

NORTHERN TERRITORY OF AUSTRALIA
MENTAL HEALTH REVIEW TRIBUNAL
ANNUAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

In accordance with s140 of the Mental Health and Related Services Act 1998, the Tribunal submits its report on the exercise of its powers and the performance of its functions.

The Department of Justice (DoJ) administers the Tribunal budget. For a report of expenditure incurred by the Tribunal refer to the DoJ annual report for the year ended 30 June 2006.

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The Mental Health Review Tribunal was established under Part 15 of the *Mental Health and Related Services Act 1998* (the Act).

Determinations relating to admission and detention of persons as involuntary patients constituted about 68% of cases that proceeded to hearing in 2005/2006. Determinations relating to treatment of persons as involuntary patients in the community constituted about 15% of cases that proceeded to hearing in 2005/2006.

The remaining 17% of determinations consisted of reviewing reports, issuing warrants, authorising specific treatment, and confirming voluntary admissions.

Tribunal Functions

The functions of the Tribunal are set out in Part 15 of the Act. They are:

- To conduct periodic reviews of:
 - the admission and treatment of persons as voluntary patients;
 - the admission and treatment of persons as involuntary patients;
 - persons treated as involuntary patients in the community;
- To decide applications to administer non-standard and non-psychiatric treatment;
- To hear requests for review of decisions about admission or treatment;
- To hear appeals against decisions regarding admission or treatment;
- To determine capacity for informed consent;
- To decide applications for assessment warrants to apprehend persons;
- To review decisions regarding the withholding of information from patients under certain specified sections of the Act;
- To review reports forwarded to it under certain specified sections of the Act;
- To make orders with regard to persons transferring to the NT from other jurisdictions;
- To decide applications for the transfer of persons to treatment facilities in participating states or territories.

For a more complete description of some of the functions carried out by the Tribunal refer to Appendix 1.

Key issues

The number of determinations made by the Tribunal is comparable to last year. The problems involving availability of legal members, who are mainly drawn from the sitting Magistracy, has been alleviated since last Annual Report, with the appointment of the two Judicial Registrars to the Tribunal.

As reported last year, the Tribunal notes that Community Management Orders are still being suspended or revoked due to the inability to implement the management plans. This is often due to Mental Health Services staff being unable to locate their clients. This leaves a question mark over the future of patients with an itinerant lifestyle. The Tribunal hopes that Mental Health Services will be adequately resourced to enable the use of Community Management Orders to be maximised, given that treatment in the community is to be preferred both from an ideological and an economic point of view.

A further issue is the difficulty that arises when a patient breaches a community management order. At present the police are unwilling to apprehend a non-compliant patient due to an administrative problem and a s.37 warrant cannot be issued unless the patient meets the required criteria. It is hoped that this situation can be resolved with legislative reform to allow the Tribunal to order detention for reassessment or treatment.

As reported last year, the rate of remuneration for legal and medical members decreased when Recommendation No. 2 of 2004 came into effect. A request was made to the Minister by the President on behalf of the medical members to remedy to this situation, and the sitting fees paid to medical members is now on a par with that paid by the NSW Tribunal. Unfortunately, legal members were excluded from this request, and a separate request is now being made on their behalf for parity with the medical members.

S. 42 involuntary admissions are still at a significantly higher level in Alice Springs than in Darwin. This may well be due to the higher rate of admissions due to alcohol abuse in Central Australia. In addition, there have been concerns regarding general compliance with the reporting requirements of the Act, including the provision of s.52 reports on the expiration/revocation of CMOs.

Relationships between medical staff and legal practitioners appear to have improved since last year, and it is hoped that this situation will continue. In addition, the Tribunal hearing seating arrangements have been changed to promote a less combative impression to patients. Doctors and lawyers are now both seated alongside their patients where possible, to reinforce that they are both acting in the best interests of the patient and avoid undermining the therapeutic relationship between patient and doctor.

Of increasing concern this year was the lack of suitable facilities for forensic patients, who are frequently confined to Berrimah Prison whilst unwell. There is also a desperate need for long term accommodation in the community for patients who require full time supervision. There are currently at least 3 long term voluntary patients who live permanently at the Darwin and Alice Springs Mental Health wards, because there are no suitable places for them in the community. This situation must be urgently addressed.

Legislation

Objective

To continue to review and implement recommended changes to the *Mental Health and Related Services Act* and related legislation, to enable improved and integrated services for persons with a mental illness, mental disturbance, organic brain injury or intellectual disability.

Outcomes to date

The Legislative review process is almost complete, with a draft bill circulated for comment. It is hoped that the amendments will become law during 2007.

Principal changes affecting the Tribunal are:

- Specific inclusion of Magistrates as legal members

- Giving the Tribunal power to issue its own Practice Directions;
- Methods of enforcing Community Management Orders in remote areas;
- Allowing the Tribunal to sit with two rather than three members in exceptional circumstances
- Extending the timeframe that patients can be held under s.39 or s.42
- Giving the Tribunal jurisdiction to review, and hear appeals in respect of Financial Protection Orders
- Inserting a clarifying clause to indicate the Tribunal may review an order or decision on its own initiative at any time
- Correcting errors in the articulation of review and appeal rights
- Confirming a persons right to refuse legal representation
- Allowing hearings to proceed in the absence of the person in special circumstances
- Improving corresponding law provisions to enable cross border agreements and arrangements with other jurisdictions for the planned and unplanned transfer of individuals subject to mental health legislation across jurisdictional borders
- Aligning terminology with contemporary mental health legislation by replacing references to 'appeals' which creates the impression of an adversarial process, with the term 'application for review' which is more in line with the less intimidating and informal Tribunal process.

Membership of the Tribunal

Objectives

To maintain membership numbers at a level sufficient to meet legislative timeframes.

To maintain consistent and fair decision making in an administrative review context.

To promote the Tribunal team environment through the provision of training, meetings and ongoing support for members.

Key outcomes

Dr John Woodforde has been appointed as a fourth medical member, which should alleviate much of the problem with regard to the availability of psychiatrists for Tribunal hearings.

Ms Tanya Fong-Lim and Ms Sarah McNamara have been appointed as legal members.

Ms Cherie Castle has been appointed as a community member in Alice Springs

Ms Marion Blackburn was appointed Registrar in December 2005.

The Tribunal member AGM was hosted in Darwin in August 2005 and addressed issues relevant to practice and procedure.

Acknowledgments

Medical members in Sydney and community members in Darwin and Alice Springs, for their continued valued expertise and commitment.

Mr Hugh Bradley, has announced his retirement, and although he continues as a legal member, has now resigned as President of the Tribunal. A replacement has yet to be decided. Mr David Loadman continues as President's Delegate until 31 December 2006.

Categories of members

The Act provides that the Tribunal is to consist of persons appointed by the Administrator. The persons are to be:

- a) legal practitioners who have more than five years experience;
- b) medical practitioners; and
- c) persons who have a special interest or expertise in mental illness or mental disturbance.

A member of the Tribunal holds office for three years and is eligible to be reappointed.

The Tribunal has no full time President or member. Legal members are drawn from a pool of Magistrates (both current and retired) and Judicial Registrars.

All medical members are Sydney based psychiatrists who also undertake Tribunal duties under NSW legislation. With no local medical members, every sitting of the Tribunal has to involve video or telephone conferencing.

Medical and community members sit on a part time basis. Those members who are employed under the provisions of the *Public Sector and Employment Management Act* are not entitled to receive sitting fees. Members entitled to sitting fees are paid in accordance with the Determination of Remuneration, Allowances and Expenses under the *Remuneration (Statutory Bodies) Act*, with the exception of medical members whose fees are now aligned with those of the NSW Tribunal.

List of Current Tribunal members

<u>Legal Members</u>		<u>Period of Appointment</u>
Mr David Bamber	(Katherine)	27 June 2005 – 26 June 2008
Mr John Birch	(Alice Springs)	30 June 2006 – 29 June 2009
Ms Jenny Blokland	(Darwin)	1 February 2006 – 31 January 2009
Mr Hugh Bradley	(Darwin)	1 February 2006 – 31 January 2009
Mr Michael Carey	(Alice Springs)	27 June 2005 – 26 June 2008
Mr Gregory Cavanagh	(Darwin)	1 February 2006 – 31 January 2009
Ms Tanya Fong Lim	(Darwin)	6 December 2005 – 5 December 2008
Ms Melanie Little	(Alice Springs)	30 June 2006 – 29 June 2009
Mr David Loadman	(Darwin)	3 May 2006 – 2 May 2009
Mr John Lowndes	(Darwin)	1 February 2006 – 31 January 2009
Mr Vince Luppino	(Darwin)	30 November 2006 – 29 November 2009
Mr Alasdair McGregor	(Darwin)	1 February 2006 – 31 January 2009
Ms Sarah McNamara	(Alice Springs)	4 April 2006 – 3 April 2009
Mr Daynor Trigg	(Darwin)	1 February 2006 – 31 January 2009
Mr Richard Wallace	(Darwin)	1 February 2006 – 31 January 2009
<u>Medical members</u>		
Dr June Donsworth	(Sydney)	7 April 2005 – 6 April 2008
Dr James Greenwood	(Sydney)	1 February 2006 – 31 January 2009
Dr Janelle Miller	(Sydney)	7 April 2005 – 6 April 2008
Dr John Woodforde	(Sydney)	4 April 2006 – 3 April 2009
<u>Members with a special interest or expertise in mental illness or mental disturbance</u>		
Ms Cherie Castle	(Alice Springs)	8 September 2005 – 7 September 2008
Ms Barbara Curr	(Alice Springs)	30 October 2006 – 29 October 2009
Ms Jennie Guinane	(Darwin)	1 February 2006 – 31 January 2009
Ms Jill Huck	(Darwin)	1 February 2006 – 31 January 2009
Ms Patricia Kurnoth	(Darwin)	1 March 2006 – 28 February 2009
Ms Beth Walker	(Darwin)	1 February 2006 – 31 January 2009
Ms Carolyn Woodman	(Alice Springs)	27 February 2004 – 26 February 2007
Mr Don Zoellner	(Alice Springs)	27 June 2005 – 26 June 2008

The Tribunal's Procedures

Objectives

To conduct hearings within legislative timeframes and restrict adjournments to a minimum.

To maximise access to the Tribunal across the Northern Territory.

To provide quality service to Tribunal clients by:

- conducting hearings in an informal atmosphere;
- ensuring Tribunal clients have legal representation and that their rights are met in regard to accessing records and reports that are before the Tribunal;
- encouraging attendance at hearings of persons subject to review or appeal;
- encouraging attendance of family or other support persons;
- ensuring the provision of interpreter services where necessary;
- observing the rules of natural justice;
- ensuring confidentiality of Tribunal proceedings;
- ensuring fair and equitable outcomes.

To maintain workable procedures with Mental Health Services.

To raise levels of awareness about the Tribunal and its operations throughout the NT.

Key outcomes in the year under review

All hearings were conducted within legislative timeframes.

Ongoing training and/or discussion sessions facilitated by Tribunal medical members with Mental Health Services medical and nursing staff.

Tribunal decision delivered at the conclusion of hearing in 100% of cases.

Constitution of the Tribunal

The Tribunal President had arranged for three members to sit at each hearing, one of each member category. The President, before retirement has authorised all legal members to issue assessment warrants.

In all cases involving review or appeal of a decision made under the Act, the Tribunal is required to sit as a three-member team.

Hearings

The Tribunal provides a service for the convenience of in-patients and Mental Health Service staff by convening its hearings at mental health facilities in Darwin and Alice Springs. Due to the unavailability of independent local psychiatrists, the Tribunal has to rely on psychiatrists recruited from the NSW Tribunal as medical members. This arrangement necessitates the use of video conferencing for all hearings, which is not in the best interests of either the patient or the Tribunal. The Tribunal legal member and community members are both present at the hearing location, together with the client/patient and other relevant parties.

Meeting legislative responsibilities in regard to the hearing process continues to pose some difficulty at times for the Tribunal, such as:

- All Tribunal hearings regarding involuntary admission and treatment must consist of one member from each membership category. There is currently no flexibility to conduct hearings of a particular nature with one or two members, although this issue may be resolved when the amendments come into effect;
- The use of stipendiary magistrates as legal members restricts flexibility for the Tribunal to convene at short notice. Tribunal hearings are scheduled to take place on Wednesdays of each week in Darwin and Fridays of each week in Alice Springs to fit in with scheduling arrangements in the Magistrates Court. Problems stem from this process, such as patients having to attend Tribunal hearings before an adequate assessment has been reached. Also the Tribunal is not able to convene at short notice to hear urgent matters such as applications to administer ECT to an involuntary patient, requests for review and appeals.

Improvement could be achieved by extending the time within which the Tribunal is to review an involuntary admission from 7 to 10 days and by allowing very short-term orders to be made by the President or his nominee. These matters may be addressed in the foreshadowed amending legislation.

- The necessity of using video or telephone conferencing for all hearings places reliance on unfailing technology. In practice, it is fortunate to date that no major breakdowns have occurred, though considerable time has been lost on occasions due to technological problems and at times hearings have had to be completed by telephone. The facilities in

Alice Springs urgently require updating and the layout of the room made more amenable to the requirements of video conferencing.

The Tribunal has managed to meet legislative timeframes for hearings in 100% of cases to date.

The Tribunal determined a total of 380 matters for the year ended 30 June 2006, which is a slight decrease on last year's figures. There has also been a decrease in the number of cancelled hearings, which was a matter of concern last year.

Hearings for involuntary in-patients are conducted at mental health facilities located at Royal Darwin Hospital and Alice Springs Hospital. Hearings for involuntary patients in the community are conducted at either the mental health facilities, or in the case of Darwin only, at the Tamarind Centre in Parap.

The Tribunal also conducts hearings concerning patients who reside in a remote location, either by 3 way video conferencing or by a combination of video and telephone conferencing. The former is particularly cumbersome. The three-way time lag presents significant problems to the efficient running of the hearing.

STATISTICAL REPORT

Number of new Clients

	Number of new Tribunal clients by year			
	2003	2004	2005	2006
TOTAL	215	194	208	191

Cases numbers by Location

<i>Comprising:</i>				
Location	No of cancelled hearings			
	2003	2004	2005	2006
Alice Springs	39	41	69	76
Darwin	261	290	342	281
TOTAL	300	331	411	357
Location	No of determinations made by the Tribunal			
	2003	2004	2005	2006
Alice Springs	58	33	55	56
Darwin	315	392	372	324
TOTAL	373	425	427	380

Refer to following pages for breakdowns of cases by purpose, outcome and reasons for cancellation. Cancelled hearings relate to matters notified to the Tribunal that do not proceed to hearing.

Purpose of hearings listed – by Location (Alice Springs and Darwin)						
Purpose	2005			2006		
	ASP	DRW	Combined	ASP	DRW	Combined
Review long term voluntary admission to mental health facility	0	0	0	0	3	3
Review involuntary admission to mental health facility on the grounds of mental illness	43	336	379	55	320	375
Review involuntary admission to mental health facility on the grounds of mental disturbance	36	1	37	29	11	40
Review Tribunal order for involuntary detention	21	204	225	20	204	224
Review treatment – current Tribunal order	0	0	0	0	0	0
Review interim community management order	6	14	20	5	7	12
Review community management order (CMO)	8	81	89	6	44	50
Review report	1	29	30	3	12	15
Determine application for specific treatment	1	8	9	1	6	7
Determine application for persons capacity to give informed consent	0	0	0	0	0	0
s98 restriction or Denial of entitlement	0	2	2	0	0	0
Determine application for warrant to apprehend a person	2	38	40	2	8	10
Review on request s123(4)	0	7	7	0	1	1
Determine Appeal s127	0	0	0	0	0	0
Total matters scheduled for determination by the Tribunal	118	720	838	121	616	737*

*represents overall decrease on 2005
by number 101
by percentage 12%

Hearing Outcomes by Location (Alice Springs and Darwin)						
Cancelled hearings	2005			2006		
	ASP	DRW	Combined	ASP	DRW	Combined
Discharged from facility prior to hearing	18	145	163	18	143	161
Changed status to voluntary patient prior to hearing	44	148	192	49	109	158
Persons whereabouts unknown / AWOL	1	7	8	3	6	9
Person left NT	2	4	6	1	3	4
CMO revoked by Mental Health Services	3	19	22	2	4	6
Deceased during term of order	0	1	1	0	1	1
CMO expired – no further application	4	14	18	2	14	16
Other	0	4	4	1	1	2
Total hearings cancelled	69	342	411	76	281	357

Determined by Tribunal	2005			2006		
	ASP	DWN	Combined	ASP	DRW	Combined
Confirm admission as voluntary patient	0	0	0	0	4	4
Order for involuntary detention MI – mental illness MD – mental disturbance	MI 19 MD 9	MI 201 MD 0	MI 220 MD 9	MI 37 MD5	MI 208 MD 4	MI 245 MD 9
Revoke admission and order person be discharged from facility	2	0	2	0	1	1
Community Management Order (CMO)	12	69	81	5	54	59
Continue current CMO / invol detention	0	9	9	0	8	8
Review report – further action	0	1	1	0	1	1
Review report – no further action	4	27	31	3	12	15
Authorise electro convulsive therapy (ECT)	0	4	4	1	3	4
Authorise non-psychiatric treatment	1	2	3	1	7	8
Authorise major medical procedure	0	1	1	0	4	4
Authorise clinical trial or experimental procedure	0	0	0	0	0	0
Issue assessment warrant to apprehend a person	2	38	40	2	8	10
Adjourned – further information and/or action required	6	20	26	2	10	12
Total determinations made	55	372	427	56	324	380*

* represents overall decrease on 2005
by number 47
by percentage 11%

STATISTICS – OTHER

	2003	2004	2005	2006
Percentage of matters scheduled where client was female	38%	41%	31%	37%
Percentage of matters scheduled where client was male	60.5%	59%	69%	63%
Percentage of matters scheduled where client was of Aboriginal or Torres Strait Islander background	34.3%	40%	38%	38%
Percentage of hearings conducted where Tribunal clients were legally represented	90.7%	96%	95%	96%
Percentage of Tribunal clients under Adult Guardianship Orders	2%	2%	2%	2%
Percentage of hearings conducted with interpreter	8%	5.5%	8%	10%

No of cases scheduled – by age

	0-17 yrs	18-25 yrs	26-35 yrs	36-45 yrs	46-55 yrs	56-65 yrs	Over 65	Age Unknown	Total
2003	11	202	239	117	65	28	9	2	673
2004	13	196	286	139	92	24	6		756
2005	24	209	311	184	84	20	6		838
2006	23	201	253	124	86	38	12		737

End Statistical Report

Administration of the Tribunal

The Department of Justice, Court Support Services has responsibility for the administration of the provisions of Part 15 of the *Mental Health and Related Services Act 1998*, in accordance with the Administrative Arrangements Order signed by the acting Administrator and published in the Government Gazette.

Court Support Services administers the Tribunal budget. Expenditure incurred by the Tribunal is recorded in the Department of Justice Annual Report for the year ended 30 June 2006.

The Registrar of the Tribunal is responsible for the provision of a high level of administrative support and service to the Tribunal members in Darwin and Alice Springs, and its clients across the Northern Territory, attending to:

- Tribunal member rosters, meetings, remuneration, recruitment;
- Coordination of all aspects of Tribunal hearings;
- Liaison with Mental Health Services (MHS), Territory Health Services, Tribunal clients, legal representatives, carers, guardians, community groups, interpreters, corresponding interstate Tribunals and other agencies on a range of Tribunal issues;
- Provision of reports, statistics, and advice on the Tribunal's jurisdiction and hearing procedures.

Jurisdiction of the Tribunal

- **Continuing admission and treatment of long term voluntary patients (including prisoners).**

The Tribunal may confirm the admission where it finds the person is able to give informed consent.

If the Tribunal finds that the person fulfils the criteria for involuntary admission it may determine that the person be detained on those grounds for a period not exceeding 3 months, in accordance with s122(b) or s122(c) of the Act, and fix a date for further review.

If the Tribunal finds that the person meets the criteria for involuntary treatment in the community, it may make a community management order in relation to the person for no longer than 6 months, in accordance with s122(d) of the Act. Prisoners may be made subject to a community management order whilst serving their sentence in prison.

Where the Tribunal makes an order for involuntary treatment it must authorise the treatment that may be administered under the order.

If the Tribunal is not satisfied that the person will benefit from continuing to be admitted as a voluntary patient, or does not fulfil the criteria for involuntary admission or involuntary treatment in the community, then it must order that the person be discharged. Prisoners will be discharged back to the prison if their sentence has not yet expired.

- **Continuing admission and treatment of involuntary patients, and community management orders.**

The Tribunal has a timeframe of 7 days to conduct a review from the date a person is admitted as an involuntary patient, or is placed on an interim community management order.

If the Tribunal is satisfied that the person fulfils the criteria for admission on the grounds of mental illness, it may order that the person be detained as an involuntary patient on those grounds for not longer than 3 months. It must also authorise the treatment that may be administered to the person under the order.

If the Tribunal is satisfied that the person fulfils the criteria for admission on the grounds of mental disturbance, it may order that the person be detained as an involuntary patient on those grounds for not longer than 14 days. It must also authorise the treatment that may be administered to the person under the order.

If the Tribunal is satisfied that the person fulfils the criteria for involuntary treatment in the community, it may make a community management order in relation to the person for not longer than 6 months.

Where the Tribunal makes an order under any of the above-named criteria, it must fix a date for the order to be again reviewed.

If the Tribunal is not satisfied that a person fulfils either the criteria for admission as an involuntary patient or the criteria for involuntary treatment in the community, it must revoke the order admitting the person as an involuntary patient or revoke the interim community management order, as the case may be.

Where the Tribunal revokes an order it must then order that the person be immediately discharged, or discharged within seven days if arrangements need to be made for their care.

- **Applications to administer non-standard or non-psychiatric treatment.**

The Act provides that approval of either the Tribunal or another specified person or body is required in order to administer any of the following treatments to involuntary patients:

- Non-psychiatric treatment, such as a surgical procedure (approval of either the Tribunal or a legal guardian is required);
- Major medical procedure (approval of either the Tribunal or the Local Court is required);
- Clinical trials and experimental procedures (the trial or treatment must be approved by an ethics committee and the approval of the Tribunal must be obtained);
- Electro-convulsive therapy (approval of the Tribunal is required, except in an emergency where it is deemed immediately necessary).

The Act provides that psychosurgery and coma-therapy are not allowed to be performed on anyone in the NT. Sterilisation is not allowed to be performed on a person as a treatment for mental illness or mental disturbance.

- **Request for review of a decision**

The Tribunal may review an order made under the Act on being requested to do so by the person in respect of whom the order is made or by a person who has a genuine interest in, or with a real and immediate concern for the welfare of, the person.

- **Appeals**

Appeals may be made to the Tribunal against certain decisions made under the Act as outlined in s127.

Following an appeal the Tribunal may:

- Affirm, vary or set aside the decision or order;
- Make any decision or order that the authorised psychiatric practitioner may have made;
- Refer the matter back to the authorised psychiatric practitioner for further consideration; or

- Make any other order it thinks fit.

After conducting a review or appeal, the Tribunal may order that an application for another review or appeal in relation to the same matter may not be made before a date determined by the Tribunal.

- **Determining capacity for informed consent.**

The Tribunal must determine whether a person is capable of giving informed consent, where it is requested to do so on application by an authorised psychiatric practitioner.

- **Assessment warrants**

Following an application by an authorised mental health practitioner or a member of the police force, the Tribunal may issue a warrant to apprehend a person where it is satisfied that:

- The person may be unable to care for himself or herself;
- The person may meet the criteria for involuntary admission on the grounds of mental illness or mental disturbance; and
- All other reasonable avenues to assess the person have been exhausted.

A warrant authorises the applicant to apprehend the person named in the warrant and to assess the person or take them to an approved person or approved facility for assessment to determine whether they are in need of treatment under this Act.

For the purposes of issuing a warrant to apprehend a person, the Tribunal may be constituted by the President, or by a legal member delegated to exercise the powers and perform the functions of the President.

- **Review of certain decisions of authorised psychiatric practitioners.**

The Act provides that an authorised psychiatric practitioner must inform the Tribunal when it is decided that certain information about a patient's admission, treatment or discharge plan is to be withheld from the patient.

The Tribunal must review the decision and may either uphold the decision or substitute its own decision for that of the authorised psychiatric practitioner.

- **Review of reports**

The Tribunal must review a report forwarded to it under the Act as soon as is practicable. For example, a report in line with s66(4) where electro convulsive therapy is performed without the authorisation of the Tribunal. Following the review, the Tribunal:

- may give a written direction to the Secretary relating to a matter contained in the report; and

- where it considers that a person may be guilty of professional misconduct, must notify the relevant professional body.
- **Interstate mental health orders and interstate transfer orders**

The Tribunal has jurisdiction under the Act to make orders in relation to the transfer of persons subject to involuntary orders in and out of the Territory.

The Tribunal cannot exercise its powers in these matters because no inter-government agreements exist between the Northern Territory and any other interstate jurisdiction. This is a matter for the early attention of the appropriate Department.

Reviews, Requests for Reviews, and Appeals

Reviews are automatically conducted by the Tribunal within timeframes that are specified in the Act. Reviews of admission as an involuntary patient and reviews of interim orders for involuntary treatment in the community must be conducted within seven days of the date of admission or of the interim order being made. Further review dates are determined by the Tribunal when it makes an order in accordance with s122, s123, s124 or s127 of the Act.

Requests for review of an order made under the Act are heard on the next hearing date following lodgement of the request with the Tribunal. Requests for review may be lodged by the person subject to the order, their legal or other representative, or a person with a genuine interest in, or real and immediate concern for the welfare of the patient, in accordance with s123(4) of the Act.

Appeals are initiated by the patient, their legal or other representative, or a person with a genuine interest in, or real and immediate concern for the welfare of the patient, in accordance with s127 of the Act. Appeals to the Tribunal will be heard on the next hearing date following lodgement of the appeal with the Tribunal. There were no appeals to the Tribunal during the year ending 30 June 2003.

Appeals against decisions made by the Tribunal may be made to the Supreme Court in accordance with s142 of the Act. There were no appeals made to the Supreme Court against a decision made by the Tribunal during the year ended 30 June 2003.

End Report