

A GUIDE TO THE MENTAL HEALTH REVIEW TRIBUNAL

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President

Mental Health Review Tribunal¹

The Mental Health Review Tribunal is an independent specialist quasi-judicial body constituted under the *Mental Health Act 2007* (the *Act*). It has responsibilities under the *Mental Health (Forensic Provisions) Act 1990* and the *Mental Health (Forensic Provisions) Act 1990*. It is concerned to review or make orders in respect of all involuntary mental health treatment in NSW. It has a wide range of powers that enable it to make and review orders, and to hear some appeals, about the treatment and care of people with a mental illness. It maintains at present approximately 22,500 current patient files, holds approximately 10,500 hearings each year (about 750 for forensic patients), about 2,500 by video or phone, otherwise face-to-face. It serves about 40 venues throughout the State. The detail of its activities is available in the Tribunal's annual reports on its website.²

MEMBERSHIP

The Tribunal has a President, who must be a judge, a former judge, or qualified for judicial appointment, two full-time and a number of part-time Deputy Presidents (including at present six former judges), a Registrar and approximately one hundred part-time members. Each Civil Division Tribunal panel consists of three Members: a lawyer, who chairs the hearing, a psychiatrist, and another suitably qualified Member. All Tribunal Members have extensive experience in mental health, and some have personal experience with a mental illness or caring for a person with a mental illness. Forensic Division panels are required by the Mental Health legislation to be

¹ I acknowledge the invaluable assistance of Mr John Feneley Deputy President and Ms Sarah Hanson Team Leader at the Tribunal and thank them for doing so much to enable this paper and the accompanying slides to be produced.

² www.mhrt.nsw.gov.au

presided over by a judge or former judge, other members being designated by the President.

1.1 The membership of the Tribunal reflects not only professional skills and experience (for example, legal, medical, social work or nursing), but also the skills and experience of consumers and carers, and the knowledge and experience of people from Aboriginal and non-English speaking backgrounds. The Tribunal is committed to ensuring that its practice and procedures are non-discriminatory and contribute to achieving equal employment opportunity outcomes.

TRIBUNAL HEARINGS AND DECISIONS

1.2 The Tribunal conducts hearings in hospitals and community health centres throughout the Sydney, Wollongong and Newcastle metropolitan regions, and also in Goulburn and Orange. The Tribunal also conducts hearings either by video conference or by telephone.

The Tribunal's decisions can involve the consideration of quite complex issues, and can impact directly on people's lives, health and liberty. In making its decisions, the Tribunal seeks to balance several sets of often competing rights – the individual's right to liberty and safety and to freedom from unnecessary intervention, the individual's right to treatment, protection and care, and the right of the community to safety and protection. Given the importance of these decisions, it is essential that the Tribunal receives the very best evidence available when hearing applications and making its decisions.

OBJECTS AND PRINCIPLES

The Tribunal actively seeks to pursue the objects of the *Act* (s3). These are:

- To provide for the care, treatment and control of persons who are mentally ill or mentally disordered
- To facilitate the care, treatment and control of those persons through community care facilities

- To facilitate the provision of hospital care for those persons on a voluntary basis where appropriate and, in a limited number of situations, on an involuntary basis
- While protecting the civil rights of those persons, to give an opportunity for those persons to have access to appropriate care
- To facilitate the involvement of those persons, and persons caring for them, in decisions involving appropriate care, treatment and control.

The *Act* (s68) also establishes principles for care and treatment as follows:

- People with a mental illness or mental disorder should receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given
- People with a mental illness or mental disorder should be provided with timely and high quality treatment and care in accordance with professionally accepted standards
- The provision of care and treatment should be designed to assist people with a mental illness or mental disorder, wherever possible, to live, work and participate in the community
- The prescription of medication to a person with a mental illness or mental disorder should meet the health needs of the person and should be given only for therapeutic or diagnostic needs and not as punishment or for the convenience of others
- People with a mental illness or mental disorder should be provided with appropriate information about treatment, treatment alternatives and the effects of treatment
- Any restriction on the liberty of patients and other people with a mental illness or mental disorder and any interference with their rights, dignity and self-respect is to be kept to the minimum necessary in the circumstances
- The age-related, gender-related, religious, cultural, language and other special needs of people with a mental illness or mental disorder should be recognised

- Every effort that is reasonably practicable should be made to involve persons with a mental illness or mental disorder in the development of treatment plans and plans for ongoing care
- People with a mental illness or mental disorder should be informed of their legal rights and other entitlements under the *Act* and all reasonable efforts should be made to ensure the information is given in the language, mode of communication or terms that they are most likely to understand
- The role of carers for people with a mental illness or mental disorder and their rights to be informed should be given effect.

The Tribunal also takes into account where appropriate the requirements of the United Nations *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. The *Act* itself reflects these requirements, and should be interpreted in the light of these principles, which were adopted in late 1991 by the General Assembly of the United Nations. The Tribunal is also cognisant of the National Mental Health Service Standards.

PROCESS

The Tribunal conducts each hearing in an informal way. Nevertheless, each hearing still remains part of a legal process. The Tribunal follows the rules of procedural fairness and natural justice, but it is not bound by the formal rules of evidence. During a hearing, the Members of the Tribunal will ask questions, so as to gather the information needed to make sure that all legal requirements have been met before the Tribunal makes an order.

Most Tribunal hearings are completed in about 30 minutes, although often they take longer to complete, depending on the quality of written reports, the availability of oral evidence and the complexity of the case.

The Tribunal makes decisions about:

- A person's care and treatment, both in hospital and in the community

- Specific treatment for patients
- Decisions about the management of a patient's money.

OBJECTIVES OF THE TRIBUNAL

In performing its role, the Tribunal actively seeks to pursue the principles for care and treatment and the objectives of the *Act* by ensuring that, as far as practicable, the people who come before the Tribunal:

- Receive the best possible care and treatment in the least restrictive environment enabling that care and treatment to be effectively given
- Have the least necessary restriction on their liberty, and that any interference with their rights, dignity and self-respect are kept to the minimum necessary in the circumstances
- Have the opportunity to put their views regarding the application, and any other relevant information, to the Tribunal either personally or through their legal representative
- Have involvement, along with those persons caring for them, in decisions about their appropriate care, treatment and control
- Have proceedings conducted with as little formality and technicality as the circumstances permit
- Have their cultural and linguistic background taken into account and the relevance of cultural factors to the question of mental illness considered
- Have their right to have their confidentiality recognised and respected.

It is an offence for a Member of the Tribunal to disclose information acquired about a person in the course of exercising the jurisdiction of the Tribunal except in the circumstances provided for under section 189 of the *Act*.

FUNCTIONS AND POWERS OF THE TRIBUNAL

The Tribunal has specific functions conferred on it by the *Mental Health Act 2007* and other legislation.

The relevant statutes are:

- *Mental Health Act 2007*
- *Mental Health (Forensic Provisions) Act 1990*
- *NSW Trustee and Guardian Act 2009*
- *Administrative Decisions Tribunal Act 1997.*

CIVIL JURISDICTION

In its civil jurisdiction, the Tribunal has powers to:

- Conduct inquiries into the condition of persons detained as mentally ill. Make Involuntary Patient Orders (thereby authorising the continued involuntary detention) or make orders for a person's discharge
- Review involuntary patients in mental health facilities, usually every three to six months, and in appropriate cases every twelve months
- Review voluntary patients in mental health facilities, at least every twelve months
- Determine appeals against an authorised medical officer's refusal to discharge an involuntary or a detained patient
- Make, vary and revoke Community Treatment Orders. A template for a standard form Treatment Plan is available on the Tribunal website.
- Give or refuse approval for the use of ECT for involuntary patients
- Determine if voluntary patients have consented to ECT
- Provide or refuse consent for surgery and special medical treatment (sterilisation) or prescribed special medical treatment on patients detained in a mental health facility
- Make and revoke some orders under the *NSW Trustee and Guardian Act 2009.*

The criteria and process for each exercise of the Tribunal's powers for civil patients is set out in the Civil Hearing Kit, available on line on the Tribunal's website.

FORENSIC JURISDICTION

Overview

The *Mental Health Legislation Amendment (Forensic Provisions) Act 2008* (the *Amendment Act*) came into effect on 1 March 2009.³ The *Amendment Act* retitles the *Mental Health (Criminal Procedure) Act 1990* as the *Mental Health (Forensic Provisions) Act 1990* (the *Forensic Act*). The *Amendment Act* abolished the system of determinations previously made by the Minister for Health and the Governor for the treatment, care, detention and release of persons found not guilty by reason of mental illness or unfit for trial under the *Mental Health (Criminal Procedure) Act 1990*. It makes the Mental Health Review Tribunal, constituted by a special Forensic Panel, the determining authority in such matters. The Panel must be presided over by a current or former judge when considering release matters. The *Amendment Act* also introduces a new category of patient – “correctional patient” - which covers persons who persons who develop mental illness whilst in custody on remand (including persons refused bail) or whilst serving a sentence. The category “forensic patient” only includes persons found not guilty by reason of mental illness and either detained or released subject to conditions or persons found unfit to stand trial who are detained.

The *Amendment Act* does not change the legal concepts of unfitness for trial and not guilty due to mental illness. The NSW Law Reform Commission is currently considering those concepts and the relevant procedure as part of its reference on sentencing of persons suffering from mental illness or cognitive deficit.

The Tribunal has the power in its forensic jurisdiction to:

- Make orders in relation to the care, detention and treatment of forensic patients (ie persons found not guilty of criminal charges on the grounds of mental illness) and correctional patients (ie mentally ill prisoners transferred to a mental health facility). The Tribunal may also make

³ Gazette No 44 of 27.2.2009, p1.

orders for conditional or unconditional release of forensic patients and Forensic Community Treatment Orders for correctional patients.

- Make orders in relation to the care, detention and treatment of persons who have been found unfit to be tried and are either awaiting a special hearing or have received a limiting term following a special hearing by a court.
- Determine if a person is fit to plead to a criminal charge within twelve months of a court's finding that the person is unfit to be tried.

In 2008-2009 the Tribunal conducted 939 reviews or hearings in respect of forensic and correctional patients and a further 47 hearings in respect of the fitness of forensic patients who had been found unfit to plead. The Tribunal conducted hearings at fourteen locations throughout the State where the 319 forensic and correctional patients were detained.

The following notes summarise the Tribunal's forensic jurisdiction:

SUMMARY:

FORENSIC PATIENTS

Where a person is found "unfit to be tried" for an offence, the Tribunal must review the case as soon as practicable, and determine whether a person is likely to become fit to be tried within the next twelve months. The Tribunal may also be required to consider whether the person is suffering from a mental illness or from a mental condition for which treatment is available in a mental health facility.

In the case of a person found unfit to be tried and subsequently found to be guilty on the limited evidence available at a Special Hearing and ordered to be detained, the Tribunal must review the case as soon as practicable and inform the Court as to whether a person is suffering from a mental illness, or from a mental condition for which treatment is available in a hospital. If the Court then makes a further order for detention in a correctional centre, mental health

facility, or other place, the Tribunal must review the person as soon as practicable and make orders concerning the person's care, treatment and detention.

In the case of persons found to be "not guilty by reason of mental illness", the Tribunal must review the case as soon as practicable, and make orders concerning the person's detention, care and treatment, or for release of the person either conditionally or unconditionally.

CORRECTIONAL PATIENTS

In the case of persons transferred under authorisation of the Director-General of the Department of Health from prison to a mental health facility as a "mentally ill person", for appropriate treatment and care, the Tribunal must review the case and make orders concerning the person's detention, care and treatment. The Tribunal is to determine whether the person is a mentally ill person who should be detained in a mental health facility.

The Tribunal must also conduct a limited review each month of those inmates for whom an order has been made by the Director-General of Health for their transfer from a correctional centre to a hospital for treatment of a mental illness or mental condition. At these reviews the Tribunal may make an order regarding the inmate's care, treatment and detention.

FREQUENCY OF REVIEWS

The Tribunal must review the case of every forensic or correctional patient at least once every six months although it may extend the time to twelve months in special circumstances.

ORDERS

The Tribunal's orders may stipulate where the patient is to be detained, under what kind of security, the range and kinds of leave (if any) which can be allowed, and, if the patient is on conditional release, the range and kinds of

conditions including conditions as to treatment which apply in order to allow the patient's continuing presence in the community. When considering leave the Tribunal must have regard to the safety criteria in Section 49. It may make orders containing geographical restrictions and non association orders.

The Tribunal can also now make a Forensic Treatment Order for a forensic patient detained in a correctional centre or other place, ordered to be released conditionally or for a correctional patient or inmate in addition to its powers under the Mental Health Act 2007 to make a Community Treatment Order for persons released from the correctional or hospital system whether on parole or not.

CRITERIA

The Tribunal is required to consider the following matters set out in s74 of the *Act* when determining what order to make in relation to forensic patients and correctional patients:

- Whether a person is suffering a mental illness or other mental condition
- Whether there are reasonable grounds for believing that care, treatment or control is necessary for the person's own protection from serious harm or the protection of others from serious harm
- The continuing condition of the person, including any likely deterioration and the effects of such deterioration
- Whether a forensic patient subject to a limiting term (imposed in consequence of having been found unfit for trial) has spent sufficient time in custody; and
- In the case of proposed release, a report by a forensic psychiatrist or other person of a class prescribed by the regulation not currently involved in treating the person, as to the condition of the patient and whether the safety of that person or any member of the public will be seriously endangered by that person's release.

Where the Tribunal considers ordering the release of a forensic patient, it must not make the order unless it is satisfied that the safety of the patient or

any member of the public will not be seriously endangered by the patient's release and that no other care of a less restrictive kind consistent with safe and effective care is appropriate.⁴ The Tribunal must not make orders for release if the Courts have remanded the person in custody but may make a recommendation to the Court as to the person's release.⁵

On considering release the Tribunal must have regard to other matters including the concerns of victims and any submissions of the Attorney General and Minister of Health.

The Tribunal may release a person with or without conditions. If the Tribunal releases a person conditionally, it may impose conditions in accordance with ss 75 and 76. Specified conditions may include those relating to association or non-association with victims or members of victims' families, medication, living arrangements and prohibitions or restrictions on visiting places.

In addition to the above considerations, the "Principles for care and treatment" set out in section 68 of the *Mental Health Act 2007* apply to forensic patients and correctional patients.⁶

TERMINATION OF STATUS

A person's status as a forensic patient will be terminated when:

- An order for unconditional release is made under s 39.⁷
- A person who is found not fit to be tried is found not guilty at a Special Hearing.
- A person who is unfit to be tried is found to have committed the offence but is conditionally released and the conditions expire with the effluxion of time.⁸
- A person is found guilty on the limited evidence available, but a limiting term is not imposed.⁹

⁴ *Mental Health (Forensic Provisions) Act 1990*, s 43.

⁵ *Mental Health (Forensic Provisions) Act 1990*, s 47(2).

⁶ *Mental Health (Forensic Provisions) Act 1990*, s 76B.

⁷ *Mental Health (Forensic Provisions) Act 1990*, s 51(a).

⁸ *Mental Health (Forensic Provisions) Act 1990*, s 51(1)(b).

- Following expiry of a limiting term.

A person's status as a correctional patient will be terminated when:

- a) The person is transferred to a correctional centre or other place from the mental health facility,
- b) The person's sentence of imprisonment expires,
- c) The person is ordered to be released on parole,
- d) The person is otherwise released on the order of a court,
- e) The relevant charges against the person are dismissed, the Director of Public Prosecutions notifies the court or the Tribunal that the person will not be further proceeded against in respect of the relevant charges, or if classified as an involuntary patient under section 65.

The Tribunal is currently discussing the current limiting term scheme with the Department of Justice and the Attorney-General both in light of the current Law Reform Commission's reference in this area, and to ascertain whether, in the interim, any legislative amendment is required to clarify the form of orders that can be made following the imposition of a limiting term.

The fact that a person ceases to be a correctional or forensic patient means that they are not subject to the *Act*, including supervision by the Tribunal, nor to detention under the Forensic Act, but they may be detained and treated under the *Mental Health Act 2007* in the civil system if they are mentally ill persons.

APPEALS

Subject to leave requirements, appeals may be brought by the patient, the Attorney-General (in respect of a release order), the Minister for Health (in respect of a release or leave of absence order) or by victims (in respect of place restriction or non association orders)

⁹ *Mental Health (Forensic Provisions) Act 1990*, s 52(1)(b).

MENTAL HEALTH INQUIRIES

Amendments to the Mental Health legislation were passed over twelve months ago under which the Tribunal rather than magistrates will, as from 21 June 2010, conduct the inquiries into the mental health of patients involuntarily admitted to mental health facilities. There had been lengthy consultations prior to the reforms to that legislation in 2007, and subsequently, concerning the new role for the Tribunal.

The implementation of the amendments should not involve any additional burdens or expense for hospitals. Indeed, it appears that in 2009 there were over 16,000 admissions, which resulted in about 11,300 patients' appearances before Magistrates (more than 50% of which were adjournments) and only some 3,000 orders (for discharge, CTOs or detention). Magistrates only made 87 orders for discharge. All such orders were almost invariably made a number of weeks after admission and following adjournments. Usually patients were discharged without ever being the subject of a completed inquiry. It seems to follow that there were approximately 13,000 discharges out of the 16,000 admissions without any formal substantive legal inquiry into the patient's circumstances. Each of the approximately 6,500 adjournments involved both expense and considerable staff resources for hospitals, Legal Aid and the Local Courts. It can be expected that the Tribunal will grant fewer adjournments.

PATIENT APPEALS

In addition to the inquiries, appeals from the refusal of medical superintendents to discharge patients will remain and can be dealt with by the Tribunal as soon as the appropriate information is available. Indeed, patients will now be able, from the initial involuntary admission until discharge, to seek the Tribunal's intervention using the appeal provisions. Mental Health Inquiries will complement the patient's appeal rights so that no-one should be able to be detained or discharged otherwise than lawfully and appropriately.

PREVIOUS SYSTEM

The previous system, using Magistrates and requiring patients, when ill, to be “brought before” the Magistrate for detention, reinforced perceptions linking criminality and violence with mental illness. Scrutiny of each detained patient’s case by the Tribunal, either by the exercise of the patient’s entitlement to appeal or at an inquiry, will be more in accord with modern human rights concerns and patient autonomy.

Previously the Magistrates attended mental health facilities on days convenient to their schedule rather than as might be appropriate having regard to the state of information in respect to a patient or the patient’s clinical condition and in consequence inquiries almost invariably had to be adjourned since patients needed to have the benefit of a period of treatment and assessment. This practice imposed substantial burdens on treating teams and caused considerable stress to patients. Earlier inquiries were shown to be not practicable.

PURPOSE AND TIMING OF INQUIRIES

The Act provides for the Tribunal to hold the Inquiry for the purpose and to consider the materials referred to in section 35. The reference to “as soon as practicable” is a reference to the Inquiries being held at a time which will be practicable for these things to be done and a time when the statutory purpose set out in Section 35 can practicably be achieved. It is not practicable to undertake Inquiries to ascertain whether a person should be detained, discharged or made subject to a CTO and to examine the circumstances of their treatment, before being able to obtain adequate information, before the mental health facility is able to make an adequate assessment or before the patient reaches a condition where one or other of the statutory options may be reasonably in prospect.

Patients should not be subject to orders for discharge or involuntary patient detention orders for want of information or because the patient has been

presented to the Tribunal too early to enable another appropriate order to be made. Nor should an adjournment regime be read into the Act. The Tribunal, of course, can be quickly available, in the event that the appropriate arrangements have been made, to consider making Community Treatment Orders for discharge to the care of a community agency.

The Tribunal will hold the inquiries as soon as the person is presented by the facility and the material necessary to be considered is available to enable the inquiry to achieve its statutory purpose. This will usually require two weeks for patients to be able to be assessed and treated. However the Tribunal is able to remain flexible and to undertake either an appeal or an inquiry as a particular case might require. A legal representative, the patient or the treating team might refer a matter to the Tribunal if there are particular concerns such as whether a patient should be discharged or a CTO considered, and the Tribunal will of course be available provided the necessary information appears likely to be forthcoming. Further the use of video link will give the Tribunal considerable assistance in obtaining the necessary flexibility.

Audio-Visual Links

The Tribunal has had many years of experience in using video link successfully in mental health reviews and appeals. It has the experience to be able to use it to ensure effective and appropriate inquiries at regional facilities. Such facilities have been supplied with video link capacity, and the use of video link should lessen the burden on the facilities.

In order to meet all patient needs as quickly and effectively as practicable, the Tribunal will need to achieve the maximum flexibility to hold hearings in even the most remote regional facilities and audio-video link enables the practicability of this. The Tribunal would expect the patient's legal representative to have access to their client in advance of the hearing, by video link if necessary, so that the hearing will be able to proceed as smoothly as possible. The Tribunal has not experienced any serious difficulty or adverse effect nor many complaints from consumers about the use of video

link. Indeed a formal study the “Telemedicine and Justice Report” (State Health Publication (MHRT) 980052, Susan Johnston June 1998), as well as the subsequent experience of the Tribunal confirms that video link is supported by consumers and treating teams and ensures effective hearings at the forty two locations widely spread throughout the State the Tribunal needs to service.

Conduct of Hearings

The Tribunal seeks to conduct its hearings in as fair a way and in a manner as little distressing to the participants as possible and will closely monitor the timing and conduct of the inquiries as it does all hearings, to ensure they meet that objective, the Act’s requirements and the principles set out in Chapter 4 of the Act

SUMMARY

- Patients can be discharged by the mental health facility at any time. They don’t have to wait for the Tribunal review. Many patients are discharged before either the magistrate or the Tribunal see them.
- Patients have the right to request discharge at any time and can appeal immediately to the Tribunal if it is refused or not considered within a reasonable time – this appeal can occur before the first review hearing.
- A high proportion (more than 50%) of hearings under the magistrate system were adjourned by magistrates because the patient was too unwell to be able to participate or to be fully assessed.
- If the person has not been discharged at the time of the first Tribunal review the Tribunal will have a detailed report as to their condition and planning for their discharge.
- Hearings will be able to be conducted by video link at 38 locations across NSW. This will ensure the Tribunal is able to give immediate attention when necessary. In addition two large metropolitan centres will conduct hearings in person.

- The new system should impose less burdens on patients, treating teams and consultant psychiatrists and facilitate patients' rights and respect for their dignity and medical condition.
- The Tribunal is experienced in conducting hearings by video link. These hearings will be conducted by legally qualified members with expertise in the mental health review field able because of their Tribunal experience to take into account patient's needs and the availability of care options in hospital or the community.
- Presiding members will be able to determine at an initial video hearing if a patient may need to be seen in person.
- In any event the Tribunal currently conducts approximately half of its review hearings in person and many detained individuals who are seen initially by video link will be seen in person if they remain detained in a mental health facility.

The following chart sets out the procedural steps in respect of inquiries.

Mental Health Inquiries Procedural Flowchart

STEP ONE: Inquiries List

- **One week prior to date of the mental health inquiry** – The mental health facility is to fax to the Tribunal a list of all assessable persons requiring a mental health inquiry, who are in their 3rd or 4th week of detention.
(Fax No: (02) **To Be Advised**)
- Receipt of the list should be confirmed by telephoning the Tribunal on (02) **To Be Advised**.
- A copy of the list should also be provided to the Mental Health Advocacy Service or Legal Aid Solicitor.
- Arrangements should be made for interpreters if required.



STEP TWO: Notification of Mental Health Inquiries

- The authorised medical officer must give notification of the mental health inquiry to the assessable person and their primary carer (*See section 76 of the Mental Health Act 2007*). Confirmation of this and that the patient has been given a copy of the written statement of rights as required by s.74 will be required at the mental health inquiry.



STEP THREE: Amendments to inquiries list

- **Two days prior to the date of the mental health inquiry** – The mental health facility must confirm the inquiries list and advise the Tribunal of any changes. If there are changes then an amended list should be faxed to Tribunal and provided to the Mental Health Advocacy Service or Legal Aid Solicitor.
- Documentation required for the hearing, as set out below, should be faxed or emailed to the Tribunal. **(Video hearings only).**



STEP FOUR: Documentation required for Mental Health Inquiry

- If detained under s.19 - Medical Certificate as to examination or observation of the person (Schedule 1 of the Mental Health Act 2007).
- Medical reports as to mental state of detained person (2 or 3 completed Form 1 Sch 1 Mental Health Regulations 2007).
- Written reports from treating team: Psychiatrist; Registrar; social worker or other involved therapist.
- Recent and representative samples of progress notes from the mental health facility file.
- Confirmation that the patient has been issued a copy of the written statement of rights as required by s.74 and notice has been given in accordance with s.76 or that, all such things, as are reasonably practicable, have been done to give the statement and notice.
- If requesting an involuntary patient order:
 - Written reports as to the person's capacity to manage his or her financial affairs.
- If requesting a community treatment order:
 - Confirmation of service of notice;
 - Treatment Plan prepared by community mental health facility.



STEP FIVE: On the Day of the Mental Health Inquiry

- Ensure room is set up for Inquiries.
- If the inquiry is to be conducted by video ensure the equipment is turned on, is in working order and that a person is present who can operate the system and deal with any technical difficulties.
- Ensure all parties are ready to proceed on time. e.g: patient, legal representative, interpreters, doctors, nurses, social workers, family members or other participants.



STEP SIX: After the Mental Health Inquiry

- If the inquiry was conducted by video the Tribunal will fax a copy of all determinations at the conclusion of the hearing day.
- Please ensure that the patient and their legal representative are provided with a copy.