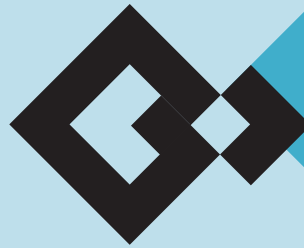


# Forensic Leave Panel

Annual Report 2008





**Forensic Leave Panel  
Annual Report 2008**

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September 2009 (DHSJK909)

17 August 2009

The Honourable Rob Hulls MP  
Attorney-General  
Level 1  
55 St Andrews Place  
MELBOURNE 3002

Dear Attorney

In accordance with s. 63 of the *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997 (Vic)*, I have pleasure in submitting the annual report on the operations of the Forensic Leave Panel for the year ending 31 December 2008 for tabling in Parliament.

A copy of this report has also been provided to the Minister for Mental Health and Community Services, the minister responsible in part for the operation of the Act.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K Williams', with a long horizontal flourish extending to the right.

**The Honourable Justice Katharine Williams**  
**President**  
**Forensic Leave Panel**



## President's Report

I have pleasure in presenting my first annual report as the president of the Forensic Leave Panel (the panel). This is the panel's 10th annual report, detailing its operations for the period from 1 January to 31 December 2008.

The panel was established under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, which came into effect on 18 April 1998 and governs the detention, management and release of persons found unfit to be tried or not guilty on the grounds of mental impairment.

The panel is comprised of one or more judges of each of the Supreme and the County courts, the Chief Psychiatrist or his or her nominee and such other members as are necessary for its proper functioning. A Supreme Court judge is to be the president of the panel.

At the outset, I want to record the panel's appreciation of the contributions of former members who have served it generously, providing it with the benefits of their wisdom and experience for many years.

My immediate predecessor as president was the Honourable Bernard Teague who served as a judicial member of the panel from 21 April 1998 and as its president from 14 October 1998 to his retirement on 15 February 2008. He made a unique and valued contribution to the panel as its leader for almost a decade.

A most significant contribution was also made by the Honourable John Coldrey, who served as a judicial member of the panel for almost 10 years from 17 November 1998 to 4 April 2008. Ms Astrid Birgden, too, has given the panel very dedicated service, having been appointed as a psychologist member in December 2000, resigning only in February 2008.

The panel is now fortunate to have new members. Dr Steve McFarlane joined as a nominee of the Chief Psychiatrist in February 2008 as well as the Honourable Justice Paul Coghlan and the Honourable Justice John Forrest starting as judicial members in April 2008. Dr Ruth Vine also began her involvement as the Chief Psychiatrist's nominee in June this year. I warmly welcome them all on behalf of the panel.

The panel continues to hold monthly hearings. Over the past decade, there has been a significant increase in the number of applications for leave. In the panel's first year of operation in 1988 there were 71 applications from 20 forensic patients and three forensic residents. By 2007 there were 178 applications from 66 forensic patients and three forensic residents.

It had become apparent by 2007 that the existing system had become unwieldy as the original expiry date of leave remained fixed, no matter how many variations were made to the conditions of that leave in separate applications. A more streamlined leave application system was introduced in 2007. Under that change, an applicant for a variation of one type of leave would, at the same time, apply for all other current types of leave and, if successful, all leaves could be granted for a further six-month block. It appears that this change may have had an effect in terms of reducing the number of leave applications dealt with by the panel from 178 in 2007 to 158 in 2008, even though the total number of patients and residents applying for leave increased from 69 to 76 in the same period.

The panel could not achieve its aims without the ongoing support and cooperation of a number of individuals and organisations. They include the forensic patients, forensic residents and staff of Thomas Embling Hospital, Plenty Residential Services and Statewide Forensic Services, as well as the Department of Human Services and, in particular, the Mental Health Branch and the Disability Services Division. The families and friends of the applicants for leave also play an essential role in the process. I thank them all.

Finally, I must recognise the invaluable contribution made by the panel's executive officer, Ms Carolyn King, and note the panel's appreciation for her continuing management of its operations throughout the reporting period.

A handwritten signature in black ink, appearing to read 'K Williams', with a long horizontal flourish extending to the right.

**The Honourable Justice Katharine Williams**  
President

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## Part 1: Introduction

The *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (the Act) provides for the detention, management and release of persons found by a court to be either unfit to stand trial or not guilty of an offence on the grounds of mental impairment.

### Supervision orders

If a person is found to be unfit to stand trial or not guilty of an offence because of mental impairment, the court may make one of three different supervision orders:

- a custodial supervision order committing a person to custody in an ‘approved mental health service’ under the *Mental Health Act 1986*, or a ‘residential treatment facility’ or ‘residential institution’ under the *Disability Act 2006*
- a custodial supervision order committing a person to custody in a prison, but only if it is satisfied there is no practicable alternative
- a non-custodial supervision order releasing the person on conditions decided by the court and specified in the order.

The court also has the option to unconditionally release the person.

### Forensic patients

The Thomas Embling Hospital campus of the Victorian Institute of Forensic Mental Health (Forensicare) is the only approved mental health service providing custodial services for people subject to a custodial supervision order (CSO) made on the grounds of mental illness. A person detained on a CSO in an approved mental health service is classified as a ‘forensic patient’ and is deemed to be in the custody of the Secretary to the Department of Human Services.

Forensicare provides assessment, care and treatment for all levels of mental illness, ranging from patients who are acutely ill to patients whose mental state is stable and who are able to participate in intensive rehabilitation programs. Medical assessment and treatment is also provided. Programs are designed to meet the individual needs of patients. For example, treatment programs for acutely ill patients are designed to alleviate psychiatric symptoms, stimulate patient participation and emphasise appropriate socialisation, recreation, creative activity, fitness, health care and psychosocial education and therapy. Programs for patients participating in intensive rehabilitation are designed to encourage autonomy, responsibility, develop or maintain skills and focus on preparing for community life.

### Forensic residents

Plenty Residential Services is a residential treatment facility providing custodial services for people on CSOs made on the grounds of intellectual disability. A person detained in a residential treatment facility or residential institution is classified as a ‘forensic resident’ and is deemed to be in the custody of the Secretary to the Department of Human Services.

The department’s Disability Services Division, through the Statewide Forensic Service, has responsibility for setting policy and program direction. Services are provided through the Long-term Rehabilitation Program, which Plenty Residential Services manages. The program’s role is to provide a highly structured and supervised accommodation environment for those clients who

cannot reside in the community given the assessed risk of their offending behaviours. The facility can accommodate a maximum of six clients and, at December 2008, housed three forensic residents, a voluntary client and a client on an undertaking.

Long-term intervention is less intensive than short- to medium-term intervention programs, and is developmental in nature. The services for forensic residents, therefore, aim to assist clients to achieve optimum lifestyles. Developmental programs include:

- behaviour management strategies that follow positive programming principles
- skills development programs that build on clients' individual skills and strengths
- support for clients in maintaining personal and professional links (such as links with family, friends, case managers and specialists) through supervised community access
- supported participation in recreational and social activities.

## Prison

As of December 2008, one person subject to a CSO is detained in prison.

## Forensic Leave Panel

The Forensic Leave Panel is an independent tribunal established under s. 59 of the Act with jurisdiction to consider applications from forensic patients and residents for:

- on-ground and limited off-ground leave<sup>1</sup>
- appeals against refusal of special leave<sup>2</sup>
- appeals against transfer to another institution.<sup>3</sup>

The leave of absence regimen established by the Act is intended to assist with the rehabilitation of patients and residents and facilitate their ultimate reintegration into the community. The Act provides a transparent, accessible and responsive system that supports the application of procedural fairness. The system provides forensic patients and residents with a right to appear at the hearing of an application. Participants have embraced this as important, particularly the forensic patients and residents subject to the Act.

All leave is granted on the basis that the safety of the forensic patient or resident or members of the public will not be seriously endangered as a result of the person being allowed leave.

## Extended leave and revocation of orders

The Supreme Court or County Court hears applications for extended leave (which allows a forensic patient or resident to live in the community under prescribed supervision) or applications for release from that order, or variation of the order.

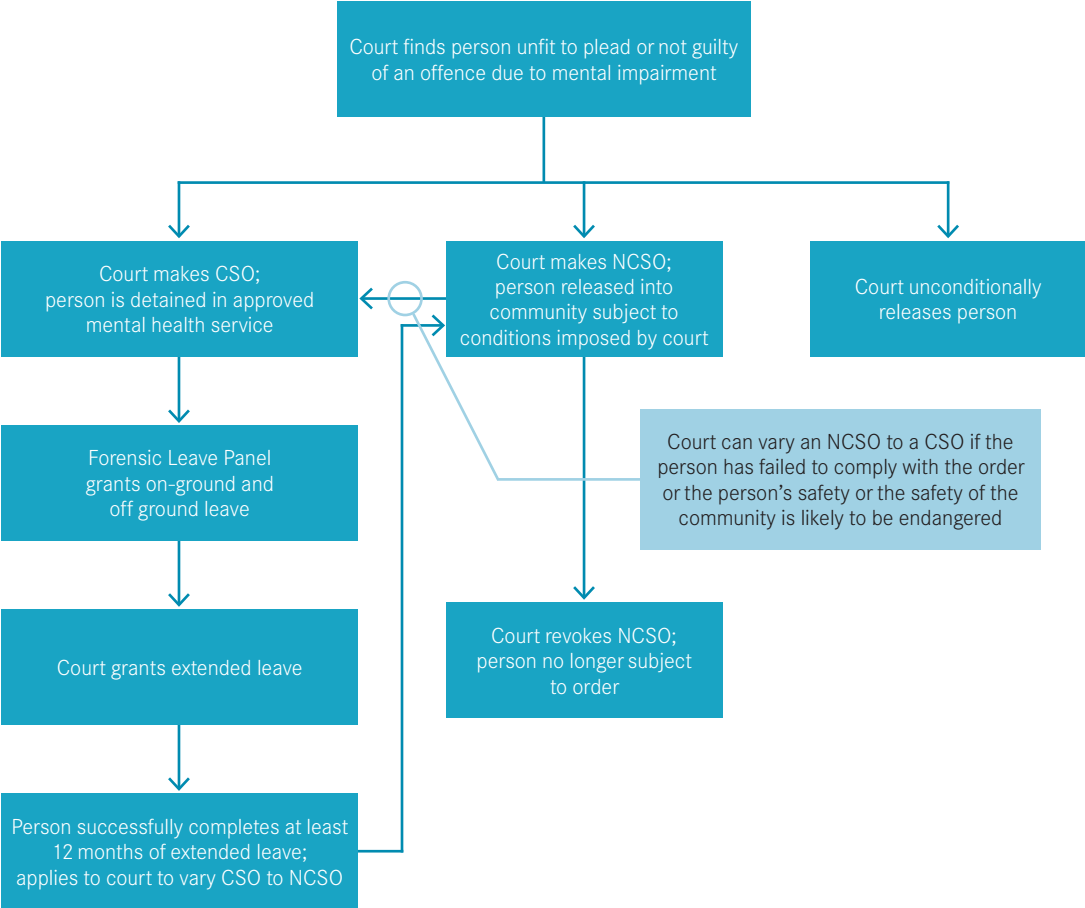
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1 Section 54 *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*

2 *Ibid.*, s. 54

3 Section 53AB (3) *Mental Health Act 1986*

Figure 1: The legal framework for progression under the Act



## Part 2: The Forensic Leave Panel

### Jurisdiction

The panel is established under part 7 of the Act to hear applications from forensic patients and residents for certain types of leave. The Act provides the panel with jurisdiction to hear:

- applications for on-ground and limited off-ground leave
- appeals in relation to special leave refused by the authorised psychiatrist (in the case of forensic patients) or the Secretary to the Department of Human Services in the case of forensic residents)
- appeals in relation to transferring a forensic patient from one mental health facility to another.

Part 3 of this report contains further information on the above matters.

### Membership of the panel

Section 59 of the Act provides that the panel comprises representatives from the judiciary, the professions of psychiatry and psychology, and the general community. The president of the panel is a Supreme Court judge.

Schedule 1 to the Act provides the membership of the panel.

### Judicial members

Judicial members:

- are appointed by the Governor in Council
- hold office for a period of up to five years
- are eligible for re-appointment at the end of the term of office.<sup>4</sup>

### Other members

Each member of the panel (other than the judicial members and the chief psychiatrist or his or her nominees):

- is appointed by the Governor in Council on the nomination of the Minister
- holds office for the term specified in his or her instrument of appointment, which must be no longer than four years
- is eligible for re-appointment at the end of the term of office.<sup>5</sup>

In nominating people for appointment to the panel, the Minister must have regard to:

- the matters that the panel has jurisdiction to hear and determine
- the need for the panel to be comprised of both males and females and so qualified by knowledge and experience that the panel is capable of exercising the jurisdiction and performing the functions conferred on it.<sup>6</sup>

The panel's membership at 31 December 2008 is listed in Table 1.

---

4 Schedule 1 1(1) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

5 Schedule 1 2(1) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

6 Schedule 1 2(2) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

**Table 1: Panel's membership at 31 December 2008**

<b>Judicial members</b>		
<b>Supreme Court of Victoria</b>	<b>From:</b>	<b>Until:</b>
<b>President</b>		
The Hon. Justice Bernard Teague <i>Appointed president</i> <i>Reappointed</i> <i>Retired</i>	21 April 1998 14 October 1998 21 April 2003	20 April 2003 20 April 2003 20 April 2008 15 February 2008
The Hon. Justice Katherine Williams <i>Appointed president</i>	5 September 2006 15 February 2008	20 April 2008 4 September 2011
The Hon. Justice John Coldrey <i>Reappointed</i> <i>Retired</i>	17 November 1998 17 November 2003	16 November 2003 16 November 2008 4 April 2008
The Hon. Justice Elizabeth Hollingworth	30 August 2005	29 August 2010
The Hon. Justice Paul Anthony Coghlan	4 March 2008	3 March 2013
The Hon. Justice John Forrest	4 March 2008	3 March 2013
<b>County Court of Victoria</b>		
Her Honour Judge Liz Gaynor	3 May 2005	2 May 2010
Her Honour Judge Sandra Davis	5 September 2006	4 September 2011
Her Honour Judge Susan Pullen	20 November 2007	19 November 2012
His Honour Judge Anthony Howard	20 November 2007	19 November 2012
<b>Chief psychiatrist</b>		
Dr Kuruvilla George	6 August 2007	17 May 2009
<b>Chief psychiatrist nominees</b>		
Dr Steve MacFarlane	4 February 2008	1 August 2008
Professor Mark Oakley Browne	1 August 2008	31 May 2009
Dr Paul Hantz	26 May 2003	Ongoing
Dr Ruth Vine	23 June 2008	2 May 2009
<b>Medical practitioners</b>		
Dr Michael William Newington Epstein <i>Reappointed</i>	21 April 1998 10 September 2002 24 October 2006	20 April 2002 9 September 2006 23 October 2010
Dr William Felix Glaser <i>Reappointed</i> <i>Reappointed</i>	21 April 1998 12 December 2000 30 August 2005	20 April 2000 11 December 2004 29 August 2009
Dr Barrie Michael Kenny <i>Reappointed</i>	21 April 1998 10 September 2002 24 October 2006	20 April 2002 9 September 2006 23 October 2010
Dr Cristea Anne Mileschkin <i>Reappointed</i>	10 September 2002 24 October 2006	9 September 2006 23 October 2010

Table 1: Panel's membership at 31 December 2008 (continued)

Judicial members		
Supreme Court of Victoria	From:	Until:
<b>Psychologists</b>		
Ms Astrid Birgden <i>Resigned</i>	12 December 2000 30 August 2005	11 December 2004 29 August 2009 11 February 2008
Ms Catherine Leigh-Smith <i>Reappointed</i> <i>Reappointed</i>	21 April 1998 10 September 2002 24 October 2006	20 April 2002 9 September 2006 23 October 2010
Ms Janina Tomasoni <i>Reappointed</i>	10 September 2002 24 October 2006	9 September 2006 23 October 2010
<b>Community members</b>		
Ms Kathleen Bragge	30 August 2005	29 August 2009
Ms Helga (Liza) Newby <i>Reappointed</i>	12 December 2000 30 August 2005	11 December 2004 29 August 2009
Mr Paul Dennis Newland <i>Reappointed</i> <i>Reappointed</i>	21 April 1998 12 December 2000 30 August 2005	20 April 2000 11 December 2004 29 August 2009
Mr Terry Grigg	24 October 2006	23 October 2010
Mr Kyriakos (Jack) Nalpantidis	24 October 2006	23 October 2010

## Staff

The panel has an executive officer, Ms Carolyn King. It operates from the offices of the Mental Health and Drugs Division of the Department of Human Services.

## Composition of the panel for hearings

Schedule 2 sets out the constitution of the panel for hearings. The composition varies, depending on whether an application or appeal is from a forensic patient or forensic resident.

Whether the panel's judicial member (the chairperson) will be from the Supreme Court or County Court depends on which original court made the order. Determinations may be reached unanimously or by a majority of panel members. If, however, the panel is evenly divided, then the chairperson's opinion determines the matter.

For a forensic patient, the panel comprises:

- a judge of the Supreme Court or County Court<sup>7</sup>
- the Chief Psychiatrist or his/her nominee<sup>8</sup>
- a member representing the views and opinions of the community<sup>9</sup>
- a medical practitioner with experience in forensic psychiatry.<sup>10</sup>

<sup>7</sup> Schedule 1 4 *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

<sup>8</sup> Schedule 2 1(b) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

<sup>9</sup> Schedule 2 1(c) (ii) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

<sup>10</sup> Schedule 2 1(c) (ii) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

For a forensic resident, the panel comprises:

- a judge of the Supreme Court or County Court
- a member representing the views and opinions of the community
- a registered psychologist with forensic experience and experience in the field of intellectual disabilities.<sup>11</sup>

## Principles

In hearing any matter, the panel is bound by the rules of natural justice. It must act according to equity and good conscience, without regard to technicalities or legal forms. The panel is not required to conduct proceedings in a formal manner and may seek evidence in any manner it considers appropriate.

The Act provides corresponding principles for forensic patients and forensic residents, being the right to:

- appear at a hearing
- be represented at a hearing by either a legal advocate or a support person
- view documents to be considered by the panel, unless the panel decides the person should not view a document
- be told the reasons for the panel's decisions.

An underlying objective of the Act is to ensure transparency of process and outcome. The panel has adopted a process that is generally informal but well defined so all participants are aware of the order of proceedings. This process has evolved through consultation with forensic patients, forensic residents, treating staff and panel members.

## Specialist assistance

The Act provides that the panel may, if necessary, appoint a legal practitioner, medical practitioner, psychologist or interpreter to assist the conduct of a hearing.

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<sup>11</sup> Schedule 2 1(d) *Crimes (Mental Impairment and Unfitness to Be Tried) Act 1997*

## Part 3: Leave of absence

### Types of leave

Part 7 of the Act defines the types of leave of absence that may be granted to forensic patients and forensic residents. The four types are: special leave of absence, on-ground leave, limited off-ground leave and extended leave.

### Special leave of absence

A special leave of absence allows a forensic patient or forensic resident to leave the place of custody in special circumstances, such as for a medical appointment or court appearance. The authority to grant special leave rests with either the authorised psychiatrist of the approved mental health service at which the forensic patient resides or, for a forensic resident, the Secretary to the Department of Human Services. The criteria for granting special leave are that special circumstances exist and that the granting of the leave would not seriously endanger members of the public. Special leave of absence cannot exceed 24 hours, or seven days in the case of leave for medical treatment.

Section 50(4) of the Act provides for a right of appeal to the panel if the authorised psychiatrist or the Secretary to the Department of Human Services refuses an application for special leave. In 2008, the panel did not receive any such appeals.

### On-ground leave

On-ground leave permits forensic patients and residents to be absent from the place of custody but within a defined area around the place of custody, known as the surrounds. It provides patients and residents with an opportunity to spend time outside the inpatient or residential environment. On-ground leave has not been used for forensic patients since April 2000, following the opening of the Thomas Embling Hospital, where patients can undertake activities within the confines of the hospital campus. The forensic residents, who are housed at Plenty Residential Services in Bundoora, make extensive use of on-ground leave for exercise, recreation and education programs.

Table 2 (in part 6 of this report) details the number of on-ground leave applications received during 2008.

### Limited off-ground leave

Pursuant to s. 54 of the Act, the panel can grant limited off-ground leave to forensic patients and residents to go beyond the surrounds of the place of custody between 6am and 9pm or outside those hours on a maximum of three days in any seven-day period.

Limited off-ground leave may be used for different activities, depending on the requirements of the individual forensic patient or resident and their treatment needs. It may be granted on an escorted basis (for activities such as ward shopping or personal banking and shopping) or as accompanied leave, when a specified friend or family member must accompany the patient during the leave. Escorted or accompanied leave may progress to unescorted leave, as considered appropriate.

Table 2 details the number of limited off-ground leave applications received during 2008.

## Extended leave and revocation of orders

The Supreme Court or County Court hears applications for extended leave, which allows a forensic patient or resident to live in the community for up to twelve months at a time, subject to conditions specified by the court.

## Criteria for granting leave

Section 54(2) of the Act provides that the panel may grant an application for on-ground or limited off-ground leave if satisfied on the available evidence that:

- the proposed leave will contribute to the person's rehabilitation
- the safety of the person or members of the public will not be seriously endangered as a result of the person being allowed leave.

The panel is further guided by s. 54(4), which stipulates that the panel, in determining whether or not to grant an application for leave or variation of leave, must:

- have regard primarily to the person's current mental condition or pattern of behaviour
- consider the person's clinical history and social circumstances
- have regard to the applicant profile provided under s. 54A and the leave plan or statement provided under s. 54B.

The panel may impose any conditions that it considers appropriate on an entire grant of leave or an individual leave type within that grant. Such conditions may include escort arrangements as required, routine urine drug screens and breathalyser tests, or prohibit the applicant from visiting particular locations, such as the site of the offence.

Applicants may apply to have their leave of absence varied if their circumstances have changed significantly since their last application to the panel. In 2007, it was agreed that the existing system had become unwieldy as the expiry date of the original grant remained fixed, no matter how many variations to the conditions of leave were sought before the expiration of leave. During 2007, the panel introduced a more streamlined leave application system whereby patients requiring a variation to one existing type of leave would seek approval for all current leave types and all leave would be granted for a further six-month block (unless a shorter duration of leave was requested).

## Purpose of leave

The purpose of leave is to assist the rehabilitation process and provide a gradual progression towards a return to community living that is consistent with the needs of the individual and community safety. Long periods of institutionalisation are perceived as being counterproductive to reintegration into the community. The Act stipulates that leave granted must contribute to the applicant's rehabilitation.

The Act requires a detailed leave plan and applicant profile to accompany each application for leave. These documents help inform the panel about the client's rehabilitation goals and the likely risk factors if the person is granted leave in the community.

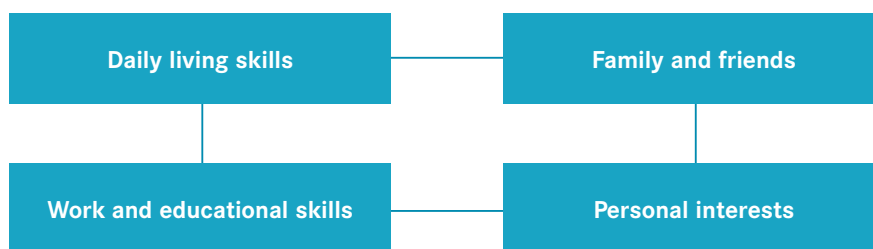
In granting leave, the panel generally takes a graduated approach. Starting with escorted limited off-ground leave (for example, escorted by staff to medical, legal and allied health appointments,

as required), progressing to accompanied limited off-ground leave (for example, accompanied by family, friends or care workers) when the patient is ready, and finally progressing to unescorted limited off-ground leave in appropriate cases. Not all forensic patients and residents will advance through these stages; movement through the various stages is individually paced and dependent upon the treatment needs of the individual, balanced with the safety of the community.

The treating team continually monitors the progress of forensic patients or residents utilising leave. Before a forensic patient or resident uses any leave, staff undertake a clinical assessment to ensure leave is appropriate on that occasion.

Figure 2 demonstrates a broad categorisation of leave and its use by forensic patients and residents.

**Figure 2: General categories (types) of leave**



Leave to **maintain daily living skills** have included:

- personal banking and shopping
- attending courses for personal development, such as art therapy
- attending development programs provided by community organisations
- participating in exercise programs and activities
- becoming familiar with public transport.

Leave for **work and educational skills development** has included:

- attending skill or trade-based courses – for example, hospitality courses
- participating in volunteer work – for example, work with the RSPCA
- for employment and/or efforts to seek employment.

Leave to maintain and develop relationships with **family and friends** has included:

- access visits with children
- visits with parents
- overnight stays with family members or friends
- spending time with parents visiting from interstate
- maintaining contact with friends and other support people
- attending important family celebrations.

Leave to maintain **personal interests** has included:

- attending church
- visiting cultural facilities
- participating in personal interest activities – for example, visits to the cinema or a chess club.

## Applications for leave

Forensic patients and forensic residents can apply to the panel for a number of different leave types within one application for leave. Examples of leave considered by the panel are outlined below.

### Example 1

A forensic patient made an application for leave for four different types of limited off-ground leave that included leave for medical, legal and allied health appointments; to see family; for personal shopping; and leave for volunteer work. The conditions for leave were varied so that the number of escorts required for the leave was reduced from two to one escort. The treating team and Leave Review Committee supported the application. The panel granted the application for leave noting the treating team's support for the application and that the patient had previously used leave appropriately and was communicating openly with staff about any of his concerns.

### Example 2

A forensic resident submitted an application for a number of different leave types including unescorted leave to undertake a graduated walking program. The treating team supported the leave for the walking program. The panel granted the leave with the added condition that the leave to participate in the graduated walking program be overseen and spot-checked by direct care staff.

### Example 3

A forensic patient applied for a one-off grant of leave outside curfew hours to attend a concert. The treating team and Leave Review Committee did not support this leave due to the patient's recent admission to hospital and the need to stabilise his mental state. The panel refused this leave based on the patient's current mental state and reports by the treating team. At the hearing, the chair of the panel explained the progression of leave a forensic patient would ordinarily experience and encouraged the patient to apply for this leave again in the future.

### Example 4

A forensic patient applied to renew his current leave and also applied for one new leave type, which was for accompanied leave with a family member. The treating team and Leave Review Committee supported the patient's application. The panel granted the leave application having reviewed the patient's progress and determining that it would be beneficial to the patient's rehabilitation for him to progress from escorted leave to accompanied leave with a family member.

## Part 4: The hearing process

### Application for leave of absence

#### Forensic patients

Usually, a patient and their treating team will prepare an application for leave together. The treating team prepares an applicant profile, detailing the forensic history and current mental state of the applicant, and a leave plan outlining the proposed leave and its rehabilitative goals. The applicant completes and signs an application form that will, in most circumstances, align with the content of the leave plan. An applicant can make an application without the support of the treating team.

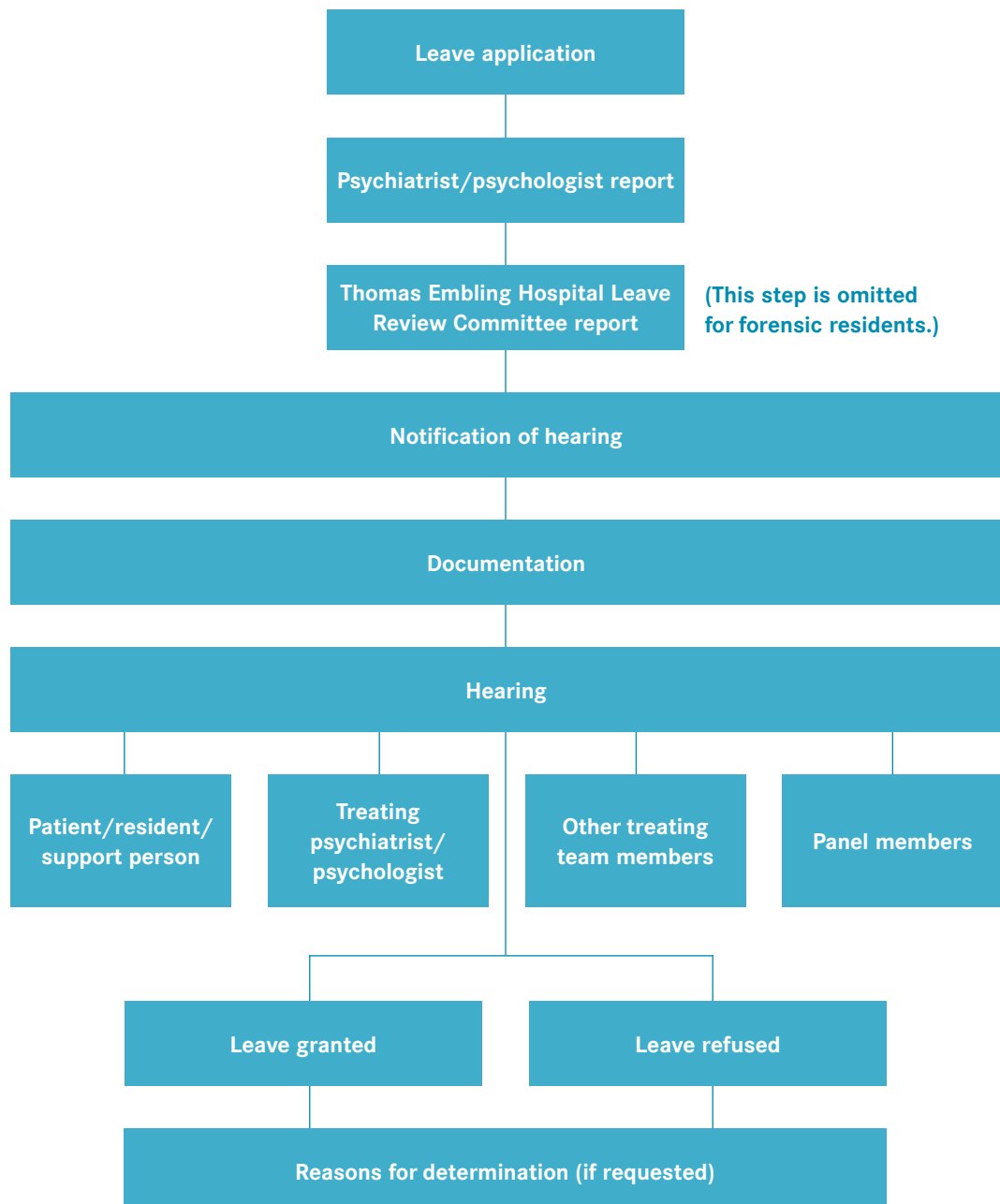
The patient's application, applicant profile, report of the authorised psychiatrist and leave plan are forwarded to the Thomas Embling Hospital's Leave Review Committee for review and comment. The Leave Review Committee is convened by the clinical director at the hospital and attended by the hospital's psychiatric consultants, the general manager, the program manager, the inpatient operations manager and a clinical administrator. The chief psychiatrist also attends.

The patient's application, the applicant profile, report of the authorised psychiatrist and leave plan are then forwarded to the panel, which takes into account the view of the Leave Review Committee when making a determination. The requirement for a detailed leave plan and applicant profile to accompany each leave application is mandatory under ss. 54A (applicant profile) and 54B (leave plan) of the Act.

#### Forensic residents

The process for forensic residents involves the same procedures, but without the Leave Review Committee stage.

Figure 3: Leave application process



## Location of hearings

Schedule 2 of the Act provides that hearings be conducted at the place where the applicant is detained, unless the president determines otherwise. Hearings for forensic patients are conducted at the Thomas Embling Hospital campus of the Victorian Institute of Forensic Mental Health at Fairfield. Hearings for forensic residents are conducted at Plenty Residential Services in Bundoora or at the Statewide Forensic Service in Fairfield.

## Notice of hearings

Section 68 of the Act requires that notice of a hearing be provided to the applicant. The Act further requires that the notice must be provided personally. Case managers or primary nurses undertake this role. They must explain the notice in whatever language, mode of communication and terms that the applicant is likely to understand. Applicants are also advised that they can view all documentation relating to their application, which most applicants do.

## Conduct of hearings

Section 65 of the Act provides that the panel is not bound by rules or practice relating to evidence and may inform itself on matters as it sees fit. The panel attempts to ensure all relevant information is provided at the application hearing. Consistent with the requirements and intent of the Act, it has adopted an informal process for conducting hearings. The aim has been to create an atmosphere at hearings in which all participants have an opportunity to raise all relevant considerations.

The panel may request that additional information is prepared before a hearing, to ensure the evidence before the panel is adequate for the matter to proceed on the day. Occasionally, when a matter could not proceed because additional information was required, the panel has adjourned the hearing to the next scheduled hearing. In these cases, the panel has paid attention to ensuring the applicant can still access leave if appropriate, pending the outcome of the adjourned application.

In preparing for their application hearing, applicants sometimes undertake to provide the panel with supporting information. During the reporting period, a number of applicants had support services with whom they were connected provide additional information to the panel.

Hearings are closed to members of the public. However, s. 71(2) of the Act provides for the panel to direct that proceedings, or any part of them, be open to the public if to do so would be in the best interests of the applicant or in the public interest.

At the hearings, the panel discusses the application – particularly the content of the leave plan and the recommendations of the Leave Review Committee (in the case of forensic patients) – with the treating team. This discussion gives the treating team an opportunity to expand on the content of the leave plan and to answer any questions from the panel. Occasionally, the Leave Review Committee (in the case of a forensic patient) does not support an application that the treating team supports, so the hearing provides an additional opportunity for the treating team to clarify any issues surrounding the application.

The panel recognises that attending a hearing for their leave application can present anxieties for forensic patients and residents. It is also aware that treating staff must find a balance between maintaining a healthy therapeutic relationship with the patient or resident and being required to provide a candid assessment to the panel.

## Documentation

The applicant and treating team prepare a number of documents relating to the leave application. The applicant usually completes the application for leave form (FOR 2) with staff assistance. Relevant members of the treating team prepare the applicant profile form (FOR 3), the psychiatrist's or psychologist's report form (FOR 4) and the leave plan form (FOR 5).

The leave plan provides a therapeutic framework to the request and the opportunity to report on previously granted leave. The leave plan must include the following information:

- the purpose of the leave applied for and how that leave will contribute to the person's rehabilitation
- any proposed conditions of leave
- any other information that the clinical director or authorised psychiatrist of the Victorian Institute of Forensic Mental Health or the Secretary to the Department of Human Services considers relevant
- any other information requested by the panel.

If the clinical director or Secretary does not support an application, they must provide a written statement to the panel explaining why the application should not be granted. There is no need to prepare a leave plan in these circumstances.

The applicant profile, which provides background information on the patient or resident, must include information on:

- the person's impairment, condition or disability
- the relationship between the impairment, condition or disability and the offending conduct
- the person's clinical history and social circumstances
- the person's current mental state or pattern of behaviour
- the offence that led to the supervision order being made
- the date of the supervision order, the order's nominal term and the day from which the nominal term had been declared to run.

The clinical director of the Victorian Institute of Forensic Mental Health (in the case of a forensic patient at the Thomas Embling Hospital) or the Secretary to the Department of Human Services (in the case of a forensic resident) must provide both the applicant profile and the leave plan to the panel.

The panel's executive officer receives and coordinates the documentation for hearings. The executive officer also prepares a summary of relevant information to assist the panel, including information on the offence, the mental impairment or intellectual disability, treatment, progress, leave requested, prior leave granted or refused, and other significant factors relating to the patient or resident that are relevant for determining an application. Copies of documentation are provided to the applicant, the treating team and the panel members.

The authorised psychiatrist (in the case of a forensic patient) or the Secretary (in the case of a forensic resident) may apply to the panel to prevent the applicant from viewing any document that has been provided to the panel. In response, the panel may grant the request, allow a representative of the applicant to view the document in question, or determine that the applicant may view the document. During the reporting period, the panel did not receive any such requests.

## **Format of determinations**

At the end of the hearing, the panel will tell the parties its decision and give verbal reasons. It also provides a written determination. All leave granted to a forensic patient or forensic resident is documented on a single determination. Section 54(7) of the Act states that only one grant of leave can be in force at any one time. The panel may grant leave for a maximum period of six months.

## **Reasons for determination**

In accordance with s. 66 of the Act, a forensic patient or forensic resident may request that the panel provide written reasons for a determination. During the reporting period, the panel did not receive any requests for written reasons for a determination.

## Part 5: The year in review

### Number and type of applicants

In 2008, 50 patients and one resident on orders from the Supreme Court and 23 patients and two residents on orders from the County Court submitted leave applications to the panel. This represents an increase of three patients on Supreme Court orders and three patients on County Court orders compared with figures from 2007. There has been a consistent growth in patients on County Court orders from year to year since the first two residents on orders from the County Court made applications to the panel in 1998.

Nine forensic patients were first-time applicants to the panel and were beginning their rehabilitation program. Five of these forensic patients only appeared once before the panel due to their recent arrival.

### Specialist assistance

The Act provides that the panel may, if necessary, appoint a legal practitioner, medical practitioner, psychologist or interpreter to assist the conduct of a hearing. During the reporting period, the panel appointed an interpreter to assist nine different clients on 11 separate occasions covering the following six languages:

- Arabic
- Italian
- Auslan
- Cambodian
- Serbian
- Vietnamese.

### Number and type of leave applications

During 2008, 73 patients and three residents submitted 158 applications for off-ground leave (comprising 686 leave types) and nine applications for on-ground leave at 23 hearings. By comparison, 66 patients and three residents submitted 178 applications for off-ground leave (comprising 761 leave types) and nine applications for on-ground leave in 2007.

This decrease in the number of applications (down 11.5 per cent compared with 2007) and leave types (down approximately 10 per cent) reflects the introduction of the six-month block leave during 2007 and the number of new patients appearing only once due to their recent arrival at the hospital. Under this new procedure, patients or residents applying to vary an existing leave type have all current leave types reconsidered by the panel. The panel then grants a new determination for all leave types for a further six-month period (unless there is a request for a shorter duration). This has reduced the number of applications for leave.

Ninety-four per cent of the requested 686 leave types were granted with 6 per cent refused. The number of leave types refused remained consistent compared with 2007 (5.6 per cent). However, there was an increase in the number of leave types modified by the panel (up from 2.4 per cent in 2007 to 6.1 per cent in 2008).

In 2008 the panel decided to review leave for forensic residents on a three-monthly basis rather than six-monthly. As a result, seven hearings were conducted for forensic residents, compared with four hearings in 2007. Additionally, in response to the panel's concerns about the increasing numbers of forensic patients' applications being presented at each hearing, an additional three forensic patient (subject to Supreme Court orders) hearings were conducted at the Thomas Embling Hospital.

### **Suspension of on-ground and limited off-ground leave**

Under s. 55 of the Act, the chief psychiatrist (in the case of a forensic patient) and the Secretary to the Department of Human Services (in the case of a forensic resident) have the power to suspend leave if satisfied that the safety of the person or members of the public would be seriously endangered if leave were not suspended.

A flexible approach is taken to ensure that any restrictions on the person are kept to the minimum necessary in the circumstances and consistent with the safety of the community. A forensic patient or resident may, for example, have their unescorted leave suspended but still have access to escorted leave if appropriate. The suspension must be lifted if the reasons for it no longer exist. The Act requires that the panel be advised of any suspension or re-instatement of on-ground or limited off-ground leave.

In 2008, 11 patients had their off-ground leave suspended. Of these patients, two patients had all leave types suspended and nine patients had some leave types suspended. Of these nine patients, three patients had further leave suspended and two of these patients had part of their leave reinstated during the reporting period.

### **Extended leave**

Extended leave enables forensic patients and residents to reside in the community under supervision for up to 12 months at a time. The original sentencing court grants extended leave. Applications for extended leave are usually made after the applicant has successfully used the maximum amount of leave available to them from the panel. While applicants are on extended leave they are no longer within the jurisdiction of the panel.

During the reporting period, seven forensic patients successfully applied under s. 57 of the Act for extended leave. At the end of the reporting period, 12 forensic patients were on extended leave. During 2008 four patients who had previously been granted extended leave had their supervision order varied to a non-custodial supervision order by a court.

## Non-custodial supervision orders

Section 30 of the Act provides an emergency power for the apprehension of a person subject to a non-custodial supervision order where an ‘appropriate person’ reasonably believes:

- the person subject to the order has failed to comply with it
- the safety of the person subject to the order or members of the public will be seriously endangered if the person is not apprehended.

A person admitted to an approved mental health service in this way is deemed to be a ‘forensic patient’ and is to be detained and treated for their condition. During 2008 two such patients appeared before the panel.

## Education and professional development

In October 2008, the executive officer conducted a workshop for 22 staff at Thomas Embling Hospital about the forms used for applications to the panel. A number of staff from each unit at the hospital attended.

## Legal developments

### Mental Health Regulations 2008

The Mental Health Regulations 2008 commenced on 21 September 2008 and replaced the Mental Health Regulations 1998. The 1998 Mental Health Regulations were replaced because of a provision in the *Subordinate Legislation Act 1994* that all regulations are automatically revoked 10 years after they are made. This is to ensure regulations are reviewed and remade if necessary.

The Mental Health Regulations prescribe a series of patients’ rights booklets, including a booklet for forensic patients: *Forensic patients – about your rights*. A key change to the booklets is that they now include information about the *Charter of Human Rights and Responsibilities Act 2006*.

The booklets are being translated into other languages in 2009.

### The Charter of Human Rights and Responsibilities

The Victorian *Charter of Human Rights and Responsibilities Act 2006* (the Charter), has been fully operational since 1 January 2008.

The main purpose of the Charter is to protect and promote human rights in Victoria by imposing duties on the legislature, the judiciary and the executive for the benefit of ‘natural persons’, those duties being to recognise and respect the human rights of natural persons.

The Charter aims to ensure that public powers and functions are exercised in a principled manner and that public power is not misused or abused.

Section 38 of the Charter establishes requirements for action and decision making by ‘public authorities’, including the panel at least when acting in an administrative capacity. However, the scope of the application of the Charter in relation to the panel is still being considered.

It is likely that the direct application of the Charter to the panel is dual in nature:

### As a public authority

The executive officer of the panel is acting in an ‘administrative capacity’ when carrying out registry functions, such as:

- listing applications for hearing
- sending out hearing notices
- scheduling hearing dates
- listing members for a hearing
- providing general advice to the public.

Therefore in accordance with s. 38 of the Charter, the executive officer is bound to act and make decisions consistent with Charter rights.

### As a tribunal

The panel is obliged to comply with s. 32 of the Charter. Section 32(1) of the Charter provides:

*‘So far as it is possible to do so consistently with their purpose, all statutory provisions must be interpreted in a way that is compatible with human rights.’*

Accordingly, in cases where it is required to do so in order to apply the Act, the panel must make a Charter-compatible interpretation of the relevant provisions of the Act and any other relevant legislation.

The panel is also bound by s. 24 of the Charter, which ensures that the panel provides persons appearing before the panel with a fair hearing. This right appears to reinforce the requirement in s. 64(1)(b) of the Act which provides that the panel is bound by the rules of natural justice.

## Activities

On 29 July 2008, the panel held a farewell function organised to thank his Honour Justice Teague and his Honour Justice Coldrey for their contribution to the panel. Gill Callister, Executive Director, Mental Health and Drugs Division, Department of Human Services introduced Crown Counsel, Dr John Lynch, who thanked the two Justices on behalf of the Attorney-General. Community member Mr Terry Griggs then spoke on behalf of the panel.

## Part 6: Statistical overview

### Introduction

Under s. 63(1) of the Act the panel is required to report on:

- the number and type of leave applications:
  - made to the panel during the year
  - granted by the panel during the year
  - refused by the panel during the year
- the number and types of leave granted by the panel that were suspended during the year.

### Observations

- The number of forensic patients has increased from 20 in 1998 to 73 in 2008.
- The number of forensic residents has remained constant at three residents over this period.
- The number of hearings for patients and residents has increased from nine in 1998 to 23 in 2008.
- The number of applications made to the panel has increased from 71 in 1998 to 158 in 2008.
- The number of individual types of leave applied for in each application has increased from 144 in 2000 (when these figures were first collated) to 686 in 2008.
- The number of times each forensic resident or patient applied to the panel was three in 1998 as compared with just over two in 2008.
- In 1998, 87 per cent of leave applications were granted compared with 94 per cent of leave applications granted in 2008.
- In 1998, 11 per cent of leave applications were refused compared with 6 per cent of leave applications refused in 2008.
- From 1998 to 2008 there has been a much greater increase in the number of male forensic patients and forensic residents as compared with female forensic patients and forensic residents from five female and 18 male forensic patients and residents in 1998, to seven female and 69 male forensic patients and residents in 2008.
- The ratio of patients and residents sentenced under County Court orders has increased compared with the number of patients and residents sentenced under Supreme Court orders. In 1998, 9 per cent of patients and residents were sentenced under County Court orders compared with 31 per cent in 2008.
- The average length of detention has remained consistent over the 10-year period. In 1998, it was 7.7 years and in 2008 it was 7.4 years.
- The average age of applicants has also remained consistent since data was first collected on this category in 2003 when it was 43 years. In 2008, the average age of applicants was 41.2 years.

**Table 2: Statutory reporting**

<b>Number and type of leave applications made to the panel (s. 63(1)(a)(i))</b>	
On-ground leave <sup>12</sup>	9
Limited off-ground leave	158 (comprising 686 leave types)
Special leave appeal	0
<b>Leave applications granted by the panel (s. 63(1)(a)(ii))</b>	
On-ground leave	100%
Limited off-ground leave	94% (of requested leave types)
Special leave appeal	N/A
<b>Leave applications refused by the panel (s. 63(1)(a)(iii))</b>	
On-ground leave	0%
Limited off-ground leave	6% (of requested leave types)
Special leave appeal	N/A
<b>Leave granted by the Panel that was suspended (s. 63(1)(b))</b>	
On-ground leave	0
Limited off-ground leave	11 patients <sup>13</sup>
Special leave appeal	N/A

**Table 3: Hearings summary**

Number of hearings	23
Number of hearing days	20
Number of times that applicants were legally represented	8
Number of times that applicants were assisted by interpreters	11
Average number of applications made by each patient or resident	2.08
Average number of leave types requested by each patient or resident	9.02

<sup>12</sup> Forensic residents made the on-ground leave applications as part of an application that also included limited off-ground leave. Forensic patients do not require on-ground leave to be granted by the panel because the Thomas Embling Hospital has a secure perimeter.

<sup>13</sup> Eleven patients had their off-ground leave suspended; two patients had all leave types suspended and nine patients had some leave types suspended.

## Applicant demographics

During 2008, 73 forensic patients and three forensic residents submitted applications for leave to the panel. These figures are an increase of seven patients compared with 2007, when there were 66 forensic patients and three forensic residents.

In 2008 eight males and one female were first-time applicants to the panel.

Figure 4 shows the gender ratio of applicants to the panel.

**Figure 4: Male–female ratio of applicants to the panel**

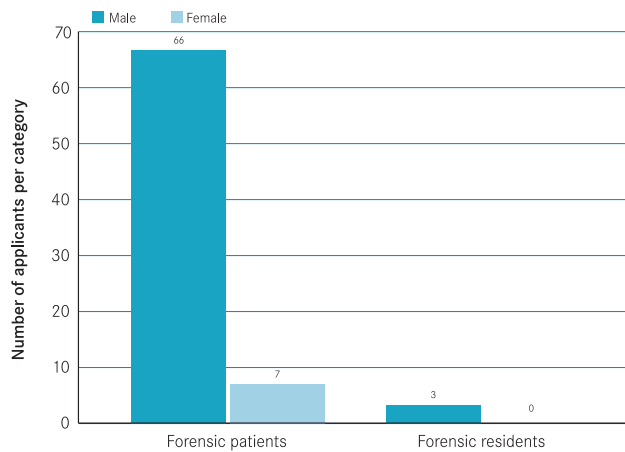
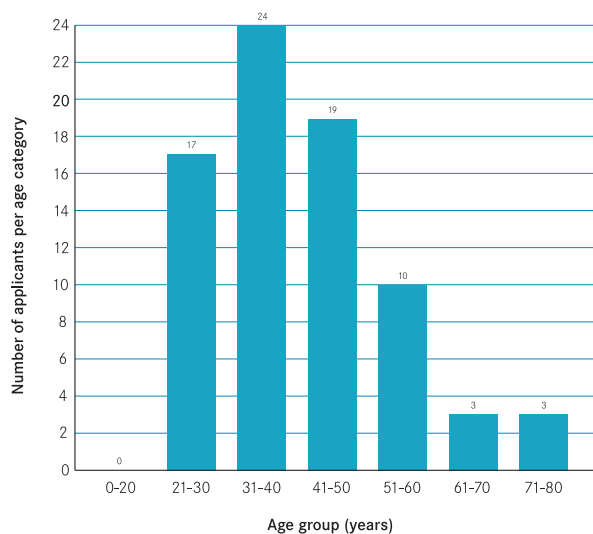


Figure 5 shows the age profile of the forensic patients and residents who made applications to the panel in 2008. The average age of applicants was 41.2 years, which has remained consistent over the past five years.

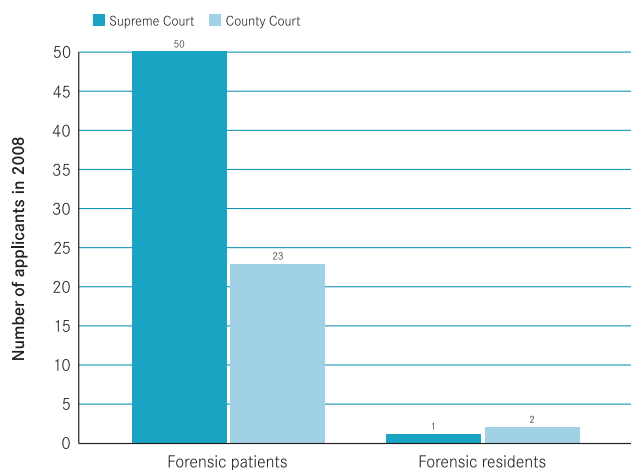
**Figure 5: Age profile of applicants to the panel**



### Sentencing court

Figure 6 illustrates the original sentencing court for applicants. The Supreme Court was the sentencing court for 50 forensic patients and one forensic resident who applied to the panel for leave in 2008. The County Court was the sentencing court for 23 forensic patients and two forensic residents who made applications. This is an increase of three forensic patients on Supreme Court orders and four forensic patients on County Court orders compared with 2007.

**Figure 6: Original court of disposition for applicants to the panel**



### Historical data

Table 4 provides information on the number of patients and residents; the number of hearings; the number and types of leave applied for; and other demographic data for the period from June 1998 to December 2008.

Table 4: Historical data for the period from June 1998 to December 2008

Year	1998 (Jun-Dec)	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of forensic patients	20	25	27	31	36	47	51	51	54	66	73
Number of forensic residents	3	3	3	3	3	3	3	3	3	3	3
Number of hearings	9	13	14	16	17	17	16	17	15	17	23 <sup>14</sup>
Number of hearing days	9	13	14	14	15	15	14	15	15	16	20 <sup>15</sup>
Total number of leave applications made to the panel per hearing day	71 7.9 per hearing	165 12.7 per hearing	144 10.3 per hearing	136 9.7 per hearing	117 7.8 per hearing	126 8.4 per hearing	168 11.2 per hearing	169 11.2 per hearing	169 11.2 per hearing	178 11.1 per hearing	158 7.9 per hearing <sup>16</sup>
Average number of leave applications by each forensic patient or resident	3	6	5	4	3	2.7	3.1	3.1	2.9	2.6	2.08
Average number of leave types requested by each patient or resident	NA	NA	NA	9.7 <sup>17</sup>	10.2	9.6	10.3	12	13.6	11.02	9.02
Type of leave applications:											
On-ground	12	41	12	13	16	6	6	6	6	6	9
Off-ground	44	92	125	123	101	126	168	169	169	172	149
Combined on-ground and limited off-ground leave <sup>18</sup>	15	30	7	NA	NA	NA	NA	0	0	0	2
Number of leave types requested:											
Granted	87%	83%	92%	87%	90%	86.4%	91%	89%	87%	91.3%	94%
Modified				4% <sup>19</sup>	13%	2.2%	2.9%	1.3%	1%	2.4%	6.1%
Refused	11%	11%	5%	12%	12%	10.8%	5.2%	8.5%	7%	5.6%	6%

14 In 2008 the panel requested that leave for forensic residents be reviewed more frequently. Accordingly seven forensic residents' hearings were held in 2008 compared with four hearings in 2007. Additionally, as a response to panel concerns that there were too many applications presented at each hearing, an additional three forensic patient (subject to Supreme Court orders) hearings were scheduled at Thomas Embling Hospital in 2008. The increase in hearings accounts for the drop in the average number of applications per hearing overall.

15 Hearings at Thomas Embling Hospital and the adjacent Statewide Forensic Services are scheduled (wherever possible) to coincide so that members of a division of the panel can conduct both hearings.

16 There are only two forensic residents under County Court orders and one forensic resident under a Supreme Court order. Therefore, the number of applications per hearing day remains the same for each forensic resident hearing and provides further information about the drop in the average number of applications per hearing overall. For forensic patient hearings only, there was an average of just over nine applications per hearing day in 2008.

17 From 2000, information was collected on the number of leave types applied for.

18 The on-ground leave applications were made by forensic residents as part of an application that also included limited off-ground leave. Forensic patients do not require on-ground leave to be granted by the panel because Thomas Embling Hospital has a secure perimeter.

19 From 2001, information was also collected on leave adjourned and modified.

Table 4: Historical data for the period from June 1998 to December 2008 (continued)

Year	1998 (Jun-Dec)	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of times applicants were assisted by interpreters	2	2	1	0	2	9	23	20	13	12	11
Number of times applicants were legally represented	4	5	5	5	9	2	2	0	3	4	8
Number of patients or residents that had leave suspended											
On-ground	0	1	0	0	1	0	0	0	0	0	0
Off-ground	0	2	0	6	2	8	7	12	10	3	11
Appeals against refusal to grant special leave by the authorised psychiatrist or the Secretary to DHS	0	0	0	0	0	0	0	0	0	0	0
Appeals against the transfer of a forensic patient from one mental health facility to another	0	0	0	0	0	0	0	0	0	0	0
Patients granted extended leave by a court	0	2	1	7	4	4	5	7	5	9	12
Suspension of extended leave by the Chief Psychiatrist	0	2	1	3	1	3	1	3	0	0	2
<b>Applicant demographics</b>											
Gender:											
Female	5	5	5	5	5	6	6	6	6	7	7
Male	18	23	25	29	34	41	48	48	51	59	69
Average age of applicants	NA	NA	NA	NA	NA	43	43	43	43	41.7	41.2
Sentencing court:											
County Court	2	2	2	2	4	10	11	13	14	21	24
Supreme Court	21	26	28	32	35	37	43	41	43	48	51
Average length of detention in years	7.7	7.5	8.1	8.6	7.9	7.4	7.1	7.2	7.7	7.2	7.4
Longest period of detention in years.	25	26	27	28	29	30	31	32	33	34	35

## Part 7: Financial statement

The Mental Health and Drugs Division of the Department of Human Services provides all operational support to the panel, manages the panel's budget and maintains accounts and records. The department's audited financial statements include the panel's expenditure and are reported in the department's annual report.

## Part 8: Important contacts for forensic patients and forensic residents

The **Forensic Leave Panel** is an independent panel. Its main function is to hear applications by forensic patients and residents for leave of absence. The panel can be contacted at:

50 Lonsdale Street, Melbourne 3000  
Tel: 1800 222 987 (free call)  
[www.health.vic.gov.au/mentalhealth/forensic](http://www.health.vic.gov.au/mentalhealth/forensic)

**Victorian Legal Aid** provides free legal advice about a range of issues, legal assistance if a person cannot afford a private solicitor, and possible assistance with legal representation at court or Forensic Leave Panel hearings. It can be contacted at:

350 Queen St, Melbourne 3000  
Tel: 9269 0120  
Tel: 1800 677 402 (free call – rural areas only)  
[www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)

The **Mental Health Legal Centre** is an independent legal service that specialises in mental health legal issues. It may be able to arrange representation at court or Forensic Leave Panel hearings, and advises about other legal matters. The centre can be contacted at:

9th floor, 10–16 Queens Street, Melbourne 3000  
Tel: 9629 4422  
Tel: 1800 555 887 (free call – rural areas only)  
[www.communitylaw.org.au/mentalhealth](http://www.communitylaw.org.au/mentalhealth)

**Villamanta Disability Rights Legal Service Inc.** is an independent, statewide community legal centre that specialises in disability-related legal issues. It provides information about rights and may be able to arrange legal representation at court or Forensic Leave Panel hearings. The service can be contacted at:

44 Bellarine Street, Geelong West 3220  
Tel: 5229 2925  
Tel: 1800 014 111 (free call)  
TTY Users: Tel 133 677 then ask for (03) 5229 2925  
[www.villamanta.org.au](http://www.villamanta.org.au)

**Community visitors** are people who visit services at least once a month to enquire into the adequacy of services and facilities, investigate complaints and report on their enquiries and investigations. They can be contacted at:

5th floor, 436 Lonsdale St, Melbourne 3000  
Tel: 9603 9500  
Tel: 1300 309 337 (cost of local call)  
[www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au)

The **Victorian Equal Opportunity and Human Rights Commission** helps people to resolve complaints about discrimination, has specific functions in relation to the *Charter of Human Rights and Responsibilities Act 2006* and can give advice about the Charter. Services include an enquiry line and a confidential, free and impartial complaint resolution service.

Level 3, 380 Lonsdale Street, Melbourne 3000  
Tel: 9281 7100  
Tel: 1800 13 41 42 (free call – rural areas only)  
[www.humanrightscommission.vic.gov.au](http://www.humanrightscommission.vic.gov.au)

The **Public Advocate** assists, advises and advocates for people with serious complaints about mental health and disability services and treatment. The Office of the Public Advocate can be contacted at:

5th floor, 436 Lonsdale St, Melbourne 3000  
Tel: 1300 309 337 (cost of local call)  
Fax: (03) 9603 9501  
TTY: (03) 9603 9529  
or ACE 133677 (03) 9603 9500  
[www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au)

The **Health Services Commissioner** is an independent commissioner who investigates and helps to resolve complaints by health care consumers about health services. The Office of the Commissioner can be contacted at:

30th floor, 570 Bourke St, Melbourne 3000  
Tel: 8601 5200  
Tel: 1800 136 066 (free call)  
[www.health.vic.gov.au/hsc](http://www.health.vic.gov.au/hsc)

The **Ombudsman** investigates complaints about government departments. The office of the Ombudsman can be contacted at:

9th floor, 459 Collins St, Melbourne 3000  
Tel: 9613 6222  
Tel: 1800 806 314 (free call – rural areas only)  
TTY: 133 677 or 1300 555 727  
[www.ombudsman.vic.gov.au](http://www.ombudsman.vic.gov.au)

The **Chief Psychiatrist** is a senior Department of Human Services official appointed under the Mental Health Act, with special responsibilities in relation to people receiving mental health services. These responsibilities include the power to investigate complaints and other matters, and to take necessary action. The Chief Psychiatrist can be contacted at:

Level 17, 50 Lonsdale Street, Melbourne 3000  
Tel: 9096 7571  
Tel: 1300 767 299 (cost of local call)  
[www.health.vic.gov.au/chiefpsychiatrist](http://www.health.vic.gov.au/chiefpsychiatrist)



