



[Redacted]

[Redacted]

Statewide UR number: [Redacted]
Date of birth: [Redacted]
Preferred pronouns: [Redacted]

Dear [Redacted]

Your treating team's report for your Tribunal hearing

This report is for your Mental Health Tribunal hearing. It explains why we think you may need compulsory treatment on a Treatment Order.

We will give the Tribunal a copy of this report and information from your clinical file, including any advance statement you have made. You can ask to see that information.

The Tribunal members who will attend your hearing are independent of our health service. They will:

- read this report and information from your clinical file
- have a discussion with you, members of your treating team and your support people who attend the hearing, and
- decide whether to make a Treatment Order or not.

A Treatment Order can only be made if the Tribunal decides the answer to **all** these questions is yes:

- a. Do you have a mental illness?
- b. Do you need treatment now to prevent a serious deterioration in your mental health or physical health, or serious harm to you or someone else?
- c. Will you be treated if you are on a Treatment Order?
- d. Is a Treatment Order the only way to ensure you will receive the treatment you need?

If the answer to any of these questions is no, the Tribunal **will not** make a Treatment Order.

You can use the 'What I want to tell the Tribunal' worksheet included with this report to plan and write down what you want to tell the Tribunal.

Your treating team

Consultant psychiatrist: Dr [Redacted]
Medical officer: Dr [Redacted]
Case manager: [Redacted]



Background information for the Tribunal

Your strengths, support in the community and things that help you stay well

You have told us that you enjoy spending your days with “parks, sunshine & coffee”. You also enjoy seeing your mother regularly.

Since being regularly treated with antipsychotic injections, living in stable accommodation and receiving support from the NDIS, your mental state has been stable and you have not been admitted to inpatient psychiatry units.

In the past you had a history of cannabis, amphetamine and alcohol consumption, but you say you haven’t used recently. You haven’t had any significant medical illness.

Your culture, family and housing

You were born in Australia and have two siblings. Your younger brother passed away from an illness more than a decade ago. You keep in touch with your mother and have a good relationship.

You previously rented an apartment owned by your brother. However, you were evicted following complaints from the Body Corporate and the apartment needing more than one industrial clean. You then lived in transitional accommodation for three years. You then lived at a public housing property. You were vulnerable at that property, often being exploited by acquaintances and subsequently left the property for long periods. You have had long term stable accommodation for the last two years.

Your education and work history

You left school without completing VCE, then proceeded to undertake and complete a TAFE course. You held various jobs. However, you have not worked for many years and are currently in receipt of the disability support pension.

What you have told us about your views, preferences, hopes and goals

Here is a summary of what you have told us about your views, preferences, hopes and goals and how we can work towards them.

You do not believe you require antipsychotic medications, and you have recently referred to them as “experimental” and a “form of torture”. You would like to be off a treatment order because you believe that it restricts your freedom. At this point in time however, you are not willing to engage in discussion around voluntary treatment, and you have expressed that you do not want treatment whether voluntary or involuntary. We wish to work with you to identify a treatment regime that offers the least side effects but keeps you well, with the ultimate aim of promoting your independent decision making

Why we think you meet the criteria for a Treatment Order

What led to you receiving mental health treatment

You have an established diagnosis of schizophrenia dating back a number of decades. This is because when you are unwell you experience delusions, hallucinations and disorganised thoughts and behaviours. You have had 11 admissions to inpatient psychiatric units for management of these symptoms, most often occurring in the context of medication noncompliance. Your last admission was in 2019.



a. Why we think you have a mental illness

We think you have a mental illness because you have had significant disturbances of thought and perception.

You have previously avoided living in your Ministry of Housing property due to concerns that neighbours were breaking in which led to you leaving the property and ending up at crisis accommodation. When unwell you have believed your mother and brother to be homosexual and left abusive messages on their phones. You also tend to describe some racist beliefs when you are unwell. For example, you reported a dislike of your social worker on a previous admission because she was Greek, and made offensive comments about your psychiatrist's ethnicity. While you have never acknowledged experiencing auditory hallucinations, on multiple occasions you have been seen talking to someone when nobody was around you, yelling "be quiet" when nobody was speaking, and gesturing to the television which led to concerns that you might have been receiving messages from the television.

These symptoms have improved with antipsychotic medications, which supports our opinion that you have a major psychotic disorder. Since being regularly treated with dual antipsychotic injections, living in stable accommodation and being in receipt of NDIS, your mental state has been stable and you have not been admitted to inpatient psychiatry units.

b. Why we think you currently need treatment

We believe you need treatment because when you are unwell you pose a significant risk of harm to yourself and to others.

Regarding risk of harm to self

- You have a pattern of psychotic relapses in the setting of medication non-compliance. Eleven inpatient psychiatry admissions, most in the context of being late for medication, demonstrating a very fragile illness with high risk of deterioration.
- Psychotic relapses have previously resulted in you losing stable housing as a result of disorganisation and deterioration in functioning. You were evicted from your brother's property several years ago when psychotic after causing significant damage to his flat that cost a large amount of money to fix. You were unable to live in your MoH flat during a relapse in 2019 due to fears of neighbours breaking in. You were unable to return to that accommodation even post resolution of this relapse. In the past, eviction or loss of housing has resulted in itinerancy and loss of mental health follow up which has in turn precipitated relapses in your mental illness.
- Your family and community team believe that your mental illness affects your judgement and makes you vulnerable to exploitation by others. For example, you let neighbours into your MoH property; they stole your keys which resulted in the locks needing to be changed a number of times.
- When unwell you forget to eat and have historically lost large amounts of weight.
- You have a tendency to aggressive and irritable behaviour towards family when unwell which causes a strain on these relationships.



Regarding risk of harm to others

- Your irritability and aggressive behaviour when unwell has led you to makes threats of violence against others. In the month prior to a hospital admission you assaulted two people at a breakfast program, targeting them because you dislike their racial background (which mental health clinicians believe was a part of your delusional belief system rather than a pre-existing belief).
- During inpatient admissions you have been hostile and verbally aggressive to staff members fuelled by delusional ideas about their racial background, as described above.
- You have assaulted co-patients and co-residents when unwell.
- When unwell, you have previously carried a knife for protection.

c. Will treatment be provided if you are on a Treatment Order?

Medication

You are currently being managed with two long-acting injectable medications, scheduled to try and minimise the number of appointments that are needed. You are on two antipsychotic injections because you continued to display psychotic symptoms over multiple reviews with your previous community team when you were on one injection only, and these resolved with the introduction of the second injection medication.

Other treatment and support

You currently have stable housing and a NDIS plan. We will continue to offer you case management and medical reviews as part of your involvement with our community team. When the psychiatrist last saw you in the Emergency Department he offered to meet you in the park to have a general discussion about medication and your health, which you indicated you would consider. We are happy to offer you ongoing reviews in this format as is your preference. If we are able to meet with you on a regular basis and you remain well, we will consider a gradual reduction in the zuclopenthixol injection.

d. Why we think a Treatment Order may be the only way you will receive the treatment you need

We believe that a treatment order is the only way you will receive the treatment you need, because you continue to evade attempts for review and administration of antipsychotic medication which renders you at high risk of psychotic relapse. In the past few months your evasion of our team has resulted in administration of antipsychotic occurring in the Emergency Department following apprehension by police. Last month we tried to arrange meetings with you for weeks and your injections were significantly overdue by the time police brought you into hospital. You currently reside in stable, safe accommodation that you have told us you like; given that previous evictions from stable living situation have occurred in the setting of being unwell, we believe that you need treatment to prevent loss of accommodation and return to homelessness.

Views of your family, friends, carers or guardians

In treatment planning discussions and at Tribunal hearings your supportive family members have consistently expressed their wish for you to remain well and believe that you require treatment with antipsychotics and appointments with our team to achieve this.



Our recommendation to the Tribunal

If the Tribunal decides to make a Treatment Order they will decide how long it will last and whether you will be treated as an inpatient in hospital or in the community. We recommend that the Tribunal make a Community Treatment Order for 52 weeks.

We hope you can participate in your Tribunal hearing. If you do not participate the Tribunal will have to make a decision without you.

Yours sincerely

Dr [REDACTED]
Consultant Psychiatrist

What I want to tell the Tribunal

Use this worksheet to write what you want to say at your Mental Health Tribunal hearing.

You can bring this to your hearing or email it to the Tribunal at mht@mht.vic.gov.au. We will share it with your treating team for fairness. You can attach more pages.

Name:
Hearing date:
What do you think about your treatment?
What do you think about being on a Treatment Order?
If you are in hospital, would you prefer to be treated in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why?
What could help you stay well and who could support you?

Is there anything you would like to say about your treating team's report for the hearing?

Do you meet all 4 criteria for compulsory treatment below?

1. Do you have a mental illness? Yes No

2. Do you need treatment now to prevent:
 - a serious deterioration in your mental health or physical health? Yes No
 - serious harm to you or someone else? Yes No

3. Will you be treated now if you are on a Treatment Order? Yes No

4. Is a Treatment Order the only way to ensure you will get the treatment you need? Yes No

If no, why?

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We will share it with your treating team for fairness.