

# RESOURCES

## GLOSSARY

Key Term	Meaning
<p>The key terms used in the e-Learning program are outlined below.</p> <p>The Dictionary to the Act (Schedule 3 of the Act) has a full list of definitions for the Act.</p>	
<b>Advance health directive (AHD)</b>	<p>A person may make an advance health directive under the <i>Powers of Attorney Act 1998</i>.</p> <p>An AHD gives consent to the person's treatment and care at a future time if the person does not have capacity to make decisions for himself or herself.</p> <p>An AHD may also include the person's views, wishes and preferences about their future treatment and care.</p>
<b>Attorney</b>	<p>Attorneys are:</p> <ul style="list-style-type: none"><li>• an attorney appointed under an advance health directive</li><li>• an attorney appointed under an Enduring Power of Attorney (for a personal matter), under the <i>Powers of Attorney Act 1998</i>, or</li><li>• a statutory health attorney.</li></ul>
<b>Authorised Mental Health Service (AMHS)</b>	<p>A health service or part of a health service declared to be an AMHS under section 329 of the Act, including an AMHS (rural and remote) and a high security unit.</p>
<b>Authorised persons (transport)</b>	<p>The following persons are authorised persons for the purposes of transport under the Act:</p> <ul style="list-style-type: none"><li>• administrators, authorised doctors and authorised mental health practitioners</li><li>• ambulance officers and police officers</li><li>• corrective services officers and youth detention employees (in certain circumstances), and</li><li>• health service employees appointed by an administrator.</li></ul>
<b>Capacity to consent to be treated</b>	<p>A person has capacity to consent to be treated if the person is capable of understanding, in general terms:</p> <ul style="list-style-type: none"><li>• that the person has an illness, or symptoms of an illness, that affects the person's mental health and wellbeing</li><li>• the nature and purpose of the treatment for the illness</li><li>• the benefits and risks of the treatment, and alternatives to the treatment</li><li>• the consequences of not receiving the treatment.</li></ul> <p>The person must also be capable of making a decision about the treatment and communicating the decision in some way.</p>

<b>Key Term</b>	<b>Meaning</b>
<b>Chief Psychiatrist Policy</b>	A policy made by the Chief Psychiatrist under the Act, which must be complied with by any person performing a function under the Act.
<b>Classified patient</b>	A person in custody (in prison, a youth detention centre or a watch-house) who becomes acutely unwell and needs to be transferred to an inpatient unit of an AMHS for treatment and care.
<b>Clinical matters (for examination authorities)</b>	<p>Clinical matters means:</p> <ul style="list-style-type: none"> <li>• general information about the treatment criteria, their application to the person, and whether there is a less restrictive way for the person to receive treatment and care for the person's mental illness</li> <li>• whether the behaviour of the person, or other relevant factors, could reasonably be considered to satisfy the requirements for making an examination authority for the person</li> <li>• options for the treatment and care of the person, and</li> <li>• how the person might be encouraged to seek voluntary treatment and care.</li> </ul>
<b>Clinical report (for Mental Health Review Tribunal hearings)</b>	A clinical report is to be provided for all review hearings of the Mental Health Review Tribunal. The report must be prepared by the person's treating practitioner and include information on the 'relevant circumstances' of the person and other matters relevant to a decision the Tribunal may make on the review.
<b>Emergency examination authority</b>	<p>An emergency examination authority is made under chapter 4A of the <i>Public Health Act 2005</i>.</p> <p>A doctor of authorised mental health practitioner may be asked to examine a person who is under an emergency examination authority if it appears the person may have a mental illness. One possible outcome of an examination is the making of a recommendation for assessment.</p>
<b>Enduring power of attorney (EPOA)</b>	<p>A person may appoint an attorney under an EPOA under the <i>Powers of Attorney Act 1998</i>. An attorney may be appointed for 'personal matters', which includes healthcare.</p> <p>An attorney may make decisions about the person's treatment and care if, at a future time, the person does not have capacity to make decisions for himself or herself.</p>
<b>Examination authority</b>	<p>An examination authority authorises a doctor or authorised mental health practitioner to enter premises to detain and involuntarily examine a person to decide if a recommendation for assessment should be made for the person.</p> <p>The doctor or authorised mental health practitioner may be accompanied by a police officer.</p> <p>This authority is made by the Mental Health Review Tribunal.</p>
<b>Forensic orders</b>	<p>The types of forensic orders are:</p> <ul style="list-style-type: none"> <li>• forensic order (mental health)</li> <li>• forensic order (disability), and</li> <li>• forensic order (Criminal Code).</li> </ul>

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<b>Forensic order (Criminal Code)</b>	<p>Forensic orders (Criminal Code) are made by the Supreme Court or District Court under the Criminal Code, sections 613, 645 or 647. These orders require a person to be admitted to an AMHS to be dealt with under the <i>Mental Health Act 2016</i>.</p> <p>Where a forensic order (Criminal Code) is made, the order is reviewed by the Mental Health Review Tribunal to decide whether to make a forensic order (mental health) or a forensic order (disability) for the person.</p>
<b>Forensic order (disability)</b>	A forensic order (disability) allows for the involuntary care of a person for an intellectual disability. They are made by the Mental Health Court to protect the safety of the community.
<b>Forensic order (mental health)</b>	A forensic order (mental health) allows for the involuntary treatment and care of a person for a mental condition. They are made by the Mental Health Court to protect the safety of the community.
<b>Harmful thing (for searches)</b>	<p>A harmful thing is anything that may be used to threaten the security or good order of an AMHS or public sector health service facility, threaten a person's safety or, if used by a patient, is likely to adversely affect the patient's treatment or care.</p> <p>Examples of a 'harmful thing' are a dangerous drug, alcohol, medication and provocative or offensive documents.</p>
<b>Independent Patient Right Adviser (IPRA)</b>	Independent Patient Rights Advisers are employed by public sector AMHS to advise patients and their support persons of their rights and responsibilities under the Act.
<b>Intellectual disability</b>	<p>An intellectual disability means:</p> <ul style="list-style-type: none"> <li>• an intellectual disability under the <i>Forensic Disability Act 2011</i>, section 12</li> <li>• a cognitive disability under the <i>Forensic Disability Act 2011</i>, section 11.</li> </ul> <p>Intellectual disability (under the <i>Forensic Disability Act 2011</i>) is a disability under the <i>Disability Services Act 2006</i> that:</p> <ul style="list-style-type: none"> <li>• is characterised by significant limitations in intellectual functioning and adaptive behaviour</li> <li>• originates in a person before the age of 18.</li> </ul>
<b>Involuntary patient</b>	<p>An involuntary patient is:</p> <ul style="list-style-type: none"> <li>• a person subject to a treatment authority</li> <li>• a person subject to a forensic order</li> <li>• a person subject to a treatment support order</li> <li>• a person subject to an examination authority</li> <li>• a person subject to a recommendation for assessment</li> <li>• a person subject to a judicial order</li> <li>• a person detained while a recommendation for assessment is being made for the person, and</li> <li>• a person who is absent without permission from another State and is detained in an authorised mental health service.</li> </ul>
Key Term	Meaning

<b>Judicial orders</b>	<p>There are several types of judicial orders under the Act, made by the Mental Health Court, Supreme Court, District Court or Magistrates Court, including:</p> <ul style="list-style-type: none"> <li>• a ‘court examination order’, made by the Mental Health Court requiring a person before the court to be involuntarily examined to prepare a report on the matters requested by the court, and</li> <li>• an ‘examination order’ made by a magistrate requiring a person before the court to be involuntarily examined to decide the person’s treatment and care needs</li> </ul> <p>A judicial order does not authorise the involuntary treatment and care of a person.</p>
<b>Less restrictive way</b>	<p>A person must be treated in one of the less restrictive ways if their treatment and care needs can reasonably be met this way, namely:</p> <ul style="list-style-type: none"> <li>• if the person is a minor—with the consent of the minor’s parent</li> <li>• if the person has made an AHD—under the AHD</li> <li>• if a personal guardian has been appointed for the person— with the consent of the personal guardian</li> <li>• if an attorney has been appointed by the person—with the consent of the attorney</li> <li>• with the consent of the person’s statutory health attorney, other than the Public Guardian.</li> </ul>
<b>Limited community treatment</b>	<p>Limited community treatment is treatment and care of a person in the community, including in the grounds and buildings of an AMHS (other than an inpatient unit), for a period of not more than seven consecutive days.</p> <p>The purpose of limited community treatment is to support a patient’s recovery by transitioning the patient to living in the community with appropriate treatment and care.</p>
<b>Mental condition</b>	<p>A mental condition includes (but is not limited to) a mental illness and an intellectual disability. Epilepsy is an example of another mental condition.</p>
<b>Mental Health Court</b>	<p>The Mental Health Court is established under the Act, primarily to hear references about persons charged with a ‘serious offence’ to decide if the person was of unsound mind at the time of the alleged offence or is unfit for trial.</p> <p>The Court also makes forensic orders and treatment support orders if the person is found to be of unsound mind or unfit for trial.</p>

Key Term	Meaning
<b>Mental Health Review Tribunal</b>	<p>The Mental Health Review Tribunal is an independent decision-making body established under the Act. The Tribunal’s jurisdiction encompasses reviews, applications and appeals.</p> <p>The Tribunal reviews treatment authorities, forensic orders and treatment support orders, the fitness for trial of particular persons and the detention of minors in high security units.</p> <p>The Tribunal hears applications for examination authorities, to perform regulated treatments, for approval to transfer forensic order patients into and out of Queensland and for approval to transfer treatment support order patients out of Queensland.</p> <p>The Tribunal hears appeals against particular decisions of the Chief Psychiatrist in relation to information notices, and a decision of an administrator to refuse to allow a person to visit a patient in an authorised mental health service.</p>
<b>Mental illness</b>	<p>A mental illness is a condition characterised by a clinically significant disturbance of thought, mood, perception or memory.</p> <p>A decision that a person has a mental illness must be made in accordance with internationally accepted medical standards.</p>
<b>Nominated support person</b>	<p>A person may appoint a nominated support person to support the person if they become unwell.</p> <p>If the appointing person becomes an involuntary patient, a nominated support person:</p> <ul style="list-style-type: none"> <li>• must receive the notices under the Act that the appointing person is entitled to receive</li> <li>• may discuss confidential information relating to the appointing person with the treating team</li> <li>• may act as a support person or represent the appointing person at Tribunal hearings, and</li> <li>• may request a psychiatrist report for the person if the person was charged with a serious offence.</li> </ul>
<b>Person absent without permission from another state</b>	<p>A person who is absent without permission from an interstate mental health service for whom a warrant of apprehension has been issued in the other State.</p> <p>The person may be apprehended and taken to an authorised mental health service (AMHS) by a police officer.</p> <p>The person may be detained in the AMHS until arrangements are made for the person’s return interstate.</p>
<b>Personal guardian</b>	<p>A personal guardian is a guardian for a personal matter appointed by the Queensland Civil and Administrative Tribunal under the <i>Guardianship and Administration Act 2000</i>.</p>

<b>Key Term</b>	<b>Meaning</b>
<b>Psychiatrist report</b>	<p>Psychiatrist reports are prepared by authorised psychiatrists on the direction of the Chief Psychiatrist.</p> <p>There are two types of reports:</p> <ul style="list-style-type: none"> <li>• reports on request</li> <li>• reports initiated by the Chief Psychiatrist</li> </ul> <p>The purpose of a psychiatrist report is to provide an opinion on whether a person charged with a serious offence was of unsound mind at the time of the alleged offence or is unfit for trial.</p>
<b>Recommendation for assessment</b>	<p>A recommendation for assessment is made by a doctor or authorised mental health practitioner.</p> <p>A recommendation for assessment authorises an authorised doctor to detain and involuntarily assess a person to decide if a treatment authority should be made for the person.</p>
<b>Reduction and elimination plan</b>	<p>A reduction and elimination plan is a written plan that provides for the reduction and elimination of either or both of:</p> <ul style="list-style-type: none"> <li>• the use of mechanical restraint on a patient</li> <li>• the seclusion of a patient.</li> </ul> <p>A reduction and elimination plan must include:</p> <ul style="list-style-type: none"> <li>• information about the previous use of mechanical restraint or seclusion on the patient</li> <li>• strategies previously used to reduce the use of mechanical restraint or seclusion of the patient and the effectiveness of the strategies, and</li> <li>• information about the strategies proposed to reduce and eliminate the use of mechanical restraint or seclusion of the patient in the future.</li> </ul>
<b>Regular assessment</b>	<p>An authorised doctor must regularly assess a person on a treatment authority, at least 3 monthly, to decide whether the treatment authority should continue and, if so, the extent of treatment in the community.</p>
<b>Regulated treatment</b>	<p>The Act regulates two types of treatments for a mental illness - electroconvulsive therapy, and non-ablative neurosurgical procedures (such as deep brain stimulation).</p>
<b>Relevant circumstances of a person</b>	<p>Relevant circumstances are:</p> <ul style="list-style-type: none"> <li>• the person's mental state and psychiatric history</li> <li>• any intellectual disability of the person</li> <li>• the person's social circumstances, including family and social support</li> <li>• the person's response to treatment and care and the person's willingness to receive appropriate treatment and care</li> <li>• if relevant, the person's response to previous treatment in the community</li> </ul>

Key Term	Meaning
<b>Relevant patient (for seclusion and mechanical)</b>	<p>A relevant patient is:</p> <ul style="list-style-type: none"> <li>• a patient subject to a treatment authority, forensic order or treatment support order, or</li> <li>• a person who is absent without permission from another State detained in an AMHS.</li> </ul> <p>Seclusion and mechanical restraint may only be used on a relevant patient.</p>
<b>Statement of Rights</b>	<p>The <i>Statement of Rights</i> summarises the key rights of patients and support persons under the <i>Mental Health Act 2016</i>.</p> <p>The <i>Statement of Rights</i> is prepared by the Chief Psychiatrist.</p> <p>When a patient is admitted to an AMHS, the <i>Statement of Rights</i> must be explained to the patient. A copy of the <i>Statement</i> must be provided to the patient or a support person, if requested.</p>