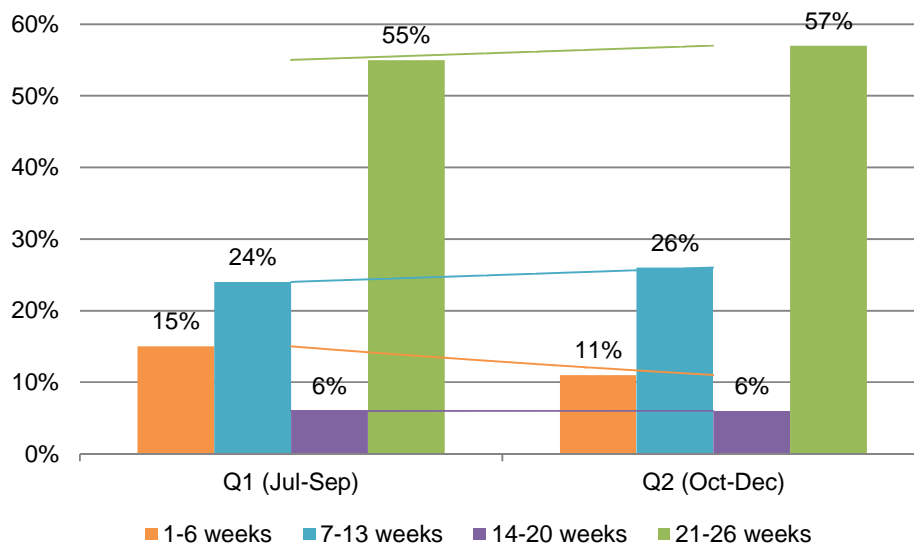
# Performance against Key Performance Indicators 1 October to 31 December 2014



## Inpatient Treatment Orders



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

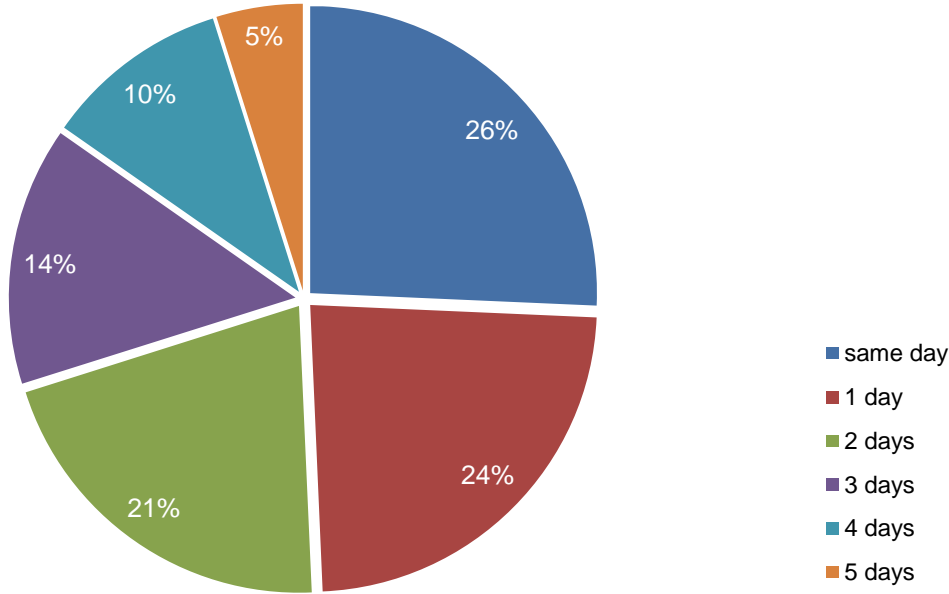


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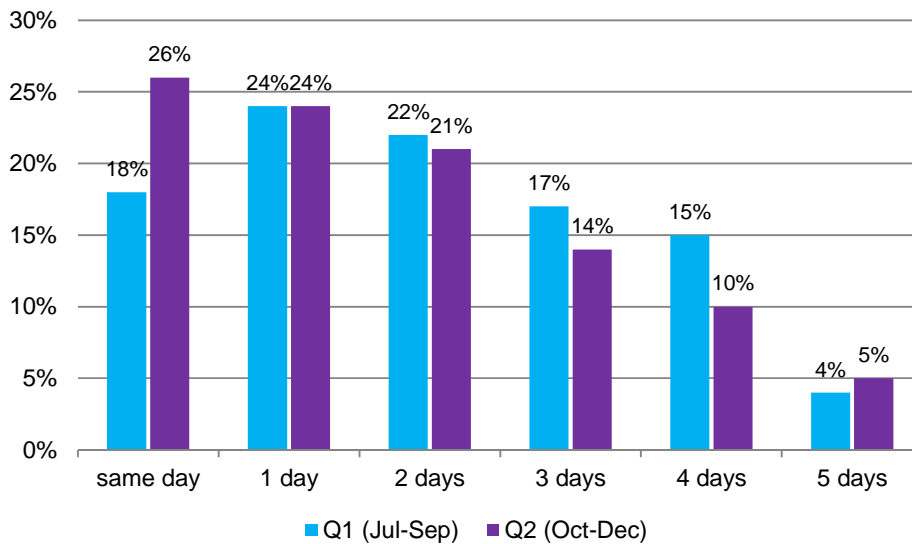


## 4. ECT Orders

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



### Comparison of performance between quarters



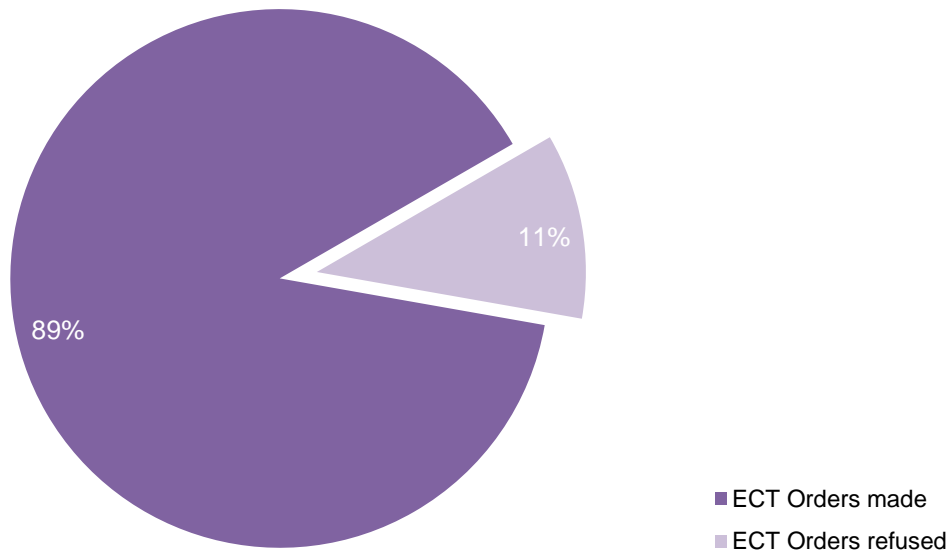
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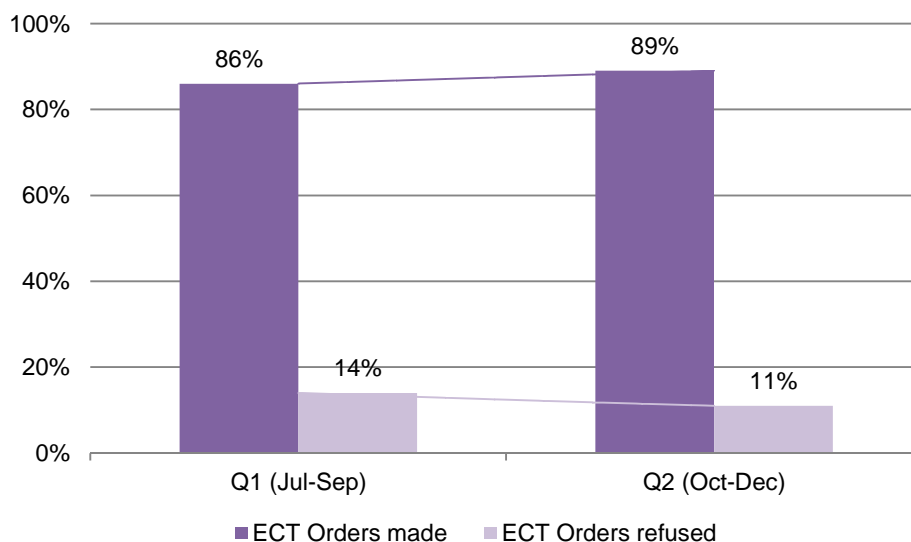
## 4.2 ECT Orders made and refused by the Tribunal

Between 1 October and 31 December, the Tribunal heard 144 ECT applications. Of those, 128 ECT Orders were made and 16 ECT applications were refused.

For the 2014-15 year to date, the Tribunal has made 255 ECT Orders and refused 37 ECT applications. Five ECT matters were determined on weekends or public holidays.



## Comparison of determinations between quarters, including trend

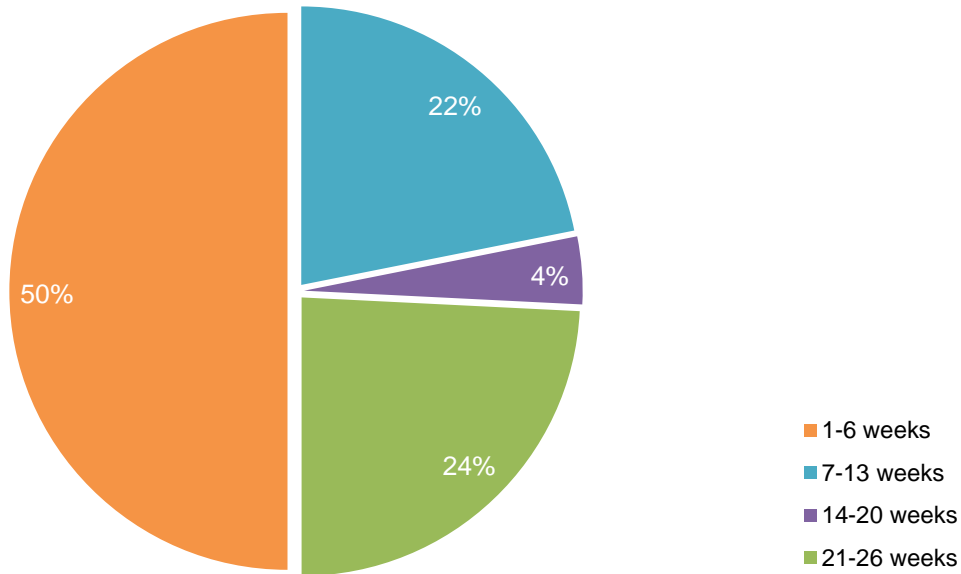


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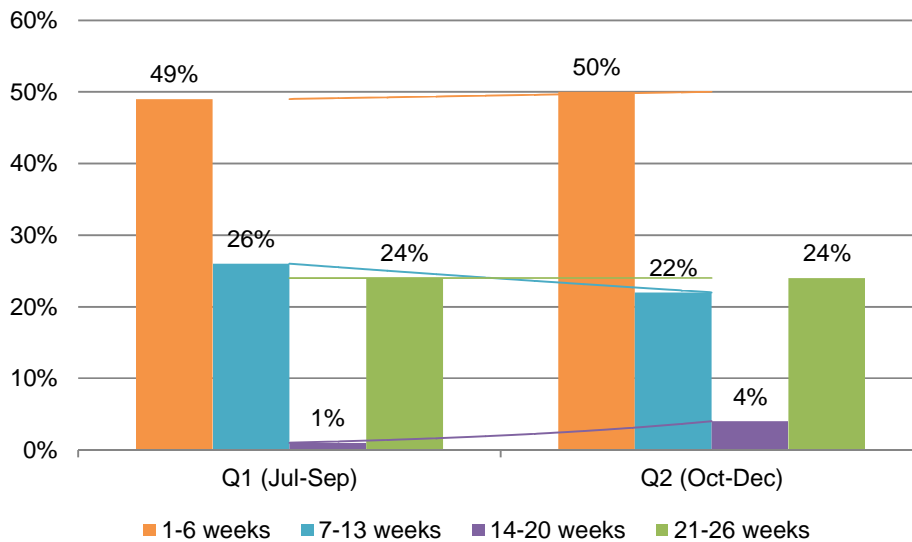


When making an Order, the Tribunal must set the duration of the ECT Order, and the number of ECT treatments.

## 4.3 Duration of ECT Orders



## Comparison of durations between quarters, including trend

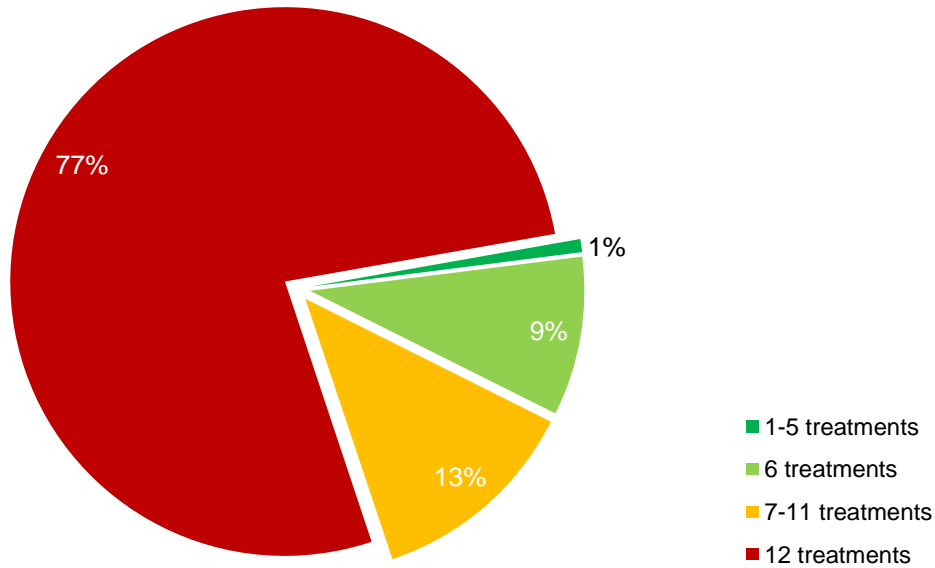




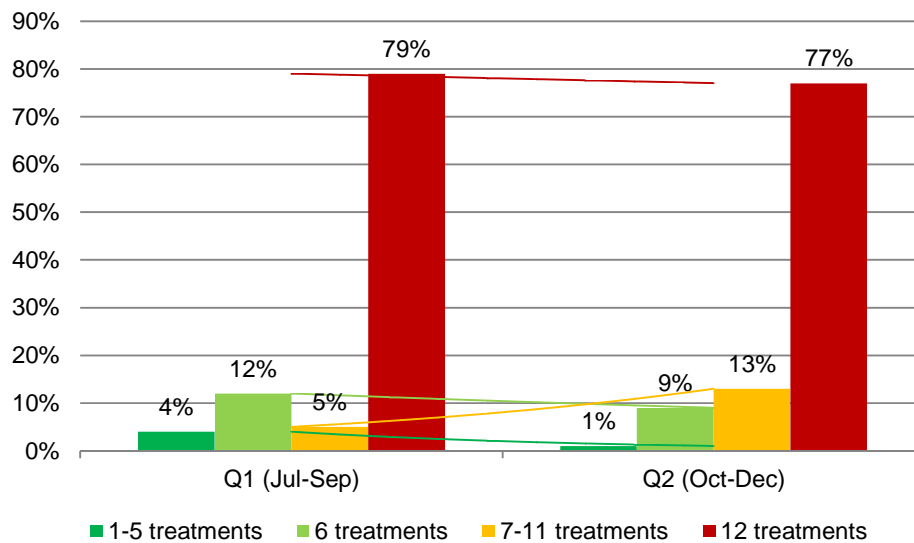
# Performance against Key Performance Indicators 1 October to 31 December 2014



## 4.4 Number of ECT treatments



## Comparison of authorised treatments between quarters, including trend



# Performance against Key Performance Indicators

## 1 October to 31 December 2014



### 5. Feedback

During the second quarter the Tribunal received five complaints.

#### ***The role of carers/families in hearings***

Three complaints concerned issues relating to the role of carers/families in hearings, in particular carers/families being notified of hearings; participation of carers/families when the patient has not attended a hearing; and additional considerations that arise where a compulsory patient also has an intellectual disability. Each complaint triggered reflection on our processes and approach, and will inform the Tribunal's work to enhance its responsiveness to carers/families. Regarding the particular issue of notification, the Tribunal intends to work with both mental health services and the Department of Health and Human Services on improving the quality of information provided to the Tribunal by services regarding the carers, family members and/or nominated person who support and assist an individual patient.

#### ***The number of hearings for an individual patient***

The Tribunal received a complaint from a mental health service regarding the number of Tribunal hearings one patient had over a four-week period. These included hearings regarding Treatment Orders and ECT. The Tribunal is able to, and frequently does, list applications for ECT and Treatment Orders to be heard jointly. However, in some instances to do so may disadvantage a patient or compromise their ability to meaningfully participate in the hearing process. Accordingly the scheduling of hearings needs to be based on the circumstances of the individual patient; however, the Tribunal is always willing to work with both patients and services to ensure hearings are streamlined and minimised.

#### ***The duration of an Order***

The Tribunal received a complaint from a mental health service about the duration of an Order. The service had sought a 13-week Order and the Tribunal granted a 2-week order. As services are required to lodge any application for a further Treatment Order no less than 10 days prior to the expiry of the current Order, the service was concerned this would not be available to them the treating team formed the view a further Order was needed.

It was suggested that the service request a Statement of Reasons to clarify why the duration of two weeks was set. A Statement of Reasons sets out the reasoning underpinning a Tribunal decision. In this instance the Statement of Reasons explained that the Tribunal did not feel that a Treatment Order of 13 weeks was warranted. The patient had strongly stated they wished to be treated by their GP and private psychiatrist; they were living in supported accommodation where staff could closely monitor any deterioration and could assist the patient to take medication. As such the Tribunal decided that an Order of only a very short duration was required to enable the necessary arrangements to be made with the patient's GP and private psychiatrist.