

Forensic Patient Management Policy and Procedures

TABLE OF CONTENTS

SUMMARY	4
POLICY	4
RATIONALE	4
PROCEDURE	5
Forensic patient	5
Limited Community Treatment (LCT)	5
Limited Community Treatment Plan	6
External verification	6
Overnight LCT outside of the AMHS	7
Non-compliance with conditions of LCT	7
Treatment plan (Individual Care Plan)	8
Involuntary patient summary	8
Cultural considerations	9
Monitoring forensic patients	10
Photographs	10
Reviewing a forensic order	11
Revoking a forensic order	11
Presentation to an Emergency Department	12
Interstate movement and short term travel out of Queensland	12
Transferring a forensic order to another AMHS	13
Absent without permission	13
Clinical Incidents	13
New offences before the court	14
Allied Person	14
Information Orders	14
Monitoring and auditing	15

SPECIAL NOTIFICATION FORENSIC PATIENTS (SNFP)	16
Monitoring requirements	16
Treatment plan (individual care plan)	17
Absent without permission	17
Administrator responsibilities	17
Revocation of order	18
Appendix 1	19
Decision tree for non-compliance with one or more of the LCT conditions	19
Appendix 2	20
Key roles and responsibilities	20
Further reading	22
Search information	22
Further information	22

SUMMARY

The purpose of this policy is to detail the requirements for the management of forensic patients, including Special Notification Forensic Patients (SNFP). This policy is issued in accordance with s 309A of the *Mental Health Act 2000* (the Act). This policy presumes a reasonable understanding of the Act and should be read in conjunction with the *Queensland Health Mental Health Act 2000 Resource Guide*.

http://qheps.health.qld.gov.au/mhalu/resource_guide.htm

POLICY

This policy outlines the minimum requirements for service providers to deliver optimal, standardised care to forensic patients across Queensland with consideration at all times for the need to afford protection from harm to both the patient and the community.

The policy is guided by the principles identified in the *Queensland Forensic Mental Health Policy*¹ which include:

- forensic patients will have equitable and timely access to a range of high quality mental health services and shall be free from any form of discrimination or stigma related to their criminal behaviour
- assessment and treatment of forensic patients is provided by a mental health service which balances the rights of the individual to optimal care, provided in the least restrictive setting, with the rights of the public to protection against risk of harm
- forensic patients access the necessary range of mental health services across settings consistent with their treatment and security needs to ensure optimal mental health, while minimising the risk of re-offending
- forensic patients have access to culturally appropriate services which take into account language needs, family and social circumstances
- services for mentally ill offenders are delivered in a manner that ensures a key role for consumers in service planning and evaluation.

RATIONALE

The Act states, 'The Director of Mental Health (DMH) must issue policies and practice guidelines about the treatment and care of a forensic patient'.² The Act also requires the Administrator of an authorised mental health service (AMHS) to ensure that any relevant DMH policies and practice guidelines relating to the treatment and care of patients are given effect.³

¹ *Queensland Forensic Mental Health policy* (2002).

² *Mental Health Act 2000* (Qld) s 309A.

³ *Mental Health Act 2000* (Qld) s 498A.

PROCEDURE

Forensic patient

A *forensic order* may be made by the Mental Health Court (MHC) when a person is found to be of unsound mind at the time of the alleged offence or unfit for trial, and the unfitness is of a temporary or permanent nature.⁴ The order permits the person to be detained in an AMHS for involuntary treatment or care. The patient is then described under the Act as a forensic patient and any existing *involuntary treatment order* ceases to have effect.⁵

Limited Community Treatment (LCT)

Unlike patients under an *involuntary treatment order*, a forensic patient is not detained under a community or inpatient category under the Act, and limited community treatment (LCT) conditions provide the only mechanism for the patient to access community treatment and rehabilitation.

LCT may only be ordered or approved by the MHC when making a *forensic order* or by the Mental Health Review Tribunal (the Tribunal) when reviewing the order. The level of LCT approved is the maximum level that can be accessed by the patient. Once LCT is approved by the MHC or the Tribunal, an authorised doctor may, under the patient's *treatment plan*, authorise LCT for the patient.⁶

While the Act empowers an authorised doctor to authorise LCT for a forensic patient, it is important to recognise the significance of forensic patient status under the Act. Authorisation of LCT by an authorised psychiatrist provides the best risk management approach. This applies to all forensic patients but is a critical consideration in relation to LCT authorised for SNFP. While acknowledging the legislative authority of authorised doctors, a best practice approach to authorising LCT is adopted in this policy.

An authorised psychiatrist may:

- authorise LCT up to and including the maximum level of LCT approved by the MHC or the Tribunal
- choose to include additional LCT conditions to ensure adequate monitoring of the patient in the community.

These decisions must be reflected in the patient's treatment plan (individual care plan) and the *Limited Community Treatment Plan (LCT Plan)*, formerly known as *Treatment Plan – Limited Community Treatment*.

LCT should only be authorised for a maximum period of six months at a time.

LCT conditions must be stated clearly to ensure there is no ambiguity in meaning for staff or the patient.

⁴ *Mental Health Act 2000* (Qld) s 288.

⁵ *Mental Health Act 2000* (Qld) s 290.

⁶ *Mental Health Act 2000* (Qld) s 129.

Prior to authorising LCT the authorised psychiatrist must consider:

- the patient's mental state
- the patient's treatment needs
- compliance with treatment
- previous episodes of LCT
- offences leading to the making of the *forensic order*
- previous episodes of absence without permission
- current risk assessment and management plans
- other significant issues, such as the needs and safety of dependent and other children residing with the patient
- victim or community concerns
- what is to be done if the patient is late returning from LCT or is non-compliant with LCT conditions
- who has authority to extend the time of return and under what circumstances
- actions to be taken if the patient is non-compliant with the treatment plan and who is responsible for initiating the actions.

In addition, the authorised psychiatrist must ensure that decisions made regarding a patient's LCT are communicated to all relevant community services (government and non-government) involved in the care of the patient.

Limited Community Treatment Plan

All forensic patients on LCT must have an *LCT Plan* completed in accordance with the LCT conditions ordered or approved by the MHC or the Tribunal. The Plan must:

- incorporate a clearly identified plan for dealing with non-compliance with individual LCT conditions
- be completed by an authorised psychiatrist
- be reviewed regularly by the treating psychiatrist, in consultation with the treating team, at least every three months or after any significant changes
- be reviewed when a patient is being discharged from the inpatient unit.

External verification

External verification of LCT is required to confirm there is documented LCT approval from the MHC or the Tribunal prior to the forensic patient leaving the AMHS. The Administrator of the AMHS or delegate must verify that the LCT authorised by the authorised psychiatrist is consistent with the level and conditions approved by the MHC or Tribunal.

For each new *LCT Plan* a staff member, as nominated by the Administrator, must complete the 'Approval/Order Verification' section in the *LCT Plan*.

After verification, the original should be kept in the clinical file for recording of LCT episodes and a copy should be placed in the administrator's file.

Prior to the patient leaving the AMHS on LCT, mental health staff must:

- ensure the patient understands the conditions of LCT and consequences of non-compliance with conditions of LCT
- identify where the patient is planning to go to and with whom
- consider all of the factors detailed above as for 'prior to authorising LCT' and discuss any concerns with the treating psychiatrist prior to leave commencing.

The time the patient leaves the AMHS, expected and actual return times should be documented on the *LCT Plan*.

On the patient's return to the AMHS from LCT, mental health staff must document any relevant outcomes of the LCT.

Overnight LCT outside of the AMHS

Forensic patients may be granted LCT at an address that is outside the catchment area of the AMHS. On these occasions the authorised psychiatrist or person nominated by the authorised psychiatrist must:

- liaise with the District Forensic Liaison Officer (DFLO) from the destination AMHS, or intake officer where there is no DFLO
- ensure that a comprehensive, written summary of relevant information is provided to staff at the destination AMHS including a comprehensive summary of the care and treatment requirements for the patient
- provide the destination AMHS with the current risk assessment and risk management plan
- ensure that LCT conditions have defined strategies to deal with non-compliance.

Responsibility for care and treatment remains with the AMHS holding the *forensic order*.

The DFLO/intake officer at the destination AMHS will:

- ensure adequate information is received
- ensure information received is filed appropriately
- ensure information relating to the patient is available to mental health staff outside of business hours
- flag the status of SNFPs on hospital records
- notify the Administrator of the AMHS of the LCT Plan for the patient.

Non-compliance with conditions of LCT

When a patient is non-compliant with one or more of the LCT conditions outlined in their *LCT Plan* staff should:

- consult the LCT Plan and follow the identified plan for dealing with non-compliance with individual conditions that have been breached
- refer to the Decision tree for non-compliance with one or more of the LCT conditions (Appendix 1).

Treatment plan (Individual Care Plan)

The Act requires that treatment plans for forensic patients, as well as adhering to treatment plan requirements for *involuntary patients*,⁷ must also include a risk management plan.

The treatment plan should:

- be developed in consultation with the patient and the multi-disciplinary team
- be based on all available information and assessments, including a comprehensive risk assessment
- include strategies for managing symptoms and reducing or eliminating risk factors, with consideration given to any risk of the patient harming him/herself or others
- include detailed consequences of non-compliance with treatment
- identify the method, frequency, place, duration and the persons by whom the services are to be provided
- ensure that when a patient has significant drug and alcohol risk factors that may trigger relapse of a mental illness, a specialist drug and alcohol service is involved in treatment planning
- include strategies to manage patients who are pregnant, have dependent children or have other vulnerable persons residing with them (whether that is all of the time or part of the time) to ensure the safety of the child/ren or vulnerable persons (for example, referral to the Department of Child Safety, or consideration of referral to Child and Youth MHS for assessment of possible intervention options that may be provided in collaboration with the AMHS)
- routinely and explicitly incorporate concerns raised and information provided by carers, support persons, multi-disciplinary team members and service providers, including their capacity to support the patient's LCT.

With regard to child safety issues refer to the DMH Policy on *Promoting the protection needs of children with whom a person with a mental illness has care, custody or access to in their place of residence*.⁸

http://qheps.health.qld.gov.au/mhalu/documents/policies/child_protect.pdf

Involuntary patient summary

The *involuntary patient summary* maintains current information that is pertinent to risk assessment and risk management. The purpose of the summary is to ensure information is readily available to front line and mental health staff, particularly for those who are unfamiliar with the patient. Completion of the summary is mandatory for all forensic patients and classified patients; however, the summary may also be completed for patients under involuntary treatment orders.

The summary must:

⁷ *Mental Health Act 2000* (Qld) s 124.

⁸ *Promoting the protection needs of children with whom a person with a mental illness has care, custody or access to in their place of residence*.

- include diagnosis; *Mental Health Act 2000* status; LCT provisions and conditions; offence history; contact details of the treating service and any other pertinent information
- be completed in the Mental Health Act Information System (MHAIS) every three months and more frequently as new information presents, such as AWOP incidents or new offences are accrued
- be re-printed and signed at each update, with a hard copy placed in the front of the clinical file and MHA Administrator's file.

Information recorded in the summary should be relevant to risk management and risk assessment.

Information from the summary may be transcribed onto the *Additional information to accompany authority to return patient to AMHS* form, as appropriate.

Cultural considerations

Patients from a culturally and linguistically diverse background must be offered involvement of the secondary clinical support service provided by the Transcultural Mental Health Centre.

At admission, the Transcultural Mental Health Centre should be called upon to consult on multicultural treatment requirements. The service may be utilised throughout the admission to provide advice and guidance. It should also be consulted on the patient's return to the community, to advise on any cultural considerations pertaining to case management.

Patients with an Indigenous background should be offered consultation and interventions from Indigenous services, wherever possible.

Cultural safety of forensic patients regarding language services will be enhanced and maintained by:

- working with interpreters
- providing information in English and other languages.⁹

Refer to the following hyperlinks for further information.

http://www.health.qld.gov.au/pahospital/qtmhc/docs/multi_health_policy.pdf

<http://www.health.qld.gov.au/pahospital/qtmhc/docs/language.pdf>

http://www.health.qld.gov.au/pahospital/qtmhc/docs/5_year_plan.pdf

http://www.health.qld.gov.au/pahospital/qtmhc/docs/framework_nmhp.pdf

http://www.health.qld.gov.au/pahospital/qtmhc/docs/nesb_policy.pdf

⁹ *Queensland Health Language Services Policy Statement*, (2000).

Monitoring forensic patients

The management of the forensic patient is the collaborative responsibility of the treating psychiatrist, multi-disciplinary team, DFLO and Community Forensic Mental Health Services (CFMHS).

Forensic patients must be:

- under the direct care of an authorised psychiatrist
- allocated a case manager who is an experienced mental health clinician.

Forensic patients must be reviewed at a minimum of:

- fortnightly in person by the case manager, or less frequently as agreed by the multi-disciplinary team
- three monthly in person by an authorised psychiatrist
- three monthly at multi-disciplinary case review, and when any new concerns present, such as adverse events.

In addition, the following requirements apply:

- When a forensic patient returns to the community following inpatient assessment or treatment, face-to-face review must occur during the first week. In certain exceptional circumstances, there may be a need to deviate from this practice (for example, where face-to-face review is not possible due to the person residing in a remote location). In such circumstances approval for alternative arrangements, (for example, follow-up through a remote area nurse or telephone contact with the patient), should be sought from the Clinical Director, or in the absence of a Clinical Director, another senior doctor nominated by the Administrator,
- The DFLO should be involved in the care planning of forensic patients with complex needs and should be notified of changes to treatment plans of all forensic patients.

Photographs

All forensic patients and classified patients must be photographed, with a copy stored on an electronic database and a hard copy in the patient's clinical file. The purpose of the photograph is for identification in the event of unauthorised leave, accident or injury or other circumstances where physical identification is required.

The Memorandum of Understanding between Queensland Health and the Queensland Police Service allows the Queensland Police Service to request a photograph of a forensic patient to assist in his/her return to an AMHS.¹⁰

Photographs of forensic patients should be updated annually at a minimum or as changes to appearance are noted. The old photograph should remain on the file with a note advising that an updated photo is available.

¹⁰ *MoU between the State of Queensland through Queensland Health and the State of Queensland through the Queensland Police Service Mental Health collaboration (2005).*

In most cases, the case manager or DFLO is responsible for ensuring that the photograph is kept up-to-date and is available in the clinical file, however, the Administrator may delegate this duty to another position within the AMHS.

Reviewing a forensic order

The Tribunal must review a forensic patient within six months of the order being made and then every six months.¹¹

Application for additional reviews can be made in writing by the patient, a person on behalf of the patient or the DMH and sent to the Tribunal.

Information that is being provided to the Tribunal, for example, the *LCT Plan*, may be required to be sent to the Limited Community Treatment Review Committee (LCTRC) prior to the Tribunal hearing.

http://qheps.health.qld.gov.au/mhalu/documents/policies/lctrc_policy.pdf.

At a hearing or review, the Tribunal can:

- confirm the *forensic order*
- revoke the *forensic order*
- order the patient's transfer to another AMHS
- order, approve or revoke LCT.

The Tribunal can only order/approve LCT if it is satisfied that the patient does not pose an unacceptable risk to their own safety or the safety of others.¹²

Revoking a forensic order

An authorised psychiatrist may recommend to the Tribunal to revoke a *forensic order* if he/she believes the patient no longer requires the level of oversight provided by the order.

When making a recommendation to revoke a *forensic order*, the psychiatrist must take into account the patient's:

- mental state and longitudinal history of stability of mental state
- treatment needs
- index offence
- any previous episodes of absence without permission
- risk assessment
- victim rights and interests.

Important Considerations

The authorised psychiatrist should also consider:

¹¹ *Mental Health Act 2000* (Qld) s 200.

¹² *Mental Health Act 2000* (Qld) s 204.

- obtaining a second opinion from another psychiatrist within the service
- obtaining an opinion from CFMHS
- whether an involuntary treatment order is required to provide adequate safeguards.

The Tribunal can only revoke the *forensic order* if it is satisfied the patient does not pose an unacceptable risk to their own safety or the safety of others.¹³

The Tribunal may only revoke the *forensic order* for an SNFP after it has obtained a written report following examination by a psychiatrist who is not an authorised psychiatrist for the patient's treating health service.¹⁴

Presentation to an Emergency Department

When a forensic patient presents to an emergency department, emergency department staff should notify mental health staff to ascertain whether mental health assessment or review is required.

Ideally, emergency department staff should also access the *involuntary patient summary* on the Mental Health Act Information System (MHAIS) to obtain legal status, clinical information, and contact details of the treating service.

If assessment or review is required:

- forensic patients should be reviewed by a mental health practitioner and the results of the assessment conveyed to the treating psychiatrist, or an authorised psychiatrist prior to the patient being released from the emergency department
- SNFPs should be reviewed by an authorised psychiatrist wherever possible, in consultation with the treating psychiatrist
- If the emergency department does not have access to a psychiatrist, medical staff should assess the patient in consultation with the treating psychiatrist. If the treating psychiatrist is unavailable they should consult with a psychiatrist from their closest AMHS and/or a psychiatrist from the treating AMHS
- assessment should include mental state examination and risk assessment with particular regard to whether the patient poses a risk of harm to self or others
- outcomes should be clearly documented in the patient's file
- a brief summary of the results of the presentation/assessment should be sent as soon as possible to the treating psychiatrist.

Interstate movement and short term travel out of Queensland

Refer to the DMH Policy on *Interstate Movement and Short Term Travel out of Queensland*.

http://qheps.health.qld.gov.au/mhalu/documents/policies/stistatetravel_policy.pdf

¹³ *Mental Health Act 2000* (Qld) s 204.

¹⁴ *Mental Health Act 2000* (Qld) s 203A.

Transferring a forensic order to another AMHS

A request for transfer of a *forensic order* may be made by the current treating team, taking account of the following requirements:

- the treating team must liaise with the proposed destination service
- the authorised doctor completes relevant sections on a Request for transfer form and sends it to the destination service, which must approve and sign it before forwarding it to the DMH
- a forensic patient may be transferred from one AMHS to another AMHS only on the written order of the DMH
- arrangements for shared case management, including allocation of a case manager, may be made until the patient's *forensic order* is transferred to the new AMHS
- the destination AMHS must allocate an authorised psychiatrist to the patient prior to transfer of the order
- the DFLO should be informed of any proposed transfers and be involved, as appropriate.

Absent without permission

Refer to the *Patient absent without permission flip chart* for forensic patients and the *Queensland Health Mental Health Act 2000 Resource Guide*.

<http://qheps.health.qld.gov.au/mhalu/documents/forms/pdf/26746.pdf>

http://qheps.health.qld.gov.au/mhalu/resource_guide.htm

Clinical Incidents

Clinical incidents involving forensic patients are to be managed in accordance with the *Queensland Health Incident Management Policy*. All clinical incidents involving forensic patients should be reported to the DMH or delegate without delay. This contact can be made via the Mental Health Act Liaison Officers during business hours or directly to the DMH or Delegate if the event occurs outside business hours.

Clinical incidents include:

- near miss
- adverse event
- sentinel event.

Refer to the *Queensland Health Incident Management Policy* for further information regarding clinical incidents and their management.

<http://www.health.qld.gov.au/patientsafety/im/documents/incidmanpol.pdf>

<http://www.health.qld.gov.au/patientsafety/im/documents/CIMIS30884.pdf>

New offences before the court

When a forensic patient is charged with a new offence, these offences are dealt with under Chapter 7 Part 2 of the Act.¹⁵

Allied Person

The role of the allied person for the forensic patient is the same as for patients subject to *involuntary treatment orders*. Refer to the following hyperlink for further information.

<http://qheps.health.qld.gov.au/mhalu/allied.htm>

Information Orders

The Tribunal may, on application, make a Forensic Patient Information Order (FPIO).¹⁶

The FPIO authorises limited patient information to be disclosed to the FPIO recipient including, for example:

- when a *forensic order* review is to be carried out
- the Tribunal's decision to confirm/revoke the *forensic order*
- the Tribunal's approval of limited community treatment
- the patient's absence without permission.

An application for a FPIO can be made by a victim of an offence committed by the patient. A person other than a victim may also apply for a FPIO, however, the Tribunal must be satisfied that the person has sufficient personal interest to receive information about the patient.

The Act includes a number of safeguards to protect the patient's interests:

- the Tribunal cannot make a FPIO if the Tribunal believes disclosure of patient information is likely to cause serious harm to the patient's health or place the safety of any person at serious risk
- the Tribunal may apply conditions to the FPIO (eg requiring that the FPIO recipient not attempt to contact the patient or the patient's family)
- the FPIO applicant must sign an undertaking to not disclose information received for public dissemination
- the FPIO may be revoked if the recipient fails to comply with a condition or discloses information for public dissemination.

The DMH is responsible for providing patient information to the FPIO recipient. In practice, information is conveyed through the Queensland Health Victim Support Service.

It is also important to note that the Tribunal may make a confidentiality order in relation to a FPIO.¹⁷ The confidentiality order may prohibit the patient from being informed of an

¹⁵ *Mental Health Act 2000* (Qld) s 236.

¹⁶ *Mental Health Act 2000* (Qld) ch 7A pt 2.

¹⁷ *Mental Health Act 2000* (Qld) s 458.

application/order or the identity of the applicant/order recipient.¹⁸ This provision would only be used in exceptional circumstances.

Monitoring and auditing

The Director of Mental Health, in collaboration with state-wide CFMHSs and AMHSs, will ensure processes are in place to monitor and report on:

- compliance with legislative and DMH policies and guidelines
- clinical management of forensic patients.

Collated information and strategies to address issues identified through these quality initiatives will be provided to the:

- Director of Mental Health
- Queensland Director of Forensic Mental Health
- AMHS Administrators.

¹⁸ If an FPIO has been made, a flag will appear on the patient front screen in the Mental Health Act Information System. The flag will also indicate where a confidentiality order applies.

SPECIAL NOTIFICATION FORENSIC PATIENTS (SNFP)

The person of special notification category was changed to special notification forensic patient (SNFP) category as part of the 2007 legislative amendments recommended in the Butler Report.¹⁹

A forensic patient is a SNFP if the offence leading to the making of the *forensic order* for the patient is an offence against one of the following provisions of the Criminal Code:

- section 300 [unlawful homicide]
- section 306 [attempt to murder]
- section 328A(4) [dangerous operation of a motor vehicle involving the death of another person]
- section 349 [rape]
- section 351 [assault with the intent to commit rape].²⁰

There are a number of requirements that apply to SNFPs specifically, in addition to procedures pertaining to forensic patients generally.

Monitoring requirements

SNFPs must be:

- under the direct care and treatment of an authorised psychiatrist
- allocated a case manager who has demonstrated experience in working in mental health and particularly with forensic patients.

SNFPs must be reviewed at a minimum of:

- weekly in person by a nominated case manager
- monthly in person by an authorised psychiatrist
- three monthly at comprehensive multi-disciplinary case review, which should include the DFLO
- annually for clinical assessment by a psychiatrist from CFMHS (this review is not necessary for long term inpatients of High Secure Units).

More frequent review should occur if there are any concerns raised by the treating team or other support persons.

Less frequent review by the treating team must:

- have a specified frequency documented
- be approved by the Clinical Director or, in the absence of a Clinical Director, a person nominated by the Administrator
- be clinically justified and clearly documented in the clinical file.

¹⁹ *Promoting balance in the forensic mental health system – Final Report - Review of the Queensland Mental Health Act 2000*, B Butler, AM SC, (2006).

²⁰ *Mental Health Act 2000* (Qld) s 305A.

The DFLO must work closely with the treating team and provide oversight for the management of SNFPs.

In addition to these procedures, liaison between the treating team and CFMHS must occur where:

- there is a significant change to the treatment plan
- the patient re-offends
- the patient is non-compliant with the treatment plan
- the patient requires admission to an inpatient facility
- the patient is engaging in substance use
- the patient is absent without permission
- any violent incidents occur.

Alternatively, a review may be initiated by CFMHS.

The report of the annual review by the CFMHS psychiatrist of the SNFP, and any other CFMHS report considered relevant by a CFMHS psychiatrist must be attached to the subsequent Tribunal report.

Treatment plan (individual care plan)

An authorised psychiatrist is required to notify the DMH of any significant changes to a SNFP's treatment plan.

These changes may include:

- an increase in level of LCT
- re-offending
- readmission to an inpatient facility
- failure to comply with conditions of LCT.

Absent without permission

Refer to the *Patient absent without permission flipchart* for SNFPs and the *Queensland Health Mental Health Act 2000 Resource Guide*

<http://qheps.health.qld.gov.au/mhalu/documents/forms/pdf/26748.pdf>

http://qheps.health.qld.gov.au/mhalu/resource_guide.htm

Administrator responsibilities

The Administrator of the AMHS has delegated responsibility for all involuntary patients of the AMHS. With regard to SNFP's the Administrator is responsible for:

- ensuring the SNFP status is correctly identified in the Mental Health Act Information System database on the making of the *forensic order*

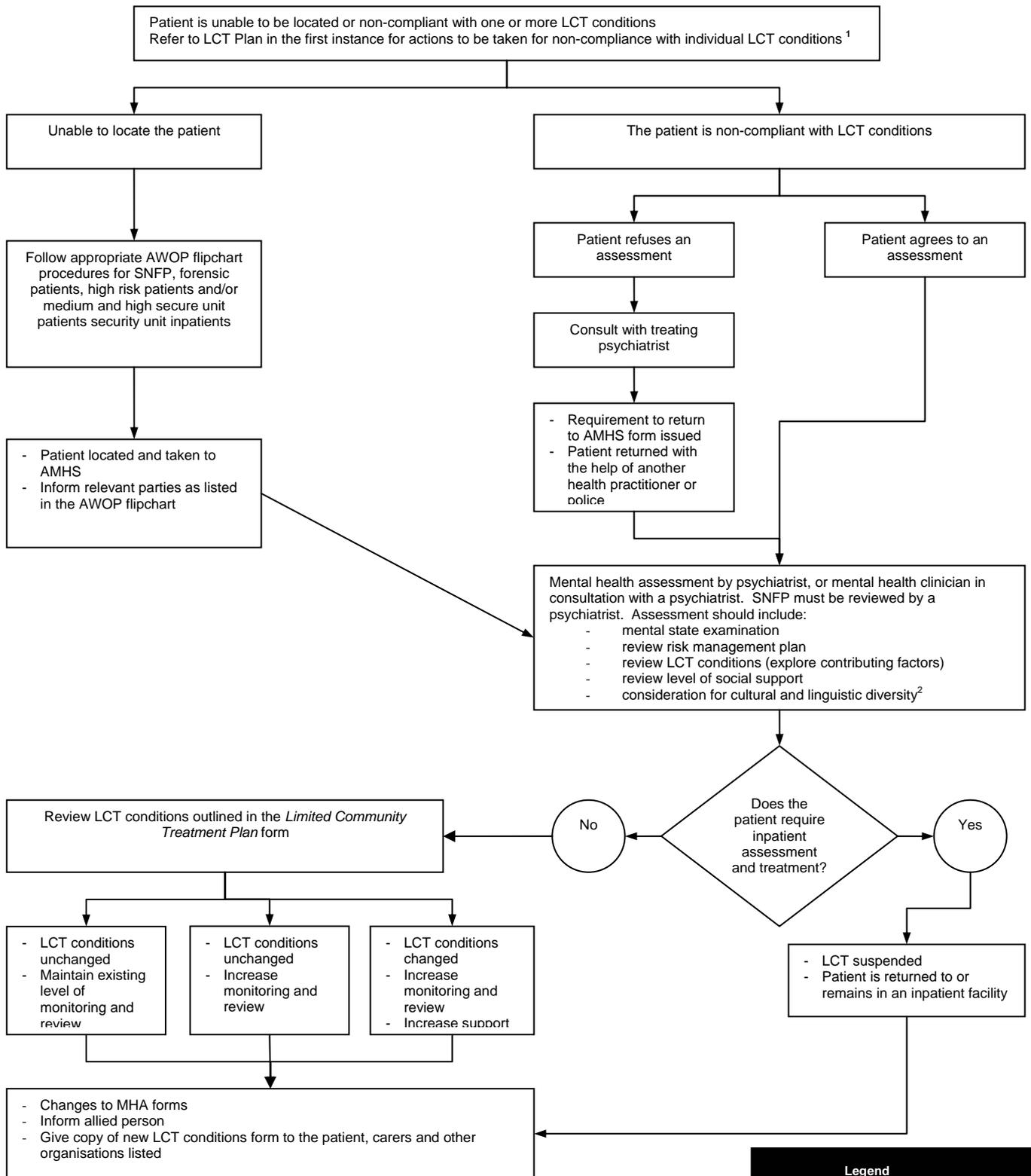
- ensuring the patient receives appropriate information and explanation of the *forensic order*, including SNFP status (eg by providing the *Information for forensic patients* information sheet)
- maintaining a system for flagging SNFP status on the clinical file and administrator file
- maintaining a system for flagging SNFP status when a person presents to an emergency department
- maintaining a system for removing the flagging of SNFPs on all health systems when a person ceases to be on a *forensic order* and the SNFP status no longer applies.

Revocation of order

If a SNFP's *forensic order* is revoked, the person ceases to be a SNFP. In these circumstances, the AMHS must ensure that alerts referring to an SNFP status are removed from health records, including electronic records such as CESA and HBCIS. Any photographs are to be removed and archived according to individual district processes.

Appendix 1

Decision tree for non-compliance with one or more of the LCT conditions



1. LCT conditions will include those stipulated by the MHRT/MHC as well as any additional conditions imposed by the treating team. Any non-compliance with LCT condition for SNFPs should result in mental health assessment by a psychiatrist.

2. If there are cultural issues or an interpreter is required, the Transcultural Mental Health Centre should be contacted for advice. If the patient is of Indigenous or Torres Strait Islander origin the Indigenous mental health

Legend

- LCT:** Limited Community Treatment
- SNFP:** Special Notification Forensic Patient
- AWOP:** Absent Without Permission
- AMHS:** Authorised Mental Health Service
- MSE:** Mental State Examination
- MHA:** Mental Health Act 2000

Appendix 2

Key roles and responsibilities

This section is provided as a guide for clinicians working with forensic patients, including SNFPs, to identify key roles and responsibilities in the management of forensic patients.

Case manager responsibilities and oversight:

Reporting and monitoring:

- review the patient at the frequency specified in the treatment plan
- minimum of monthly clinical review by an authorised psychiatrist for SNFP's, three monthly for other forensic patients
- three monthly multi-disciplinary case review
- completion of involuntary patient summary – three monthly update and when new situations arise
- contribute to the Tribunal report six monthly
- negotiate with CFMHS regarding annual review by CFMHS psychiatrist
- notify CFMHS of clinical incidents or sentinel events
- update annual photograph.

Treatment plan:

- ensure the patient's treatment and risk management plans are current and are reviewed by the multi-disciplinary team at the specified intervals
- ensure that the treatment plan meets the requirements of the Act and those specified in the treatment plan section of this policy.

DFLO responsibilities and oversight:

- oversight of completion of Involuntary patient summary
- oversight of photo compliance
- review of forensic patients, with the case manager, on a regular basis
- contribute to risk management planning, particularly for SNFPs
- collection and collation of data as requested by DMH relating to AWOP, compliance issues etc
- participate in the DFLO network and provide feedback on initiatives/quality items to case managers
- work collaboratively with treating teams to manage risk
- liaise closely with CFMHS.

Psychiatrist responsibilities and oversight:

- monthly clinical review
- three monthly multi-disciplinary case review
- provide a report to the Tribunal every six months
- ensure the Tribunal documentation is sent to the LCTRC (when required) a minimum of five working days prior to the committee meeting
- gain approval from Clinical Director when considering less frequent review of SNFPs
- ensure facilities are available for the annual review of SNFPs by CFMHS psychiatrist.

CFMHS responsibilities:

To respond to AMHS requests including:

- when specialist advice is required on the management of forensic patients
- when the patient's circumstances change and there are concerns that risk may increase as a result
- when the patient is non-compliant with LCT conditions
- when requesting a specialist comprehensive risk assessment (for example: violence, fire setting, sexual offending)
- if the patient accrues new charges, particularly violent offences
- if there is a deterioration in mental state.

Administrator responsibilities:

- as specified in the Act
- as detailed in the SNFP section of this policy.

Recommended personal and professional development for case managers:

- engage in clinical supervision
- risk management training for forensic patients (including DMH policies and legislation etc)
- annual update of risk management training
- close liaison with the DFLO and CFMHS
- good working knowledge of the Act.

Further reading

Mental Health Act 2000

Promoting balance in the forensic mental health system - Final Report - Review of the Queensland Mental Health Act 2000 (2006)

Review of Queensland Forensic Mental Health Services (2002)

Relevant DMH Policies and Procedures

Search information

Key Words: forensic order, forensic patient, special notification forensic patient, limited community treatment, movement and travel, transporting, transferring, detention, effect, allied person, individual care plan, assessment, photographs, culture, absent without permission, information orders, reporting requirements, involuntary patient summary, mental health review tribunal, monitoring audit compliance.

Further information

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