

Mental Health
Review Tribunal

Annual Report 2024/25

Protecting the civil and human rights
of people with a mental health or
cognitive condition, while promoting
individual and community safety



Mental Health Review Tribunal

The Honourable Rose Jackson MLC
Minister for Mental Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister,

I enclose the Annual Report of the NSW Mental Health Review Tribunal for the period 1 July 2024 through 30 June 2025 as required by section 147 of the *Mental Health Act 2007*.

Yours sincerely,

Magistrate Carolyn Huntsman
President

Table of contents

| | |
|--|-----------|
| The values we bring to our work | 2 |
| Section 1: | |
| President's Report | 4 |
| Section 2: | |
| Forensic Division Report | 9 |
| Section 3: | |
| Civil Division Report | 13 |
| Section 4: | |
| Registrar's Report | 19 |
| Section 5: | |
| Appendix | 53 |





Mental Health Review Tribunal

Our vision

Protecting the civil and human rights of people with a mental health condition, while promoting individual and community safety.

Our values



Fairness



Integrity



Independence



Respect



Excellence

Our Core Function

The Tribunal's core function is to conduct hearings, to review those detained for treatment. We ensure that health facilities can comply with their legal obligation to present patients to the Tribunal for review by providing hearings at facilities, or by audio visual means. In all hearings we apply our values thereby providing access to the right to be heard, fairness, and transparency through clear and respectful processes and reasoned orders and judgments.

Our work

Our work takes us to 65 hospital and forensic facilities throughout NSW. We are required by legislation to review all persons detained for mental health treatment including all civil and forensic patients and long term voluntary patients.

In addition to the statutory obligations to conduct these reviews, the Tribunal receives applications from clinicians and carers for community treatment orders and financial management orders. Most of our decisions made under the *Mental Health Act 2007* and the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*. We observe the objects set out in the legislation which include delivery of the best possible care to each person in the least restrictive environment

which is consistent with safe and effective care. For forensic patients the objects we observe include protection of the safety of victims and the community. Under other legislation we observe the Charter of Victims Rights in relation to victims of forensic patients. Importantly, we have regard to the principles for care and treatment in the *Mental Health Act 2007* and the guidance provided by decisions of the Supreme Court of NSW which indicate that the Tribunal exercises a protective jurisdiction.

President's Report

| | |
|------------------------------------|---|
| A busy year | 5 |
| Changes to Tribunal Executive team | 6 |
| The Registrar | 6 |
| Change preparation work | 6 |
| Legislative changes | 7 |
| Tribunal Members | 7 |
| A thank you to staff | 8 |
| A thank you to Members | 8 |
| Core function | 8 |

President's Report

A busy year for the Tribunal

The current reporting year has been very busy given volume of hearing work and Tribunal transformation projects underway.

Modernisation projects include development of new software for case management purposes, design and fit out of new premises, digitalisation of Tribunal files and processes and new website and Tribunal rebrand. A huge challenge, in addition to the modernisation projects, is the continuing growth in hearing volumes.

It is appropriate to recognise the support provided by Dr Brendan Flynn of the Mental Health Branch and Deputy Secretary of Health, Elizabeth Wood, to address resource requirements. I acknowledge the role of the Minister for Mental Health, Rose Jackson MLC, in facilitating relocation of the Tribunal to modern, secure and appropriate premises – we will be moving in the coming year. The software/digitalisation project was backed by the NSW Premier and also the Minister for Mental Health, and funding for that project was allocated. This support has been invaluable in commencing the large task of bringing Tribunal processes, technology and facilities up to date, and addressing the risks that would arise in failing to do so. On behalf of the Tribunal and our stakeholders (carers, those receiving mental health treatment, forensic patients, victims, clinicians, lawyers and courts) I acknowledge the support received to date and the improvements which will flow to all who participate in Tribunal processes.

I am duty bound to report that significant resource challenges remain, given several years of under-resourcing coupled with the ever-increasing number of hearings. The Tribunal is facing real difficulties in meeting its core statutory obligation to review those detained for treatment.

The growth in hearing numbers has been a feature each year since I commenced as President. The length of hearing lists is unmanageable, however reducing those lists requires changes at the health facility level including the need for those facilities to allocate extra Tribunal hearing days on site. We will be working on this in the coming year. A further constraint is the limited number of hearing rooms at our Gladesville premises and static Tribunal staff levels – there are insufficient staff to manage additional hearing lists. A structural complexity requiring reform is that staff are provided to the Tribunal by Health budget allocation, however there is no link between budgeted staff levels and work/hearing volumes. Static staffing levels has been a long term issue. I have engaged in discussions with Health as to how this can be addressed and am hopeful of development of a funding strategy in the coming year.

The issues are highlighted in the reports for the Forensic Division and the Civil Division, and the Registrar's report which provides relevant statistics. The Civil Division hearings continue to grow – mental health inquires have increased by 19% and other Civil Division hearings by 10 percent over the reporting period. The increase is even greater than the substantial increases experienced in previous years. The growth over a 10 year period is startling (see Civil Division report and Registrar's report), yet staff and other resources have not increased.

Changes to Tribunal Executive team

This year saw changes in the Executive team – we welcomed two new full time Deputy Presidents – Magistrate Erin Kennedy and Magistrate Michael Crompton. As detailed in last year's Annual Report, our long term Deputy President Maria Bisogni retired in August 2024 – her 30 year contribution to the Tribunal and to the mental health system of NSW was honoured in my previous Annual report and I again acknowledge her commitment and service to NSW. In addition, Deputy President Magistrate Michael Antrum departed in October 2024 upon his appointment as Deputy Chief Magistrate of the Local Court of NSW. As stated in last year's report, Michael Antrum was the first judicial officer appointed to lead the Forensic Division of the Tribunal, and was an invaluable support to me. The Local Court of NSW will now benefit from his considerable talent and skill, and we wish him well in his important new role.

Deputy President Magistrate Erin Kennedy commenced with our Tribunal in September 2024, and Deputy President Magistrate Michael Crompton started in November 2024. I was pleased to welcome two highly skilled and experienced judicial officers to the leadership team of the Tribunal. Erin Kennedy has held judicial commissions as Deputy State Coroner as well as Magistrate for over a decade; while Michael Crompton, in addition to holding the appointment as Magistrate for more than 10 years, is a specialist Childrens Magistrate with significant experience on the Youth Koori Court. Both Deputy Presidents have already made impressive contributions to the work of the Tribunal including through active engagement with numerous stakeholders in the mental health and forensic systems, as well as across Health, and the courts – please refer to their reports for further detail.

The Registrar

We continue to be guided in Registry processes, and in our change and modernisation projects, by our talented Registrar Alisa Kelley. She has carried an unacceptably heavy work load with responsibility for the software, digitalisation, website and premises projects on top of her busy role of Registrar. In the current year I raised concerns about the potential risk to the Registrar's wellbeing and the risks to the projects themselves, by lack of resources to support the Registrar. After months of repeated requests we received approval for a temporary Deputy Registrar role to support the Registrar and this role commences in the coming year. I thank the Mental Health Branch for supporting my efforts to gain funding for the position. Even with this additional support the workload of the Registrar continues to be excessive. I thank Alisa for her commitment and pay tribute to her talent and skills.

Change preparation work

In addition to the work of the Registrar, work to progress the projects has included:

- Finalisation of a new Tribunal complaints and feedback policy and processes – to be launched on existing website with transition to new website in the coming year
- Review of all legal order forms and updating same for use in new software – these are now part of the software build which is progressing
- Review of all Practice Directions and updating same
- Review of all forensic processes to ensure best process and compliance with statutory requirements, including in relation to participation of victims
- Review of the existing and outdated Tribunal website – and preparation of material for the new website
- Work on a new brand – an updated brand will launch with the new website and premises in the coming year.

Given lack of any specialist skilled supporting roles, such as legal officer/policy officer/research officer, these tasks with exception of the rebrand, have fallen to the Tribunal President – at least this way I can ensure all is legally correct and up to date! However, I acknowledge with gratitude the work of our software project officer, Will McLennan, on development of the website design and authorship of general content – a massive task which he has progressed on top of his responsibilities for the new Tribunal software project. His work on the software includes analysis of all Tribunal processes, workflows, communications, correspondence, orders and ensuring the software provider covers all processes in the software design. He is also providing invaluable guidance and assistance to me, on how to prepare the updated legal orders to be correctly embedded in the new software.

Legislative changes

In February 2025 the *Mental Health Legislation Amendment Act 2025* was passed by NSW Parliament and commenced on proclamation on 2 May 2025. Amongst other changes the amendments extended the requirements for judicial presidential members in Forensic Division hearings. Judicial Deputy Presidents/President are now required in all matters where a request to grant a forensic patient leave of absence, from the facility where the patient is detained, is under consideration. Prior to the amendments a judicial member was required to preside at hearings where the conditional or unconditional release of a forensic patient to the community is being considered. As was stated by the Minister for Mental Health in the Second Reading Speech the amendments intended to increase judicial oversight of forensic patients.

The amendments also made some changes to recognition of judicial officers in the Mental Health Act to facilitate mobility of judicial officers to the Tribunal, and to allow additional judicial resources to be readily recruited in times of workload demand.

While the jurisdiction of decision making for forensic patients was given to the Tribunal several years ago, and while the requirement for judicial officers for forensic decision making was part of the grant of that jurisdiction, for many years not much attention was given to embedding judicial resources in the Tribunal. The amendments made by the current Minister for Mental Health sought to address this.

The Tribunal's Forensic Division has benefited from leadership by Deputy Presidents who are judicial officers with extensive practical experience in criminal law – the forensic patients who the Tribunal

supervises are referred by the State's higher level criminal courts (Supreme and District courts). Judicial experience in criminal law – with its requirements to weigh risk, rehabilitation and community and victim protection – is integral to the Tribunal's forensic work. It is appropriate and necessary that a full time Deputy President of the Tribunal is such a judicial officer, given that the full time Deputy Presidents, with the President, lead the Tribunal including its Forensic Division. This legal leadership includes responsibility for the support and professional development of the part time Deputy Presidents, the majority of whom are themselves experienced former or current judicial officers. The Tribunal's judicial resources have been greatly amplified by all three full time Presidential members being judicial officers.

Tribunal Members

In our Civil Division, as well as our Forensic Division, we continue to be assisted by highly skilled members with diverse professional experience suitable to work in the Tribunal – including our lawyers, psychiatrists, and members who are appointed as holding other suitable qualifications – these include occupational therapists, social workers, nurses, psychologists, and members with lived experience as consumers and carers. Given the 2025 amendments have increased the requirement for judicial resources, the Tribunal will be looking at recruitment of judicial officers as part time Deputy Presidents in the coming year. Two additional judicial officers were welcomed to the Tribunal in the current year, in addition to regionally located legal members and additional psychiatrist members.

A number of retirements occurred this year and some members' appointments were not renewed in August 2024, and new members were appointed.

I acknowledge the service and dedication of all departing members and welcome the contributions that new members will make to the work of our Tribunal. Please refer to the full list of Members of the Tribunal at page 74. I make particular mention of the service given by former Supreme Court Justice Peter Hidden who contributed as one of our part time Deputy Presidents for a period of nine years – the Tribunal benefited from his judicial and legal expertise.

I respect the commitment and hard work of all Tribunal members, past and present – the Tribunal is fortunate to have so many talented and knowledgeable people who demonstrate commitment to the wellbeing and safety of the people of NSW.

A thank you to staff

Each year I thank our hard working staff however in the current year the commitment of staff, to ensuring hearings proceed in the best interests of patients, was outstanding. The large increase in workload in the current year, which followed large increases over previous years, has somehow been met despite lack of increase in staff resources. This cannot continue. It should not be dedicated staff who bear the burden of overwork caused by under-resourcing.

A thank you to Members

In addition to acknowledging their skill and talent I must also thank Members for bearing the load of burgeoning hearing lists – the Tribunal executive has been reviewing ways to reduce this issue in the short term while also advocating for budget and resources.

Core function

It should always be remembered that the Tribunal's core function is to conduct review hearings for those detained for mental health treatment. The majority of hearings occur in the Civil Division where daughters, sons, mothers, fathers, brothers and sisters in our community are detained for treatment. The legal obligation is placed on mental health facilities/hospitals to present those detained to a legal review process, the Tribunal process provides the avenue.

All should not lose sight of the reality that hospitals/Health facilities have the legal obligation to ensure that the patient is brought before the review – the Department of Health is therefore obligated to ensure adequate resources enable the hearings to proceed. Consequences of insufficient resources to meet hearing demand include unlawful detention and/or early discharge with probability of incidents of harm occurring. It is vital that the rights of those receiving mental health treatment, and the safety of patients and the community, is upheld by ensuring the Tribunal review process, required by law, is funded at a level where it can continue to be provided to all.

Magistrate Carolyn Huntsman
President

Section 2

Forensic Division Report

| | |
|--|----|
| Review activity and case management | 10 |
| Participation of victims in Tribunal reviews | 10 |
| Tribunal facilities and hearing environment | 11 |
| Community safety and apprehension orders | 11 |
| Operational improvements and systems development | 11 |
| Aged and complex care | 11 |
| Acknowledgements | 12 |

Forensic Division Report

During the 2024 to 2025 reporting year the Forensic Division of the Mental Health Review Tribunal continued its vital work in overseeing the care, treatment and progress of forensic patients across New South Wales. The Division conducted a total of 1,446 hearings, representing a 3 percent reduction over the previous year when 1,498 hearings took place.

The number and nature of hearings conducted by the Division reflected ongoing fluctuations in referrals and review requirements across the broader forensic mental health system. These variations are influenced by changes in inpatient populations, the frequency of conditional release reviews, and the dynamic needs of forensic patients transitioning between secure and community settings.

Review activity and case management

Appendix 2 of this Annual Report sets out the full statistical overview of the Division's operations. A number of data points however warrant particular mention.

The Tribunal reviewed a total of 661 individual patients across 1,446 hearings, either as part of regular or early reviews or reviews following breaches conducted pursuant to sections 78(d) 79 and 109 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*. This represented 7 percent fewer individuals than in the previous reporting period, although the overall number of hearings remained relatively stable. These reviews continue to be a cornerstone of the Tribunal's work.

Participation of victims in Tribunal reviews

Recognising the profound and lasting impact of forensic proceedings on victims and their families, the Tribunal has continued to strengthen victim participation, transparency of processes, and communication. The 2024–2025 period saw a marked increase in engagement from registered victims, with the Tribunal receiving 188 submissions relating to matters such as place restrictions and non-association orders. This represents a significant and positive step toward ensuring victims' voices are heard and respected within Tribunal proceedings.

To further support this engagement, quarterly liaison meetings are held with the Acting Commissioner of Victims Rights. These meetings have provided an important forum for reviewing systemic issues, improving the timeliness and clarity of information exchange and aligning Tribunal practices with the Charter of Victims Rights.

Working with the Specialist Victims Support Service (SVSS), the Tribunal has also enhanced the accessibility of information materials for victims. Updated resources provide clear explanations of the Tribunal's role, outline options for participation and direct victims to available support pathways. The Division is committed to ensuring that victims are treated with dignity, provided with appropriate information and supported by SVSS to make informed decisions about their involvement in hearings.

Tribunal facilities and hearing environment

The conduct of Tribunal hearings continues to be affected by the physical condition of available facilities, particularly at the Gladesville premises. Many hearing rooms are outdated and not always well suited to the increasing reliance on audio-visual technology. Hearings often involve multiple participants joining remotely, including patients, clinicians, legal representatives and registered victims, and the limitations of existing infrastructure can impact efficiency and accessibility.

The Tribunal continues to advocate for modern, secure and purpose-built facilities that reflect the complexity of forensic matters. Improvements in digital hearing mechanisms and upgrades to some hospital hearing rooms have assisted with this challenge, but long-term investment remains necessary to ensure the Tribunal can deliver fair, timely and technologically supported hearings across metropolitan and regional areas.

Community safety and apprehension orders

During the 2024/2025 reporting period there were 86 reviews of forensic patients subject to an order for apprehension under s.109 MHCIPFA. This provision empowers the President of the Tribunal to issue an order for the apprehension and detention of a forensic patient who is either in breach of a conditional release order or whose mental state has deteriorated in the community.

These orders remain a critical safeguard, ensuring that individuals whose conduct or condition presents a potential risk to themselves or the community can be promptly and safely returned to a secure environment. They also serve to preserve the integrity of the conditional release framework by reinforcing accountability and continuity of care between inpatient and community settings.

Operational improvements and systems development

The Division continues to prioritise operational efficiency, procedural fairness and accessibility. During the reporting period new scheduling and remote hearing enhancements were implemented to ensure timely reviews for patients on forensic community treatment orders, including those located in correctional centres, and for transfer arrangements between correctional centres and the forensic hospital.

Engagement with clinical services and corrective services continues to improve the quality and timeliness of clinical reports for Tribunal review.

Aged and complex care

A growing proportion of the forensic patient population is comprised of individuals with age-related health issues, cognitive impairment, or complex comorbidities. The Tribunal remains attentive to the challenges associated with identifying appropriate care settings for these individuals.

Throughout the year the Tribunal worked collaboratively with health and correctional authorities to ensure that older forensic patients and those with cognitive impairment can be placed in environments that balance safety, therapeutic benefit, and the least restrictive care consistent with risk management principles. The Tribunal participates in the Forensic Patients Disability Reform Steering Committee.

Engagement with clinical services and corrective services continues to improve the quality and timeliness of clinical reports for Tribunal review

Acknowledgements

The Forensic Division's achievements during the 2024–2025 reporting period are the result of the dedication and professionalism of Tribunal Members and staff. I wish to acknowledge their tireless efforts in conducting complex hearings, managing sensitive matters, and upholding the Tribunal's commitment to fairness and respect for all participants.

I wish to acknowledge the constructive engagement of SVSS for their continued co-operation and contribution to improving the Tribunal's processes in the often challenging area of victims' representation.

I would also like to express my appreciation to the clinical teams and Justice Health experts who support the Tribunal's work with timely and thorough reporting, and to the lawyers from Legal Aid's Mental Health Advocacy Service who provide invaluable representation and advocacy for forensic patients.

Magistrate Michael Crompton
Deputy President



Section 3

Civil Division Report

| | |
|---|----|
| Workload increases in 2024–2025 | 14 |
| Background to Civil and Inquiry Division | 14 |
| Civil and Inquiry Division | 15 |
| Addressing workload increases and future management | 16 |
| Improving communication with stakeholders | 16 |
| Education pieces | 17 |
| Professional development for our members | 17 |

Civil Division Report

Workload increases in 2024–2025

With the retirement of Ms Maria Bisgoni after some 30 years of service, I was fortunate to be appointed as Deputy President in September 2024. This has been a period of significant change, particularly given the loss of knowledge, the years of relationship building and expertise previously held for so long in this role. The staff at the MHRT have been nothing but generous, kind and patient in the transition period at a time when work is currently being done to begin the process of guiding the Tribunal through a period of upheaval and significant change to location, processes, practices and software.

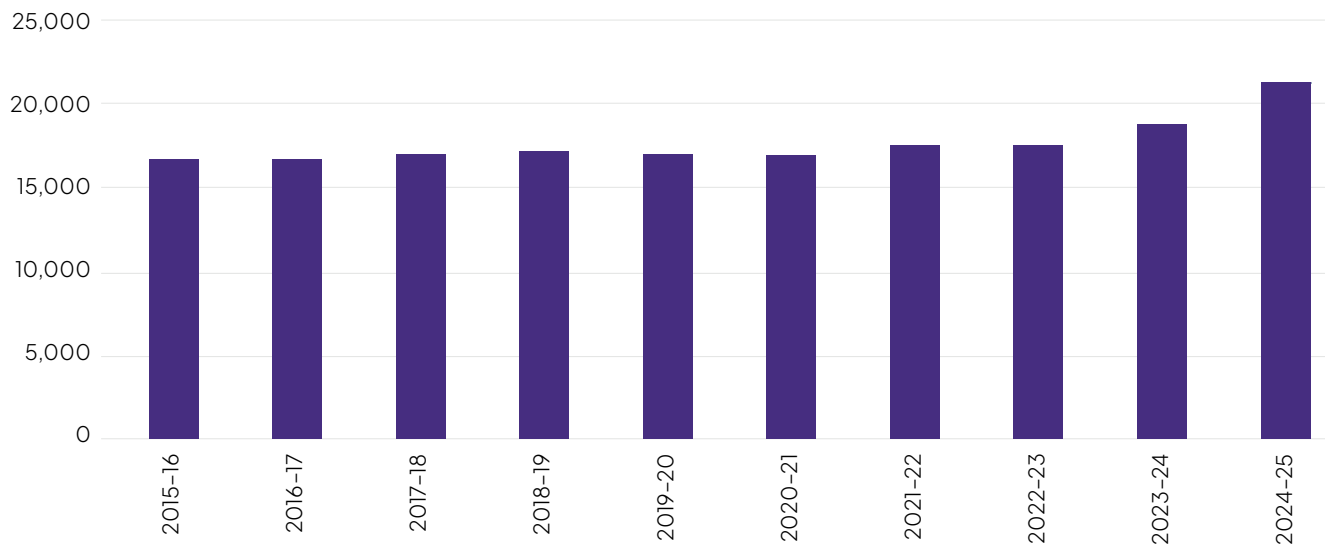
Background to the Civil and Inquiry Division

The hearings are undertaken at approximately 40 venues across New South Wales. The members are drawn from 58 psychiatrists, 43 lawyers and 48 other suitably qualified members. These members appear either personally at the venues around NSW or by audio visual systems. They regularly travel distances to deliver this service, and given the current outdated computer system that has been used for many years, the presiding members usually collect or have couriered the paper files, together with a handheld recorder to take out to the various facilities. These procedures will all change in the next twelve (12) months, as the Tribunal shifts to a paperless

workplace. New computer systems will need to be mastered and used by the members, and ultimately a more sophisticated recording system will be needed. The introduction of this as a work practice will better protect the privacy of the individual, and better reflect the policies found within health in relation to protection of information and information sharing. As a Tribunal we are required to record our hearings, and therefore the much outdated and unreliable system of handheld recordings will be replaced to ensure that the recording requirement is fulfilled. This allows for better transparency and better record keeping for patients appearing before the Tribunal.

The work of the Tribunal in its civil jurisdiction ensures that the legislative responsibility of those seeking to treat patients involuntarily is fulfilled, allowing treating teams in hospitals and community to then perform their roles by providing much essential mental health care and treatment. The legislation protects the rights of the individual while also performing a protective role for both the individual and the community. The Tribunal provides essential independent oversight, and gives reassurances that proper procedures are being followed, allowing for the voices of patients to be heard prior to the making of orders that directly affect freedom and choice of medical treatment. The seriousness of this work is never lost on the Tribunal members and staff who are mindful of the significance of the role that they are entrusted to perform.

Number of Civil Hearings – 27% increase over 10 years



The Civil and Inquiry Division has experienced a significant increase in caseload in the number of hearings reaching 21,179 (including FMO) in the period 24–25 representing an additional 2,506 hearings for this year.

Overall this number of additional hearings represents a 13% increase, up again from the previous year increase of 7%. These increased figures are significant given that in the 10 years prior the hearing increases remained fairly consistent incremental increases of only 3% each year.

The structure of the Tribunal is also being reviewed, given that the staff numbers have remained static for the past 10 years, although the workload has increased by 27% over that period.

Civil and Inquiry Division

The Civil and Inquiry Division is comprised of two distinct teams, although both arising in the civil jurisdiction pursuant to the Mental Health Act. This busy work is overseen by Ms Danielle White.

Inquiry team

The Inquiry is the first stage of appearance at the Tribunal after detention of a mentally ill person in hospital after being determined to be so by at least two (2) medical practitioners, including a psychiatrist.

The greatest increase was seen in the number of Mental Health Inquiries. This is demonstrative that there is an ongoing and significant increase in first presentations before the Tribunal of those patients whom the psychiatrist has determined must remain detained in hospital. These hearing have experienced considerable growth, with a 19% increase in number in just 12 months with 8,321 hearings undertaken by the Tribunal, in real terms this is an increase of 1,318 hearings.

This outcome is even more significant when noted that there were just 3 dedicated staff positions allocated to the Inquiries team, and as a result the Inquiry team has worked tirelessly to meet the needs of the community, without much needed extra staff and support.

We recognise the staff in Inquiries and in particular the leader of the Inquiry Team Ms Linda Feeney, we thank them for their dedication. This team is the initial face of the Tribunal, they work with mental health facilities directly after patient admission and are attending to those patients who are among New South Wales most mentally unwell patients. The Inquiry team facilitate access to the Tribunal while supporting our members to ensure that people are afforded their rights pursuant to the Mental Health Act.

It becomes more important to acknowledge the workload when as we see, 92% of all patients are provided access to an Inquiry hearing within 20 days, with 97% accessing the hearing within 28 days.

Civil team

The remainder of the work falls within the civil team. This work includes reviews of the initial involuntary status, Electro Convulsive Treatment Applications, appeals, Financial Management Order Applications, and Community Treatment Order Applications.

The overall increase in hearings in the civil jurisdiction was 12,770 hearings up, 10% on the previous year.

Financial management orders increased by 21%.

The workload of the Civil and Inquiry Division is not sustainable in the current Tribunal staff structure, particularly with the strong upward trend continuing as reflected in the rise in the number of hearings. The Registrar and President are continuing to advocate for a suitable model for the Civil Division to reflect the important and mandatory work completed, and the focus of the last few years has been to move to a system that will resource the anticipated future growth.

It is a credit to MHRT staff, the members and the mental health facilities and allied health that the Civil and Inquiry Division has continued to provide a service to the community despite the added pressures they faced. This year also saw a reduction in available psychiatrists at some facilities, and it was uncertain at the commencement of the year as to how the system would manage under additional pressures. Thanks to the dedication of our staff the Tribunal's essential role was not compromised in spite of these events.

19% increase in Inquiry hearings in the past 12 months alone

97% accessing the hearing within 28 days

Addressing workload increases and future management

This increasing workload has been the subject of discussion and analysis amongst the executive, and solutions are being considered given the current workload is not maintainable within the limited resources.

Exploration has been undertaken of the numbers of hearings that members are able to complete within the day, disparity in the spread of hearings and ways to improve productivity and efficiency without compromising the rights of the patient. We are working with stakeholders to explore solutions that will require limiting the number of patients listed on any single hearing day, while increasing contact days with facilities to meet the additional needs of the hospitals. Further, improvements have already commenced, improving Tribunal agility through the establishment and use of remote duty panels that sit senior members who are ready and able to deal with matters at short notice from around NSW.

It is anticipated this model will grow. The intention is to have complex matters heard in a hearing environment that affords additional time for those matters. It is also the case that by being more flexible for those patients who are ready to access a less restrictive form of care that might still require an order, the Tribunal can provide hearings to ensure that the patient's rights are addressed and where possible a timely discharge can be organised with the consequence that beds become free as soon as possible for new patients.

A series of further changes and solutions are being refined and are expected to be implemented in the next year.

Improving communication with stakeholders

There have been regular meetings with Justice Health, and in particular the Community Forensic Mental Health Service (CFMHS) who perform an important role within the civil jurisdiction. The recognition of the need for the undertaking of risk assessments to keep patients, carers and health professionals safe is critical.

We continue to discuss and consider ways of ensuring those that are receiving care under the Mental Health Act continue to have access to mental health treatment when circumstances change. Discussions are underway to consider the transition of an existing CTO into custodial settings, to facilitate the ongoing needs of patients supporting continuity of care, and to better protect them and the community.

The Legal Aid Commission's Mental Health Advocacy Service (MHAS) is a critical service that provides legal advice to these most vulnerable patients. They are a very agile and able professional and experienced group of solicitors who continue to meet the growing needs from the ever increasing patient presentations, and with whom we continue to enjoy a very positive working relationship. It is essential that the number of matters listed each day be addressed to ensure proper time can be given by the lawyers to the patients in preparation for the hearings.

We continue to visit and meet with as many facilities as possible. We appreciate the openness of facilities and willingness to work with the Tribunal to ensure the legislative obligation for hearings can be completed to allow hospitals to deliver treatment, or appropriate care to be given in the community. We imagine that there will be many more conversations and working partnerships created in 2025.



Education pieces

A number of community education opportunities have been taken which include smaller casual presentations and more formal presentation to groups such as:

- Crown Solicitors
- Missing Persons Unit (NSW Police)
- Mental Health Branch – Clinical Directors
- Law Society.

It is anticipated the following will be completed in the second half of 2025:

- Nurses and Midwifery Council
- MHAS
- Local Court of NSW
- HASI plus
- POW Registrar Training
- Hospital Liaison Officers.

Committees

- (Forensic) Working Group – Cognitive Impairment
- (Forensic) Steering Committee – Cognitive Impairment.

These committees hold obvious interest and applicability to our cognitively impaired patients in the civil jurisdiction.

Professional development for our members

There have been 3 sessions organised for the year and these are:

- PDE 1: Benchcraft / Introduction to ECT
- PDE 2: Making an order for a CTO and FCTO
- PDE 3: Unconscious Bias – Dr Tamsin Waterhouse and Mr Arif Ongu.

Ms Natsha Langovski, Tribunal Member has been instrumental in the preparation of these and in the organisation of speakers, and we thank her for her ongoing support.

There has been excellent attendance by our members online and some very interesting external speakers as part of the program.

The Tribunal also has conducted, when required, regular training sessions for new members in the form of induction and training. This process continues to be refined, and will remodel and change with the significant move into the new Tribunal premises and the adoption of a paperless system.

Education within Health

It is apparent that a great strength the Tribunal has is the ability to engage with the various providers of mental health services in the arena of education and training relating to the Mental Health Act. After discussions with members, facilities, the Mental Health Branch and the Chief Psychiatrist it was determined to commence an ambitious education project.

The President had previously communicated with HETI and gained support for the project. As a result an education committee has been established for this purpose. It is comprised of the following members:

- Dr Victor Storm
- Mr Lee Knight
- Dr Megan Kalucy
- Ms Sarah Crosby
- Ms Vanessa Robb
- Mr Paul Dixon
- Dr Deidre O'Connor
- Dr Trevor Ma

It is anticipated a few more members will join in the coming year. The group has had preliminary meetings and determined to firstly assist the new Registrars in facilities who rotate on a 6 monthly basis, by the production of template reports and a podcast style production, informative of the purpose and role of the Tribunal to better inform appearing at the Tribunal. This will incorporate perspectives from Psychiatrists, consultants, patients, carers, MHAS, registrars and tribunal members and staff.

We continue to discuss and consider ways of ensuring those that are located and supported through the Mental Health Act continue to have access to mental health treatment when circumstances change.

Prince of Wales Hospital has offered to commence a pilot and discussions are being had as to the involvement of the facility to create a collaboration to work to improve the current system. We are very grateful to Dr Mohan for the support and for independently seeing the need for better and helpful ways to assist registrars to perform their function.

In general discussions other Health facilities have also been very generous and it is expected new projects will commence in the second half of 2025. This education project will deliver some tangible results in 2026, and once tested will be offered to all mental health facilities.

The second tranche of the education project is moving into community mental health and will aim to assist case managers with the Mental Health Act and with presentation to the Tribunal.

This work is already having the impact of delineating each person's role in the overall provision of mental health care. The Tribunal has an unusual role within Health to apply the law, and remains conscious that

it must do so in a way that does not adversely affect the therapeutic relationship between the patient and the treating team where possible. It has a role to inquire, but must do so in a different and careful way to that which might be seen in other Tribunal settings. Better understanding of this legal role is leading to the creation of better and more respectful relationships with mental health providers.

In summary there continues to be significant growth in the Civil and Inquiries Division. This is occurring at a time where there remains less availability of psychiatrists in our system. This also is occurring at a time when our Registrar works to relocate the Tribunal, digitise the files, transfer to a new software system and generate a new website while rebranding the MHRT. The amount of work being undertaken is very significant, and it is a credit to our Registrar and her staff that the MHRT functions as it does under current pressures.

Magistrate Erin Kennedy
Deputy President



Registrar's Report

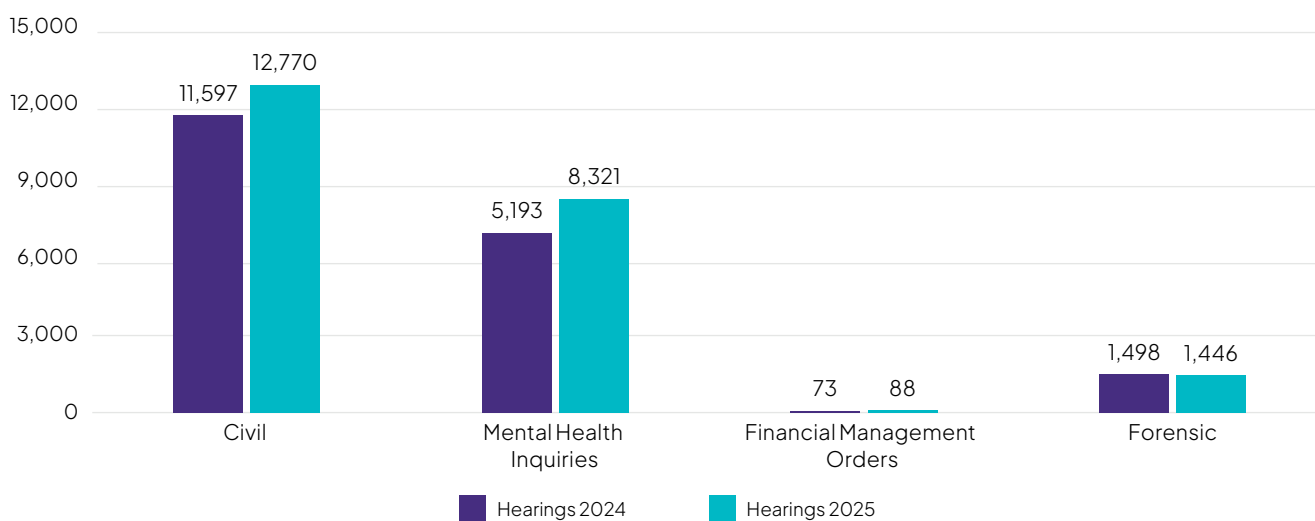
| | | | |
|--|----|--|----|
| Case Load Summary | 20 | Government Information (Public Access) Act 2009 | 46 |
| Mental Health Inquiries | 22 | Public Interest Disclosures Act 1994 | 46 |
| Mental Health Inquiries | 25 | Data collection – Involuntary referral to Mental Health Facilities | 47 |
| Involuntary patient reviews | 27 | Official Visitors Program | 47 |
| Appeals against a refusal to discharge | 28 | Premises | 48 |
| Community Treatment Orders (CTO) | 29 | Venues | 48 |
| Electro Convulsive Therapy (ECT) | 30 | Staff | 48 |
| Financial Management Hearings | 31 | Tribunal Members | 48 |
| Emergency surgery and special medical treatment | 33 | Full time Presidential Members | 49 |
| Forensic Hearings | 35 | Recruitment | 49 |
| Hearing locations and types | 40 | New Members | 49 |
| Number of clients | 41 | Resignations and retirements | 51 |
| Representation and attendance at Hearings | 42 | Financial report | 52 |
| Hearings proceedings in the absence of the patient | 45 | Thank you | 52 |
| Appeals | 46 | | |
| Multicultural policies and services | 46 | | |

Registrar's Report

Case Load Summary

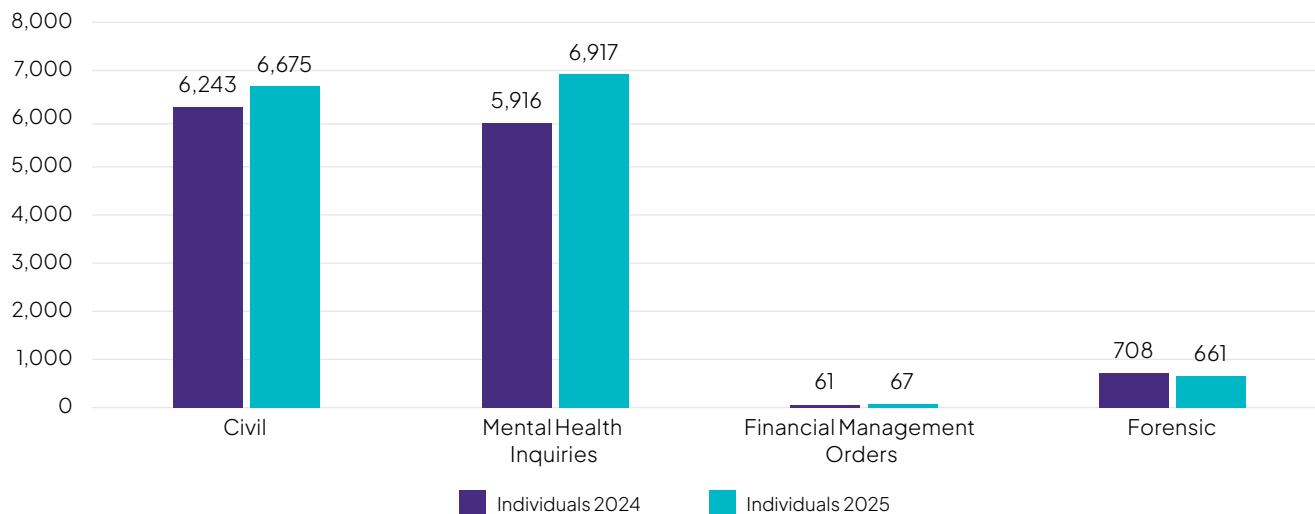
The Tribunal conducted 22,625 hearings in the financial year 2025 involving 10,667 individuals representing an twelve percent rise in the number of hearings from 2024 and an eleven percent rise in the number of individuals presenting to the Tribunal (2024: 20,171 hearings; 9,641 individuals). The increase in the number of presentations is largely driven by a 19% increase in the number of persons presenting for Mental Health Inquiries under s34 (2024: 5,916; 2025: 6,917).

Previous year comparison – Number of Hearings



The Tribunal saw a ten percent increase in the number of Civil hearings and a twenty-one percent rise in the number of financial management orders. Inquiries increased by nineteen percent while Forensic hearings decreased by three percent.

Previous year comparison – Number of Individuals



| Category | Hearings 2024 | Hearings 2025 | Movement | Individuals 2024 | Individuals 2025 | Movement |
|---|---------------|---------------|------------|------------------|------------------|------------|
| Civil | 11,597 | 12,770 | 10% | 6,243 | 6,675 | 7% |
| Mental Health Inquiries | 7,003 | 8,321 | 19% | 5,916 | 6,917 | 17% |
| Financial Management Orders | 73 | 88 | 21% | 61 | 67 | 10% |
| Forensic | 1,498 | 1,446 | -3% | 708 | 661 | -7% |
| Grand Total | 20,171 | 22,625 | 12% | 12,928 | 14,320 | 11% |
| Total Actual Individuals¹ | | | | 9,641 | 10,667 | 11% |

¹ Individuals are counted in each category in which they have appeared. The total number of individuals brought before the Tribunal was 10,667.

| Hearings 1991–2025 | | | | | | |
|--------------------|-------------------------|----------------|-------------------------------|-------------------|--------|--------------------------------|
| Year | Mental Health Inquiries | Civil hearings | Financial Management Hearings | Forensic Hearings | Total | % Variation from previous year |
| 1991 | | 1,986 | 61 | 185 | 2,232 | - |
| 1992 | | 2,252 | 104 | 239 | 2,595 | 16% |
| 1993 | | 2,447 | 119 | 278 | 2,844 | 10% |
| 1994 | | 2,872 | 131 | 307 | 3,310 | 16% |
| 1995 | | 3,495 | 129 | 282 | 3,906 | 18% |
| 1996 | | 4,461 | 161 | 294 | 4,916 | 26% |
| 1997 | | 5,484 | 183 | 346 | 6,013 | 22% |
| 1998 | | 4,657 | 250 | 364 | 5,271 | -12% |
| 1999 | | 5,187 | 254 | 390 | 5,831 | 11% |
| 2000 | | 5,396 | 219 | 422 | 6,037 | 4% |
| 2001 | | 6,151 | 304 | 481 | 6,936 | 15% |
| 2002 | | 6,857 | 272 | 484 | 7,613 | 10% |
| 2003 | | 7,787 | 309 | 523 | 8,619 | 13% |
| 2004 | | 8,344 | 331 | 514 | 9,189 | 7% |
| 2005 | | 8,594 | 293 | 502 | 9,389 | 2% |
| 2006 | | 9,522 | 361 | 622 | 10,505 | 12% |
| 2007 | | 8,529 | 363 | 723 | 9,615 | - |
| 2007–08 | | 8,440 | 313 | 764 | 9,517 | -1% |
| 2008–09 | | 7,757 | 224 | 771 | 8,752 | -8% |
| 2009–10 | 43 | 8,041 | 193 | 824 | 9,101 | 4% |
| 2010–11 | 4,447 | 7,966 | 221 | 870 | 13,504 | 48% |
| 2011–12 | 4,910 | 8,591 | 219 | 928 | 14,648 | 8% |
| 2012–13 | 6,321 | 9,189 | 225 | 943 | 16,678 | 14% |
| 2013–14 | 6,232 | 9,184 | 191 | 972 | 16,579 | -1% |

Hearings 1991–2025

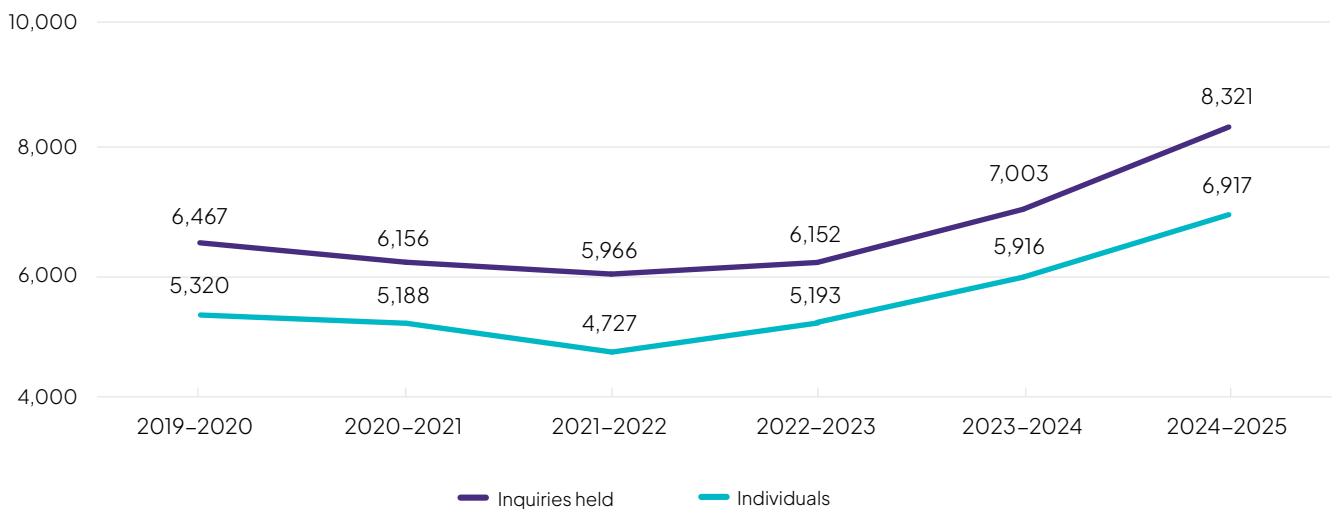
| Year | Mental Health Inquiries | Civil hearings | Financial Management Hearings | Forensic Hearings | Total | % Variation from previous year |
|------------------------------|-------------------------|----------------|-------------------------------|-------------------|---------------|--------------------------------|
| 2014–15 | 6,633 | 9,402 | 170 | 1,017 | 17,222 | 4% |
| 2015–16 | 6,887 | 9,709 | 168 | 1,186 | 17,950 | 4% |
| 2016–17 | 6,757 | 9,832 | 169 | 1,340 | 18,098 | 1% |
| 2017–18 | 6,806 | 10,098 | 144 | 1,490 | 18,538 | 2% |
| 2018–19 | 6,787 | 10,219 | 121 | 1,541 | 18,668 | 1% |
| 2019–20 | 6,467 | 10,382 | 110 | 1,612 | 18,571 | -1% |
| 2020–21 ¹ | 6,156 | 10,635 | 81 | 1,669 | 18,541 | 0% |
| 2021–2022 | 5,966 | 11,402 | 94 | 1,680 | 19,142 | 3% |
| 2023–2024 | 7,003 | 11,597 | 73 | 1,498 | 20,171 | 6% |
| 2024–2025 | 8,321 | 12,770 | 88 | 1,446 | 22,625 | 12% |
| Variation from previous year | 19% | 10% | 21% | -3% | 12% | |
| Variation from 2010/11 | 87% | 60% | -60% | 66% | 68% | |

2 Mental Health Forensic Provisions Act 1990 – 1,254 + Mental Health and Cognitive Impairment Forensic Provisions Act 2020 – 415 hearings.

Mental Health Inquiries

Mental Health Inquiries have steadily increased since the Tribunal began these hearings in 2010/2011. Over the past two years, we have seen a steeper curve in presentations and in the number of persons presented.

During the 2025 financial year timeframes for the presentation of assessable persons were set within 7 – 14 days. Note that assessable persons could still be presented for earlier inquiries if they lodged an appeal (s44) or the treating team was seeking to discharge on a CTO (s35(5)(b)). Ninety-two percent of patients are presented within three weeks of being detained.



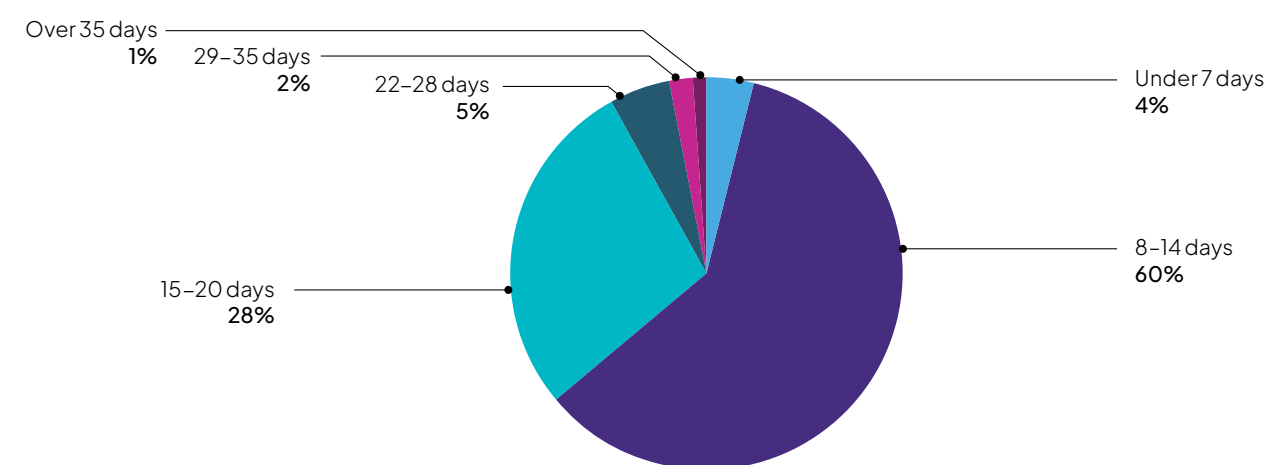
Days elapsed between date detained and Mental Health Inquiry

| Elapsed Days | Inquiries | Percentage of Inquiries |
|------------------------|--------------|-------------------------|
| Under 7 days | 315 | 4% |
| 8–14 days | 4,997 | 60% |
| 15–20 days | 2,295 | 28% |
| 22–28 days | 420 | 5% |
| 29–35 days | 186 | 2% |
| Over 35 days | 108 | 1% |
| Total Inquiries | 8,321 | |

Number of adjournments relisted: 412 (5% of total inquiries).

Number of adjournments no longer required: 310 (4% of total inquiries).

Number of listings withdrawn: 303 (4% of total inquiries).



s147 Mental Health Act 2007 – Prescribed Reports

Certain matters are required to be reported under s147 of the *Mental Health Act 2007* (MHA):

| s147(2)(a) The number of persons taken to a mental health facility and the provisions of the act under which they were so taken | | | | |
|---|--|---------------|--------------|---------------|
| MHA | Method of Referral | Admitted | Not Admitted | Total |
| s19 | Certificate Of Doctor | 5,104 | 188 | 5,292 |
| s20 | Ambulance Officer | 1,502 | 478 | 1,980 |
| s22 | Apprehension By Police | 1,308 | 931 | 2,239 |
| s23 VIA s19 | Authorised Doctor's Certificate | 34 | 16 | 50 |
| s24 MHA/s19 MHCIFPA | Order Of Court | 202 | 113 | 315 |
| s25 | Transfer From Another Facility | 1,036 | 8 | 1,044 |
| s26 | Request By Primary Carer/ Relative/Friend | 303 | | 303 |
| s58 | Breach Of Community Treatment Order | 52 | 11 | 63 |
| Total | | 9,541 | 1,745 | 11,286 |
| | Reclassified from Voluntary to Involuntary | 527 | 31 | 558 |
| Total | | 10,068 | 1,776 | 11,844 |

| s147(2)(b) Classification of persons detained | | | |
|---|---------------|--|--|
| Classification | Individuals | | |
| Mentally ill | 7,183 | | |
| Mentally disordered | 1,959 | | |
| Voluntary patients admitted | 926 | | |
| Total | 10,068 | | |

| s147(2)(c) Mental Health Inquiries | | | |
|------------------------------------|-------------|--|--|
| Classification | Individuals | | |
| Number of inquiries | 8,321 | | |
| Number of individuals | 6,917 | | |

| Outcome of Mental Health Inquiries conducted | | | |
|---|--------------|--|--|
| | Hearings | | |
| Involuntary patient order | 6,824 | | |
| Reclassify from voluntary to involuntary | 0 | | |
| Discharge or deferred discharge | 73 | | |
| Community treatment order | 686 | | |
| Adjourned or withdrawn | 714 | | |
| Declined to deal with or no jurisdiction | 24 | | |
| Total | 8,321 | | |
| Discharged or made voluntary prior to hearing | 160 | | |

| s147(2)(d) Persons taken involuntarily to a Mental Health Facility or reclassified from voluntary to involuntary | | | |
|--|---------------------|---------------------|----------------|
| Classification | Individuals 2025 | Individuals 2024 | Variation % |
| Admitted as a voluntary patient | 926 | 1,012 | -8% |
| Detained as a mentally disordered or mentally ill person | 9,142 | 9,672 | -5% |
| Not admitted | 1,776 | 1,279 | 42% |
| Total | 11,844 | 11,933 | -1% |

This report is also to include any matters the Minister may direct or that are prescribed by the regulations. No regulations have been made for additional matters to be included nor has the Minister given any such direction.

Mental Health Inquiries

This was the fifteenth full year of the Tribunal's jurisdiction to conduct mental health inquiries under s34 of the Act. Until 21 June 2010, this role had been carried out by Magistrates. During the financial year 2025, the Tribunal held 8,321 inquiries relating to 6,917 individuals (2024: 7,003 inquiries; 5,196 individuals).

Involuntary patient orders

Of the mental health inquiries conducted in financial year 2025, 6,824 (82%) resulted in an involuntary patient order being made. This is a three percent increase from 2024 (5,567 – 79%).

Community treatment orders at Mental Health Inquiries

The number of Community Treatment Orders made at a mental health inquiry dropped slightly to 686 (2024: 730) and represented 8% of inquiries.

Deferred discharge

One hundred and sixty-five orders were made for a deferred discharge (2%). These orders included seventeen patients discharged into the care of their designated carer and one hundred and thirteen patients discharged to a community treatment order.

Summary of outcomes

| s34 Outcomes | Female | Male | Total | % of inquiries |
|--------------------------------------|--------------|--------------|--------------|----------------|
| Involuntary patient order | 3,043 | 3,781 | 6,824 | 82.0% |
| Discharged | 9 | 6 | 15 | 0.2% |
| Deferred discharge | 14 | 21 | 35 | 0.4% |
| Discharged to CTO | 196 | 377 | 573 | 6.9% |
| Deferred discharge to CTO | 50 | 63 | 113 | 1.4% |
| Discharged to carer | 3 | 3 | 6 | 0.1% |
| Deferred discharge to carer | 10 | 7 | 17 | 0.2% |
| Adjourned | 311 | 399 | 710 | 8.5% |
| Declined to deal with matter | 12 | 12 | 24 | 0.3% |
| Withdrawn or no jurisdiction | 2 | 1 | 3 | 0.0% |
| Reclassified to voluntary | 1 | 0 | 1 | 0.0% |
| Total Mental Health Inquiries | 0 | 0 | 0 | 0.0% |
| Individuals Affected | 3,035 | 3,882 | 6,917 | - |

Days to Mental Health Inquiry from date detained

In the financial year 2025, 4% of inquiries were commenced in the first week of a person's detention (2024: 4%), 60% during the second week (2024: 44%), 28% in the third week (2024: 37%) and 5% in week four (2024: 12%).

In 4% of cases, the inquiry was commenced after four weeks (2024: 3%). Each of these cases is reviewed and, where appropriate, followed up with the facility involved. These cases involved patients who were AWOL or on approved leave or were too unwell to come before the Tribunal at the time they were due.

| Days to hearing from date detained | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total | % |
|------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|----------|
| Under 7 Days | 32 | 31 | 33 | 30 | 26 | 33 | 34 | 16 | 25 | 23 | 20 | 12 | 315 | 3.8% |
| 8 - 14 Days | 418 | 456 | 416 | 453 | 439 | 335 | 399 | 390 | 384 | 390 | 490 | 427 | 4,997 | 60.1% |
| 15 - 21 Days | 179 | 208 | 179 | 207 | 199 | 137 | 191 | 183 | 178 | 223 | 221 | 190 | 2,295 | 27.6% |
| 22 - 28 Days | 29 | 28 | 39 | 41 | 35 | 21 | 61 | 27 | 32 | 33 | 39 | 35 | 420 | 5.0% |
| 29 - 35 Days | 7 | 16 | 21 | 14 | 17 | 9 | 49 | 8 | 7 | 14 | 17 | 7 | 186 | 2.2% |
| Over 35 Days | 5 | 7 | 7 | 5 | 3 | 13 | 20 | 5 | 7 | 11 | 10 | 15 | 108 | 1.3% |
| Grand Total | 670 | 746 | 695 | 750 | 719 | 548 | 754 | 629 | 633 | 694 | 797 | 686 | 8321 | - |

Other than for some minor variations these presentation ratios have been relatively consistent for the last seven or eight years and reflect the Tribunal's expectation that assessable persons are presented for a mental health inquiry within three weeks of the person being detained in a mental health facility (92% of patients during the financial year 2025; 85% in 2024).



Involuntary patient reviews

The Tribunal held 3,068 hearings (2,245 individuals) for the review of involuntary patients during the financial year 2025, an 13% increase in the number of hearings (2024: 2,706) and a 12% increase in the number of individuals reviewed (2024: 2,706).

The Tribunal is required to review the case of each involuntary patient:

1. On or before the end of the patient's initial period of detention ordered at a mental health inquiry under s37(1)(a)
2. Once every three months for the first 12 months that the person is an involuntary patient under s 37(1)(b)
3. Once every six months while the person continues to be detained as an involuntary patient under s 37(1)(c).
4. At any other time necessary under s37(1A).

During 2025, the Tribunal held 1,655 initial reviews under s37(1)(a) (affecting 1,485 individuals) demonstrating a 15% increase in hearings from 2024 (1,414 reviews – 1,295 individuals). An increase of 8% was reflected in s37(1)(b) reviews (2025: 856 / 2024: 796) and of 12% for s 37(1)(c) reviews (2025: 555 / 2024: 496) indicating that an increased number of persons detained under the Act are remaining in hospital for longer periods.

Outcomes for involuntary patient reviews

| Section | Description | Gender | Individuals affected | Total hearings | Continued detention as an involuntary patient | Discharged or made voluntary | Discharged to CTO | Adjourned | Withdrawn or no jurisdiction |
|---|---|--------------|----------------------|----------------|---|------------------------------|-------------------|------------|------------------------------|
| s37(1)(a) | Review prior to expiry order for detention as a result of a mental health inquiry | Female | 634 | 724 | 614 | 9 | 4 | 94 | 3 |
| | | Male | 851 | 931 | 799 | 15 | 7 | 104 | 6 |
| | | Total | 1485 | 1655 | 1413 | 24 | 11 | 198 | 9 |
| s37(1)(b) | Review at least once every 3 months while a person is an involuntary patient during the first 12 months | Female | 187 | 318 | 286 | 1 | 2 | 29 | 0 |
| | | Male | 284 | 538 | 489 | 2 | 2 | 44 | 1 |
| | | Total | 471 | 856 | 775 | 3 | 4 | 73 | 1 |
| s37(1)(c) | Review at least once every 6 months while person is an involuntary patient after first 12 months | Female | 105 | 209 | 198 | 1 | 0 | 8 | 2 |
| | | Male | 183 | 346 | 326 | 1 | 0 | 18 | 1 |
| | | Total | 288 | 555 | 524 | 2 | 0 | 26 | 3 |
| s37(1A) | Review at any other time | Female | 1 | 2 | 1 | 0 | 0 | 1 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 1 | 2 | 1 | 0 | 0 | 1 | 0 |
| s37(1) Total: | | | 2,245 | 3,068 | 2,713 | 29 | 15 | 298 | 13 |
| Percentage of hearings by outcome: | | | | | 88% | 1% | 0% | 10% | 0% |

See also Appendix 1 – Tables 1, 2 and 3.

Appeals against a refusal to discharge

The number of hearings held under s44 of the Act, to consider an appeal against an authorised medical officer's refusal to discharge a patient, decreased by 1% to 957 (2024: 970) representing 758 individuals. Of these hearings, 785 were dismissed (82%) of which 6 were subject to an order of no further right of appeal before the next review. The patient was ordered to be discharged on 17 occasions (2%) and the remaining appeals were either adjourned, withdrawn or the Tribunal had no jurisdiction to deal with the matter.

| Fin Year | Gender | Individuals | Total appeals | Appeal dismissed | Dismissed with no further appeal | Reclassify to voluntary | Discharge/CTO made under s51 | Adjourn | Withdrawn or no jurisdiction |
|----------|--------------|-------------|---------------|------------------|----------------------------------|-------------------------|------------------------------|-----------|------------------------------|
| 2025 | Female | 319 | 393 | 323 | 1 | 1 | 9 | 34 | 25 |
| | Male | 439 | 564 | 462 | 5 | 0 | 8 | 44 | 45 |
| | Total | 758 | 957 | 785 | 6 | 1 | 17 | 78 | 70 |
| 2024 | Female | 338 | 407 | 313 | 4 | 0 | 6 | 28 | 56 |
| | Male | 453 | 563 | 428 | 13 | 1 | 7 | 49 | 65 |
| | Total | 791 | 970 | 741 | 17 | 1 | 13 | 77 | 121 |
| 2023 | Female | 330 | 417 | 327 | 4 | 0 | 3 | 32 | 51 |
| | Male | 443 | 570 | 442 | 12 | 0 | 10 | 37 | 69 |
| | Total | 773 | 987 | 769 | 16 | 0 | 13 | 69 | 120 |
| 2022 | Female | 359 | 456 | 334 | 6 | 0 | 11 | 35 | 70 |
| | Male | 443 | 580 | 436 | 10 | 1 | 6 | 36 | 91 |
| | Total | 802 | 1036 | 770 | 16 | 1 | 17 | 71 | 161 |
| 2021 | Female | 359 | 469 | 329 | 21 | 2 | 10 | 42 | 65 |
| | Male | 422 | 522 | 392 | 16 | 0 | 7 | 34 | 73 |
| | Total | 781 | 991 | 721 | 37 | 2 | 17 | 76 | 138 |

Regulation 16(3) of *Mental Health Regulation 2019* allows for appeals lodged by persons other than involuntary patients to be heard by the President, a Deputy President or a member qualified for appointment as a Deputy President. This means that an appeal lodged by an assessable person (a person who has not yet had a mental health inquiry) is able to be heard by an experienced single legal member of the Tribunal. During the financial year 2025, 587 appeals were heard by a single member (61% of the total number of appeals held).

See also Appendix 1 – Tables 2 and 3.

Community Treatment Orders (CTO)

The Tribunal considered 7,302 applications for CTO's under s51 of the Act during the financial year 2025 relating to 4,896 individuals, an almost 20% increase in the number of applications since 2024 and an 10% increase in the number of individuals (2024: 6,124 hearings – 4,463 individuals).

The number of CTO's made by the tribunal at mental health inquiries decreased by 6% at 686 (2024: 730). Orders made at other hearings (s37 and s63) increased by 14% at 16 (2024: 14).

| Application type | Gender | Individuals affected | Hearings | CTO Made | CTO made discharge deferred | Adjourned | Declined or not renewed | Withdrawn or no jurisdiction |
|---|--------------|----------------------|--------------|--------------|-----------------------------|------------|-------------------------|------------------------------|
| Application for a CTO for a person on an existing CTO | Female | 983 | 1,392 | 1,297 | 6 | 75 | 14 | 0 |
| | Male | 1,859 | 2,630 | 2,470 | 6 | 124 | 28 | 2 |
| | Total | 2,842 | 4,022 | 3,767 | 12 | 199 | 42 | 2 |
| Application for a CTO for person detained in mental health facility | Female | 810 | 868 | 739 | 70 | 44 | 11 | 4 |
| | Male | 1304 | 1,387 | 1183 | 126 | 54 | 19 | 5 |
| | Total | 2,114 | 2,255 | 1,922 | 196 | 98 | 30 | 9 |
| Application for a CTO for a person not detained or on a current CTO | Female | 275 | 315 | 277 | 2 | 23 | 11 | 2 |
| | Male | 627 | 710 | 634 | 3 | 52 | 18 | 3 |
| | Total | 902 | 1,025 | 911 | 5 | 75 | 29 | 5 |
| Total Outcomes | | 5,858 | 7,302 | 6,600 | 213 | 372 | 101 | 16 |

* Individuals are counted separately for each category under which they appear before the Tribunal.

Under s 56(2) of the Act, the maximum duration of a CTO is 12 months. During the financial year 2025, 8% of CTO's were made for 7 – 12 months, 92% for 3 – 6 months and less than 1% for less than 3 months. The majority of orders continue to be made for periods of six months or less.

See also Appendix 1 – Tables 2, 3 and 5.



Electro Convulsive Therapy (ECT)

Under s96 of the Act, the Tribunal held 831 hearings to consider the administration of ECT to involuntary patients, including 4 hearings concerning forensic patients. This is an increase of 2% from 2024 (814 hearings – 8 forensic).

ECT was approved in 728 hearings (88%) and of these approvals, 21 patients (3%) were found to be capable of consent.

| ECT administration inquiries under s96(2) | | | | | | | | |
|---|-------------|------------|----------------|------------|------------|------------|----------|----------|
| Outcome | Individuals | | Total hearings | | Civil | | Forensic | |
| | Female | Male | Female | Male | Female | Male | Female | Male |
| Capable of consent – ECT approved | 12 | 9 | 12 | 9 | 12 | 9 | 0 | 0 |
| Capable of consent – ECT not approved | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Incapable of consent – ECT approved | 262 | 202 | 390 | 314 | 389 | 311 | 1 | 3 |
| Incapable of consent – ECT not approved | 20 | 14 | 20 | 14 | 20 | 14 | 0 | 0 |
| Adjourned | 33 | 26 | 36 | 27 | 36 | 27 | 0 | 0 |
| Withdrawn or no jurisdiction | 4 | 2 | 4 | 2 | 4 | 2 | 0 | 0 |
| Total | 331 | 253 | 462 | 366 | 461 | 363 | 1 | 3 |

ECT administration hearings were held for 584 individual patients – one of whom was under the age of 16 years.

| ECT administration inquiries under s96(3A) – persons under 16 years | | | | |
|---|-------------------|----------|---------------------|----------|
| Outcome | Voluntary patient | | Involuntary patient | |
| | Female | Male | Female | Male |
| Capable of consent – ECT approved | 0 | 0 | 1 | 0 |
| Capable of consent – ECT not approved | 0 | 0 | 0 | 0 |
| Incapable of consent – ECT approved | 0 | 0 | 2 | 0 |
| Incapable of consent – ECT not approved | 0 | 0 | 0 | 0 |
| Adjourned | 0 | 0 | 0 | 0 |
| Withdrawn or no jurisdiction | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 3 | 0 |

See also Appendix 1 – Tables 1 and 2.

The Tribunal was called to conduct one ECT consent inquiry under s96(1) during financial year 2025 (1 during 2024) to consider a voluntary patient's capacity to give informed consent to the administration of ECT.

| ECT Consent Inquiries Under S96(1) | | | | | | | | |
|------------------------------------|-------------|----------|----------------|----------|----------|----------|----------|----------|
| Outcome | Individuals | | Total hearings | | Civil | | Forensic | |
| | Female | Male | Female | Male | Female | Male | Female | Male |
| Capable and has consented | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Capable but has refused consent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Incapable of consent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Adjourned | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Withdrawn or no jurisdiction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |

Financial Management Hearings

Under the *NSW Trustee and Guardian Act 2009 (TAG Act)* the Tribunal can make a Financial Management Order appointing the NSW Trustee and Guardian of a person's estate in the following circumstances:

1. After a mental health inquiry if ordering that a person is to be detained in a mental health facility (s44 of the TAG Act);
2. After reviewing a forensic or correctional patient if ordering that a person is to be detained in a mental health facility (s 45 of the TAG Act), and
3. On application for a patient in a mental health facility (s 46 of the TAG Act).

The Tribunal is also able to review interim Financial Management Orders under s 48 of the TAG Act and to consider applications to revoke financial management orders, made under the TAG Act or under the former *Protected Estates Act 1983*, or under s 88 of the TAG Act.

During the financial year 2025, the Tribunal conducted 91 hearings (2024: 73 hearings) in relation to financial management and made a total of 27 Financial Management Orders (2024: 24 orders) including 14 Interim Financial Management Orders (2024: 11 interim orders) and revoked 9 orders (2024: 8 revocations). There has been a steady decline in financial orders made by the Tribunal over the past 5 years.

| Sect | Description | Gender | Individuals Affected | Total Hearings | Legal Represent Present | Order Made | Interim Order Made | No Order Made | Revocation Approved | Revocation Declined | Adjourned | Withdrawn or no Jurisdiction |
|--------------|--|--------------|----------------------|----------------|-------------------------|------------|--------------------|---------------|---------------------|---------------------|-----------|------------------------------|
| s44 n | Application for order at a mental health inquiry | Female | 5 | 6 | 6 | 1 | 0 | 2 | | | 3 | 0 |
| | | Male | 8 | 8 | 8 | 3 | 1 | 2 | | | 2 | 0 |
| | | Total | 13 | 14 | 14 | 4 | 1 | 4 | | | 5 | 0 |
| sh(1) (9) | Referral for order from Magistrate | Female | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| s46 n | On application to the Tribunal for an order (Forensic patient) | Female | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Male | 0 | 3 | 0 | 0 | 0 | 2 | | | 1 | 0 |
| | | Total | 0 | 3 | 0 | 0 | 0 | 2 | | | 1 | 0 |
| s46 n | On application to the Tribunal for an order (Civil patient) | Female | 17 | 23 | 20 | 5 | 7 | 4 | | | 7 | 0 |
| | | Male | 23 | 28 | 24 | 3 | 6 | 10 | | | 8 | 1 |
| | | Total | 40 | 51 | 44 | 8 | 13 | 14 | | | 15 | 1 |
| s48 n | Review of an interim order (Forensic patient) | Female | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| s48 n | Review of an interim order (Civil patient) | Female | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| | | Male | 1 | 0 | 1 | 1 | 0 | 0 | | | 0 | 0 |
| | | Total | 1 | 0 | 1 | 1 | 0 | 0 | | | 0 | 0 |
| s88 n | Revocation of an order (Forensic patient) | Female | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 |
| s88 n | Revocation of an order (Civil patient) | Female | 6 | 6 | 1 | | | | 4 | 2 | 0 | 0 |
| | | Male | 12 | 16 | 2 | | | | 9 | 2 | 5 | 0 |
| | | Total | 18 | 22 | 3 | 0 | 0 | 0 | 13 | 4 | 5 | 0 |
| Total | | Female | 28 | 35 | 27 | 6 | 7 | 6 | 4 | 2 | 10 | 0 |
| | | Male | 44 | 56 | 35 | 7 | 7 | 14 | 9 | 2 | 16 | 1 |
| | | Total | 72 | 91 | 62 | 13 | 14 | 20 | 13 | 4 | 26 | 1 |

Emergency surgery and special medical treatment

Under the *MHA* and the *Guardianship Act 1987*, the following table sets out the consent regime by reference to patient category and treatment for persons.

| Category | Mental health treatments | Electro Convulsive Therapy (ECT) | Sterilisation | Termination of pregnancy | Surgical Treatment ⁵ | Any other non-surgical treatment |
|-----------------------------------|--|----------------------------------|---------------|--|---------------------------------|---|
| Voluntary patient | Mental Health or Guardianship ¹ | Mental Health | Guardianship | Guardianship | Guardianship | Guardianship |
| Detained patient ² | Mental Health | Mental Health | Guardianship | Guardianship | Guardianship | Guardianship |
| Assessable person ³ | Mental Health | Mental Health | Guardianship | Guardianship | Guardianship | Guardianship |
| Mentally disordered patient | Mental Health | Mental Health | Guardianship | Guardianship | Guardianship | Guardianship |
| Involuntary patient ⁴ | Mental Health | Mental Health | Mental Health | Mental Health (if surgical treatment ²) | Mental Health | Guardianship (including non-surgical termination of pregnancy) |
| Forensic or correctional patients | Mental Health | Mental Health | Mental Health | Mental Health (if surgical treatment ²) | Mental Health | Guardianship (including non-surgical termination of pregnancy) |

1 MHA applies if patient has capacity to consent. *Guardianship Act 1987* applies if the treating practitioner believes the patient lacks capacity to consent.

2 Involuntarily admitted and awaiting assessment under s 27 of the MHA or admitted on a breach of a CTO.

3 Involuntarily admitted and assessment carried out under s 27 of the MHA but before the Mental Health Inquiry.

4 Involuntarily detained after the Mental Health Inquiry.

5 'Surgical treatment' is defined in the MHA as 'a surgical procedure, a series of related surgical operations or surgical procedures, and the administration of an anaesthetic for the purpose of medical investigation' (s98).

During the financial year 2025, the Tribunal held 6 hearings under s101 for the provision of non-urgent surgical procedures (5 were approved). No special medical treatment hearings or emergency surgery hearings were required.

| SEC | Description | Gender | Individuals affected | Total hearings | Approved | Refused | Adjourned | Withdrawn or no Jurisdiction |
|---------|--|--------------|----------------------|----------------|----------|----------|-----------|------------------------------|
| s99 | Emergency surgery | Female | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 |
| s101(1) | Non-urgent surgical procedures | Female | 3 | 3 | 3 | 0 | 0 | 0 |
| | | Male | 3 | 3 | 2 | 1 | 0 | 0 |
| | | Total | 6 | 6 | 5 | 1 | 0 | 0 |
| s101(3) | Non-urgent surgical procedures (Forensic Patients) | Female | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 |
| s103 | Special medical treatments | Female | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 |
| s102 | Special medical treatments (Forensic Patients) | Female | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 |

| SEC | Description | Gender | 2025/2024 | 2023/2024 | 2022/2023 | 2021/2022 | 2020/2021 | 2019/20 |
|-----|-------------------|--------------|-----------|-----------|-----------|-----------|-----------|----------|
| s99 | Emergency surgery | Female | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 | 0 |

Forensic Hearings

The Tribunal held a total of 1,446 hearings during the financial year 2025, representing 708 individuals. This demonstrates a modest decrease of 4% on previous year activity (2024: 1,498 hearings – 708 individuals). The forensic jurisdiction has seen an average decrease of 3% per year for the past 5 years.

Approximately 10% of hearings in 2025 were for the Tribunal to consider an application for a Forensic Community Treatment Order (FCTO). Applications have averaged at around 170 per year for the past five years. The Tribunal is required to conduct three monthly reviews of each person subject to a FCTO who is detained in a correctional centre. During the 2025 financial year, 50 such hearings were conducted (2024: 95).

The Tribunal ordered the conditional release of 64 forensic patients (2024: 40 patients) and the unconditional release of 2 forensic patients (2024: 12 patients), including 6 patients for whom a CTO was also made to have effect on the date of unconditional release (2024: 10 patients). The Tribunal made seven orders revoking the conditional release of a forensic patient (2024: 5).

Forensic Hearings – determinations & reviews

| SEC | Description | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|--|---------------|-----------|-----------|-----------|-----------|----------|
| Mental Health Act 2007 | | | | | | | |
| s65 | Application to vary or revoke a Forensic CTO | Female | 9 | 1 | 5 | 2 | 0 |
| | | Male | 61 | 32 | 33 | 16 | 1 |
| | | Total | 70 | 33 | 38 | 18 | 1 |
| s96(1)&(2) | Application for ECT | Female | 1 | 0 | 2 | 0 | 0 |
| | | Male | 3 | 8 | 7 | 8 | 4 |
| | | Total | 4 | 8 | 9 | 8 | 4 |
| s101 & s102 | Application for surgical operation | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 1 |
| | | Total | 0 | 0 | 0 | 0 | 1 |
| s151(4) | Application for procedural orders | Female | 1 | 0 | 0 | 0 | 0 |
| | | Male | 2 | 0 | 2 | 0 | 0 |
| | | Total | 3 | 0 | 2 | 0 | 0 |
| s162 | Application to allow publication of names | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 2 | 2 | 0 | 0 | 1 |
| | | Total | 2 | 2 | 0 | 0 | 1 |
| Total Mental Health Act 2007 | | Female | 11 | 1 | 7 | 2 | 0 |
| | | Male | 68 | 42 | 42 | 24 | 7 |
| | | Total | 79 | 43 | 49 | 26 | 7 |
| NSW Trustee & Guardian Act 2009 | | | | | | | |
| s88 n | Application to revoke Financial Management Order | Female | 0 | 0 | 0 | 0 | 1 |
| | | Male | 0 | 1 | 1 | 2 | 1 |
| | | Total | 0 | 1 | 1 | 2 | 2 |
| Births Deaths & Marriages Registration Act 1995 | | | | | | | |
| s31D | Approval of change of name | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 2 | 4 | 3 | 0 | 3 |
| | | Total | 2 | 4 | 3 | 0 | 3 |

| SEC | Description | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|---|--|---------------|-----------|-----------|-----------|-----------|-----------|
| Fitness referral | | | | | | | |
| s78(b) | First review following fitness referral from court | Female | 5 | 1 | 1 | 2 | 3 |
| | | Male | 18 | 21 | 28 | 27 | 12 |
| | | Total | 23 | 22 | 29 | 29 | 15 |
| s16 | Fitness to stand trial | Female | 0 | 0 | 0 | 0 | 8 |
| | | Male | 0 | 0 | 0 | 0 | 54 |
| | | Total | 0 | 0 | 0 | 0 | 62 |
| Totals | | Female | 5 | 1 | 1 | 2 | 11 |
| | | Male | 18 | 21 | 28 | 27 | 66 |
| | | Total | 23 | 22 | 29 | 29 | 77 |
| First review after limiting term | | | | | | | |
| s78(a) | First review following nomination of limiting term | Female | 0 | 1 | 2 | 2 | 0 |
| | | Male | 13 | 16 | 13 | 21 | 3 |
| | | Total | 13 | 17 | 15 | 23 | 3 |
| s45(1)(b) | Review after limiting term imposed following a special hearing | Female | 0 | 0 | 0 | 0 | 1 |
| | | Male | 0 | 0 | 0 | 0 | 7 |
| | | Total | 0 | 0 | 0 | 0 | 8 |
| Totals | | Female | 0 | 1 | 2 | 2 | 1 |
| | | Male | 13 | 16 | 13 | 21 | 10 |
| | | Total | 13 | 17 | 15 | 23 | 11 |
| First review after APNCR | | | | | | | |
| s78(c) | First review following special verdict of act proven but <i>not criminally responsible</i> | Female | 4 | 5 | 4 | 7 | 2 |
| | | Male | 30 | 17 | 21 | 26 | 4 |
| | | Total | 34 | 22 | 25 | 33 | 6 |
| s44 | Review after finding of <i>not guilty by reason of mental illness</i> | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 26 |
| | | Total | 0 | 0 | 0 | 0 | 26 |
| Totals | | Female | 4 | 5 | 4 | 7 | 2 |
| | | Male | 30 | 17 | 21 | 26 | 30 |
| | | Total | 34 | 22 | 25 | 33 | 32 |

| SEC | Description | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|--|---------------|------------|------------|------------|-------------|------------|
| Forensic patient reviews | | | | | | | |
| s78(d) | Review of forensic patient (6 monthly) | Female | 118 | 102 | 103 | 100 | 21 |
| | | Male | 724 | 723 | 707 | 745 | 181 |
| | | Total | 842 | 825 | 810 | 845 | 202 |
| s79 | Forensic patient review at any time | Female | 27 | 21 | 12 | 17 | 5 |
| | | Male | 100 | 124 | 113 | 179 | 27 |
| | | Total | 127 | 145 | 125 | 196 | 32 |
| s46(1) | Regular review of forensic patients | Female | 0 | 0 | 0 | 0 | 95 |
| | | Male | 0 | 0 | 0 | 0 | 658 |
| | | Total | 0 | 0 | 0 | 0 | 753 |
| Totals | | Female | 145 | 123 | 115 | 117 | 121 |
| | | Male | 824 | 847 | 820 | 924 | 866 |
| | | Total | 969 | 970 | 935 | 1041 | 987 |
| Forensic patient review after apprehension | | | | | | | |
| s109(4) | Review of person apprehended under S109 | Female | 24 | 14 | 13 | 6 | 0 |
| | | Male | 62 | 49 | 34 | 47 | 22 |
| | | Total | 86 | 63 | 47 | 53 | 22 |
| s68(2) | Review of a forensic patient following their apprehensions due to an alleged breach of a condition of leave or re-lease | Female | 0 | 0 | 0 | 0 | 9 |
| | | Male | 0 | 0 | 0 | 0 | 34 |
| | | Total | 0 | 0 | 0 | 0 | 43 |
| Totals | | Female | 24 | 14 | 13 | 6 | 9 |
| | | Male | 62 | 49 | 34 | 47 | 56 |
| | | Total | 86 | 63 | 47 | 53 | 65 |
| Registered Victims – place restriction and non-association applications | | | | | | | |
| s146 | Application of Registered Victim for non-association or place restriction | Female | 1 | 2 | 1 | 0 | 0 |
| | | Male | 8 | 16 | 15 | 7 | 2 |
| | | Total | 9 | 18 | 16 | 7 | 2 |
| s76 | Application by a victim of a forensic patient for the imposition of a non-contact or place restriction condition on the leave or release of the forensic patient | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 2 |
| | | Total | 0 | 0 | 0 | 0 | 2 |
| Totals | | Female | 1 | 2 | 1 | 0 | 0 |
| | | Male | 8 | 16 | 15 | 7 | 4 |
| | | Total | 9 | 18 | 16 | 7 | 4 |

| SEC | Description | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|---|---------------|-----------|-----------|-----------|------------|------------|
| Reviews of persons waiting transfer to a mental health facility | | | | | | | |
| s89 | Limited review of person awaiting transfer to a mental health facility | Female | 6 | 2 | 0 | 0 | 0 |
| | | Male | 10 | 9 | 1 | 22 | 1 |
| | | Total | 16 | 11 | 1 | 22 | 1 |
| s58 | Review of person awaiting transfer from correctional centre to a mental health facility | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 24 |
| | | Total | 0 | 0 | 0 | 0 | 24 |
| Totals | | Female | 6 | 2 | 0 | 0 | 0 |
| | | Male | 10 | 9 | 1 | 22 | 25 |
| | | Total | 16 | 11 | 1 | 22 | 25 |
| First review of correctional patients | | | | | | | |
| s90 | First review following transfer from correctional centre to a mental health facility | Female | 12 | 9 | 9 | 11 | 3 |
| | | Male | 41 | 58 | 76 | 110 | 35 |
| | | Total | 53 | 67 | 85 | 121 | 38 |
| s59 | Initial review of person transferred from correctional centre to mental health facility | Female | 0 | 0 | 0 | 0 | 5 |
| | | Male | 0 | 0 | 0 | 0 | 71 |
| | | Total | 0 | 0 | 0 | 0 | 76 |
| Totals | | Female | 12 | 9 | 9 | 11 | 8 |
| | | Male | 41 | 58 | 76 | 110 | 106 |
| | | Total | 53 | 67 | 85 | 121 | 114 |
| Subsequent review of correctional patients | | | | | | | |
| s91(b) | Review of correctional patient (6 monthly) | Female | 6 | 10 | 9 | 1 | 1 |
| | | Male | 7 | 9 | 10 | 9 | 2 |
| | | Total | 13 | 19 | 19 | 10 | 3 |
| s93 | Correctional patient review at any time | Female | 0 | 3 | 0 | 1 | 1 |
| | | Male | 0 | 1 | 0 | 1 | 0 |
| | | Total | 0 | 4 | 0 | 2 | 1 |
| s61(l) | Regular review of correctional patients | Female | 0 | 0 | 0 | 0 | 2 |
| | | Male | 0 | 0 | 0 | 0 | 9 |
| | | Total | 0 | 0 | 0 | 0 | 11 |
| Totals | | Female | 6 | 13 | 9 | 2 | 4 |
| | | Male | 7 | 10 | 10 | 10 | 11 |
| | | Total | 13 | 23 | 19 | 12 | 15 |
| Extending mandatory review period | | | | | | | |
| s77 | Application to extend mandatory review period | Female | 0 | | | | |
| | | Male | 1 | | | | |
| | | Total | 1 | 0 | 0 | 0 | 0 |
| Totals | | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 1 | 0 | 0 | 0 | 0 |
| | | Total | 1 | 0 | 0 | 0 | 0 |

| SEC | Description | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|--|---------------|--------------|--------------|--------------|--------------|--------------|
| FCTO applications | | | | | | | |
| s99 | Application for an FCTO | Female | 8 | 9 | 18 | 10 | 2 |
| | | Male | 90 | 134 | 176 | 177 | 53 |
| | | Total | 98 | 143 | 194 | 187 | 55 |
| s67 | Application for a forensic community treatment order | Female | 0 | 0 | 0 | 0 | 7 |
| | | Male | 0 | 0 | 0 | 0 | 161 |
| | | Total | 0 | 0 | 0 | 0 | 168 |
| Totals | | Female | 8 | 9 | 18 | 10 | 9 |
| | | Male | 90 | 134 | 176 | 177 | 214 |
| | | Total | 98 | 143 | 194 | 187 | 223 |
| FCTO reviews | | | | | | | |
| s78(e) | Review of forensic patient subject to FCTO in correctional centre | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 6 | 4 | 3 | 2 | 2 |
| | | Total | 6 | 4 | 3 | 2 | 2 |
| s100 | Review of person subject to a FCTO in a correctional centre (not a forensic patient) | Female | 4 | 2 | 3 | 3 | 0 |
| | | Male | 40 | 89 | 118 | 110 | 32 |
| | | Total | 44 | 91 | 121 | 113 | 32 |
| s61(3) | Regular review of person subject to the forensic community treatment order and detained in a correctional centre | Female | 0 | 0 | 0 | 0 | 1 |
| | | Male | 0 | 0 | 0 | 0 | 64 |
| | | Total | 0 | 0 | 0 | 0 | 65 |
| Totals | | Female | 4 | 2 | 3 | 3 | 1 |
| | | Male | 46 | 93 | 121 | 112 | 98 |
| | | Total | 50 | 95 | 124 | 115 | 99 |
| MHFPA matters not heard under MHCIFPA | | | | | | | |
| s24 | Following limiting term | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 7 |
| | | Total | 0 | 0 | 0 | 0 | 7 |
| s45(1)(a) | Review after detention imposed under s17 following finding of unfitness | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 0 |
| | | Total | 0 | 0 | 0 | 0 | 0 |
| Totals | | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 0 | 0 | 7 |
| | | Total | 0 | 0 | 0 | 0 | 7 |
| Other matters under MHCIFPA | | | | | | | |
| s97 | Appeal against failure or refusal of Secretary to consider granting leave | Female | 0 | 0 | 0 | 0 | 0 |
| | | Male | 0 | 0 | 1 | 0 | 0 |
| | | Total | 0 | 0 | 1 | 0 | 0 |
| Total reviews and determinations | | Female | 226 | 182 | 182 | 162 | 167 |
| | | Male | 1,220 | 1,317 | 1,362 | 1,509 | 1,504 |
| | | Total | 1,446 | 1,499 | 1,544 | 1,671 | 1,671 |

See also Appendix 2, Tables 6–23.

Hearing locations and types

The Tribunal has regular rosters for its mental health inquiries and civil and forensic hearing panels.

One in-person hearing was held at the Tribunal’s premises in Gladesville. 7,841 in-person hearings were conducted at 16 forensic and 39 civil venues across the Sydney metropolitan area and regional New South Wales in the financial year 2025. We note that accommodation for external participants at our Gladesville premises is extremely limited. With the move to new fit-for-purpose premises anticipated in 2026, our expectation is that the number of in-person hearings held on Tribunal premises will increase.

While the preference for conducting hearings is always in-person at a mental health facility, or other venue convenient to the patient and other parties, this is not always practical or possible. The Tribunal also holds telephone and video-conference hearings where necessary. During 2025, 53 telephone and 14,116 video conference hearings were held for 84 inpatient or community venues across New South Wales.

During the 2025 financial year 7,841(35%) hearings and mental health inquiries were conducted in person (2024: 7,493 – 37%), 14,116 (63%) by video (2024: 12,010 – 60%) and 53 (<1%) by telephone (2024: 100 – <1%). There were 565 (3%) hearings completed ‘on the papers’ (2024: 568 – 3%).

| Jurisdiction | Live | Video | Phone | Papers | Total |
|--------------------|--------------------|---------------------|--------------------|-----------------|----------------------|
| Civil | 2,287 (18%) | 9,946 (78%) | 49 (<1%) | 488 (4%) | 12,770 (56%) |
| FMO | 28 (32%) | 60 (68%) | 0 (0%) | 0 (0%) | 88 (<1%) |
| Forensic | 540 (37%) | 826 (57%) | 4 (<1%) | 76 (5%) | 1,446 (6%) |
| MHI | 4,986 (60%) | 3,334 (40%) | 0 (0%) | 1 (<1%) | 8,321 (37%) |
| Grand Total | 7,841 (35%) | 14,116 (63%) | 53 (<1%) | 565 (2%) | 22,625 (100%) |

The vast majority of civil hearings conducted by telephone or on the papers related to CTOs (94% of telephone hearings and 96% of hearings on the papers). This is commonly done for persons in the community on an existing CTO. A significant proportion (85% of CTO related hearings on the papers) were to vary the conditions of existing CTOs. The majority of these hearings involved varying the order to reflect a change in treatment team following a change of address by the client. All forensic hearings conducted ‘on the papers’ were adjournments, procedural matters or variations of forensic CTOs.

Mental health inquiries are conducted ‘in person’ at most metropolitan and a number of rural mental health facilities. Under ordinary Tribunal conditions, video conferencing is only used at those facilities where in person inquiries are not practical. Of the 8,321 mental health inquiries this year, 60% were held in person (2024: 65%) and 40% by video (2024: 35%).

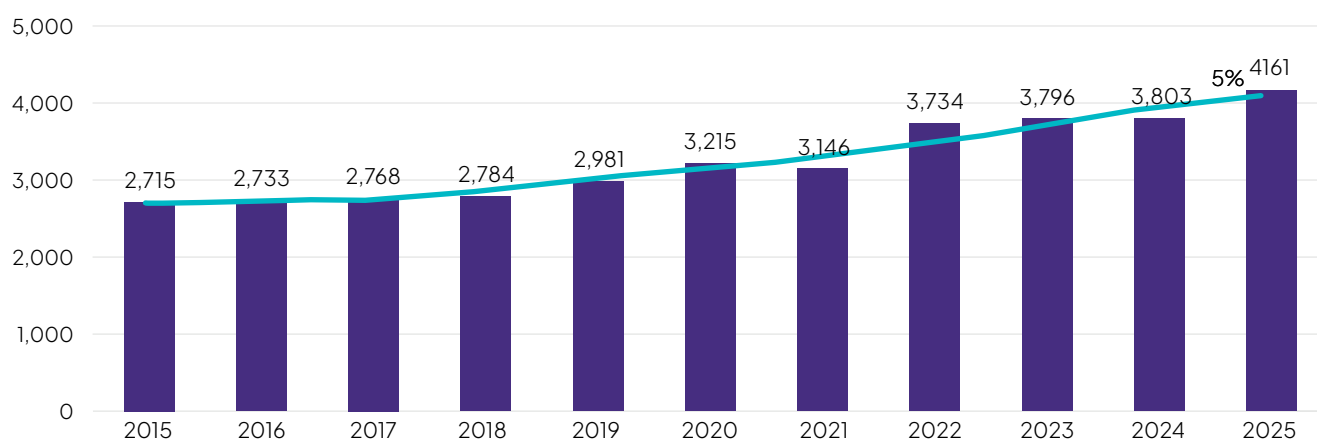
Number of clients

As at 30 June 2025 there were 1,421 people for whom the Tribunal had made an involuntary patient order either at a mental health inquiry or at a subsequent review (2024: 1,435).

There were 56 individuals who had been voluntary patients for more than 12 months and had been reviewed by the Tribunal (2024: 64). A number of these people may have been discharged or reclassified since their last Tribunal review.

The Tribunal is responsible for making and reviewing all involuntary patient orders and all CTOs (apart from a small number of orders made by Magistrates under s 20 of the MHCIFPA). This means that the Tribunal is now able to provide a reasonably accurate picture of the actual number of people subject either to an involuntary patient order or to a CTO at any given time.

At 30 June 2025, 4,161 individuals were subject to an order made by the Tribunal (2024: 3,804). While a small number of these orders may have been revoked by the Director of the declared community mental health facility responsible for implementing the order, this should be a fairly accurate count of the number of people subject to a CTO at that point in time.



Representation and attendance at Hearings

Forensic patients, correctional patients, and assessable persons appearing before a mental health inquiry must be represented by a legal practitioner unless that person does not want to be represented.

Other patients (other than forensic or correctional patients) or persons detained in a mental health facility having any matter before the Tribunal may be represented by a legal practitioner.

Representation is usually provided through the Legal Aid Commission of NSW by the Mental Health Advocacy Service (MHAS), although a person can choose to be represented by a private legal practitioner (or other person with the Tribunal's consent) if they wish.

Due to funding restrictions, Legal Aid representation cannot automatically be provided for all categories of matters heard by the Tribunal. During 2021, the Legal Aid Commission expanded representation to include some ECT inquiries, particularly those held before an involuntary patient order has been made at a mental health inquiry.

In addition to all forensic cases, representation through the MHAS is usually provided at:

- All matters involving a patient under the age of 16 years
- Mental health inquiries
- Reviews of involuntary patients during the first 12 months of detention
- Reviews of involuntary patients after a CTO breach
- Application for ECT for an assessable person
- Initial applications for a Community Treatment Order
- Appeals against an authorised medical officer's refusal to discharge an assessable person
- Applications for Financial Management Orders.

Representation is also provided for subsequent applications for CTOs and some applications for revocation of Financial Management Orders, however this may be subject to a means and merits test.

Representation was provided in 99% of Mental Health Inquiries (2024: 98%), 37% of hearings in the Tribunal's remaining civil jurisdiction (2024: 62%) and 85% of forensic hearings (2024: 83%).

| Matter type | Represented | Total | % |
|---|-------------|-------|------|
| Civil | | | |
| s101(1) Application for a Surgical Operation Involuntary Patient | 1 | 6 | 17% |
| s103 Application for special medical treatment | 0 | 0 | |
| s151(4) Procedural Order | 3 | 3 | 100% |
| s154(3) Application to be represented by a person other than an Australian legal practitioner | 0 | 0 | |
| s156 Procedural Hearing: Access to documents | 1 | 1 | 100% |
| s162 Application to Publish or Broadcast Name | 0 | 0 | |
| s37(1)(a) Initial Review of Involuntary Patient | 1,519 | 1,657 | 92% |
| s37(1)(b) Review of Involuntary Patient | 798 | 857 | 93% |
| s37(1)(c) Review of Involuntary Patient | 521 | 555 | 94% |
| s37(1A) Review of an involuntary Patient – at any other time | 1 | 2 | 50% |
| s44 Appeal Refusal to Discharge | 728 | 957 | 76% |
| s51 Community Treatment Order – existing CTO | 14 | 4,022 | 0% |
| s51 Community Treatment Order – Mental Health Facility | 480 | 2,255 | 21% |
| s51 Community Treatment Order – no current CTO | 33 | 1,025 | 3% |

| Matter type | Represented | Total | % |
|--|--------------|---------------|------------|
| s63 Review of detained person under CTO | 7 | 11 | 64% |
| s65 Revocation of CTO | 1 | 33 | 3% |
| s65 Variation of (Forensic) CTO | 0 | 0 | |
| s65 Variation of CTO | 0 | 28 | 0% |
| s65 Variation of CTO (on the papers) | 0 | 469 | 0% |
| s67(2) Appeal against a Magistrate's CTO | 1 | 1 | 100% |
| s9 Review of Voluntary Patient | 12 | 60 | 20% |
| s96(1) ECT Consent Inquiry - Voluntary patient | 0 | 1 | 0% |
| s96(2) ECT Administration Inquiry - Involuntary patient | 0 | 0 | |
| s96(2) ECT Administration Inquiry - Involuntary patient (includes forensic patients) | 583 | 824 | 71% |
| s96(3A)(a) ECT for person under 16 - Involuntary patient | 3 | 3 | 100% |
| s96(3A)(b) ECT for person under 16 - Voluntary patient | 0 | 0 | |
| Civil Total | 4,706 | 12,770 | 37% |
| Financial Management Orders | | | |
| s44 Consideration of Financial Management at a mental health inquiry | 14 | 14 | 100% |
| s46 Application for Financial Management Order | 44 | 51 | 86% |
| s48 Review of Interim Financial Management Order | 1 | 1 | 100% |
| s88 Application for revocation of a Financial Management Order | 3 | 22 | 14% |
| Financial Management Orders Total | 62 | 88 | 70% |
| Matter type | Legal Aid | Total | % |
| Forensic | | | |
| s100 Review of person subject to a FCTO in correctional centre (not forensic patient) | 6 | 44 | 14% |
| s109(4) Review of person apprehended under s109 | 81 | 86 | 94% |
| s146 Application of Registered Victim for non association or place restriction | 7 | 9 | 78% |
| s151(4) Application for procedural order/s | 3 | 3 | 100% |
| s162 Application to Publish or Broadcast Name | 2 | 2 | 100% |
| s31D Approval of change of name | 1 | 2 | 50% |
| s65 Application to vary or revoke a Forensic CTO | | 70 | 0% |
| s77 Application to extend mandatory review period | 1 | 1 | 100% |
| s78(a) First review following nomination of limiting term | 11 | 13 | 85% |
| s78(b) First review following fitness referral from court | 20 | 23 | 87% |
| s78(c) First review following special verdict of act proven but not criminally responsible | 34 | 34 | 100% |
| s78(d) Review of forensic patient (6 monthly) | 773 | 842 | 92% |
| s78(e) Review of forensic patient subject to FCTO in correctional centre | 4 | 6 | 67% |
| s79 Forensic patient review at any time | 110 | 127 | 87% |
| s89 Limited review of person awaiting transfer to a mental health facility | 8 | 16 | 50% |
| s90 First review following transfer from correctional centre to a mental health facility | 48 | 53 | 91% |

| Matter type | Legal Aid | Total | % |
|--|--------------|--------------|------------|
| s91(b) Review of correctional patient (6 monthly) | 13 | 13 | 100% |
| s96(2) ECT Administration Inquiry - Involuntary patient (includes forensic patients) | 4 | 4 | 100% |
| s99 Application for a FCTO | 59 | 98 | 60% |
| Forensic Total | 1,185 | 1,446 | 82% |

| Matter type | Represented | Total | % |
|---|---------------|---------------|------------|
| Mental Health Inquiries | | | |
| s34 Mental Health Inquiry - Review of Assessable Person | 8,251 | 8,321 | 99% |
| Mental Health Inquiries Total | 8,251 | 8,321 | 99% |
| Grand Total | 14,387 | 22,795 | 63% |

All persons with matters before the Tribunal are encouraged to attend the hearing to ensure that their views are heard and considered by the Tribunal and to ensure that they are aware of the application being made and the evidence that is being presented.

This attendance and participation in hearings can be in person or by way of video or telephone. During the financial year 2025, the subject of civil hearings attended in 87% of cases (2024: 85%). Included in this figure are mental health inquiries which under ordinary conditions require the patient to attend in order for the inquiry to proceed. During the financial year 2025, the rate of client attendance at mental health inquiries was 98% (2024: 98%). The mental health inquiry is ordinarily adjourned if the patient is not able to attend.

In forensic matters, where there is a general requirement that the person attend unless excused from doing so by the Tribunal, attendance was 88% (2024: 89%). Of the hearings where the forensic patient did not attend, 24% were reviews of FCTOs which, with the agreement of the forensic patient, were often conducted 'on the papers'.

Hearings proceedings in the absence of the patient

Involuntary patients detained in a mental health facility under s37 of the Act or persons detained for breaching their CTO under s63 of the Act, or patients or persons subject to an application for an ECT inquiry under s96 of the Act are required by the Act to be 'brought before' the Tribunal for the hearing.

Every reasonable effort should be made to bring the patient or person before the Tribunal for all such hearings. Where appropriate, this can include participation by video or by telephone.

The Act allows for these hearings to take place in the absence of the patient in limited circumstances. In circumstances where the patient or person is too unwell to attend or refuses to attend the hearing the authorised medical officer may apply to the Tribunal for the hearing to take place in the patient's absence.

The Tribunal may conduct hearings in the absence of the patient only if it is satisfied that the patient is too unwell to attend the hearing or they refuse to attend the hearing within a reasonable period and that it is desirable for the safety and welfare of the patient that the hearing proceed. In making its determination the Tribunal is required to consider the views (if known) of the patient, any representative, the designated carer and the principal care provider.

During the 2025 financial year, 105 applications were received from an authorised medical officer to proceed in the absence of the patient. Twenty-five were s37 reviews of an involuntary patient during which an inpatient order was made. Thirty were s96 applications to administer ECT for which an order was made. This is a significant increase on numbers in 2024 (one s37 application with one inpatient order made).

Hearings held in the absence of the patient

| Act | Matter description | Patient did not attend | Total hearings | % of Hearings in absence | Approvals | Applications | % Approved in absence |
|--------------|--|------------------------|----------------|--------------------------|------------|--------------|-----------------------|
| s37 | Reviews of involuntary patients | 203 | 3,071 | 7% | 25 | 74 | 34% |
| s63 | Review of affected persons de-tained under a CTO | 0 | 11 | 0% | 0 | 0 | |
| s96 | Applications to administer ECT | 77 | 828 | 9% | 30 | 31 | 97% |
| Total | 280 | 3,910 | 7% | 55 | 105 | 52% | |

Appeals

Section 163 MHA and s135 MHCIFPA provide for appeals by leave against decisions of the Tribunal to be brought to the Supreme Court of NSW. An appeal as to the release of a forensic patient may be made to the Court of Appeal.

One appeal was lodged under s135 MCIFPA and was dismissed.

One appeal was lodged under s163 MHA and was dismissed.

Section 50 of the *NSW TAG Act 2009* provides for appeals to be made to NCAT against estate management orders made by the Tribunal. There no such appeals lodged during 2025.

Multicultural policies and services

The Tribunal is not required to report under the Multicultural Policies and Services Program. However, both the MHA and the MHCIFPA contain specific provisions designed to promote and protect the principles of access and equity. Members of the Tribunal include consumers and persons from various ethnic origins or backgrounds including Aboriginal and Torres Straight Islanders.

Persons appearing before the Tribunal have a right under s158 of the Act to be assisted by an interpreter if they are unable to communicate adequately in English. During 2025, interpreters in 55 languages assisted a total of 796 hearings (2024: 55 languages – 562 hearings). The ten most common language interpreted were Mandarin (179), Arabic (103), Vietnamese (101), Cantonese (56), Korean (51), Farsi (24), Greek and Spanish (18), Croat (16) and Serbocroat and Tamil (15). Together, these languages constitute 72% of the hearings in which an interpreter was required.

In August 2009 the Tribunal entered into a Memorandum of Understanding with Multicultural NSW on the provision of translation services concerning the Tribunal's official forensic orders. There were no forensic orders translated in the financial year 2024.

Translated copies of some of the Statements of Rights are available from the NSW Health website.

Government Information (Public Access) Act 2009

Applications for access to information from the Tribunal under the *Government Information (Public Access) Act 2009* (GIPA Act) are made through the Right to Information Officer at the NSW Ministry of Health.

The administrative and policy functions of the Tribunal are covered by the GIPA Act. However, information relating to the judicial functions of the Tribunal is 'excluded information' under the GIPA Act and as such is generally not disclosed.

There were no GIPA requests for disclosure of information from the Tribunal's client files during the financial year 2025.

Public Interest Disclosures Act 1994

Public Authorities in New South Wales are required to report annually on their obligations under the *Public Interest Disclosures Act 1994*. There were no Public Interest Disclosures received by the Tribunal during the reporting period.

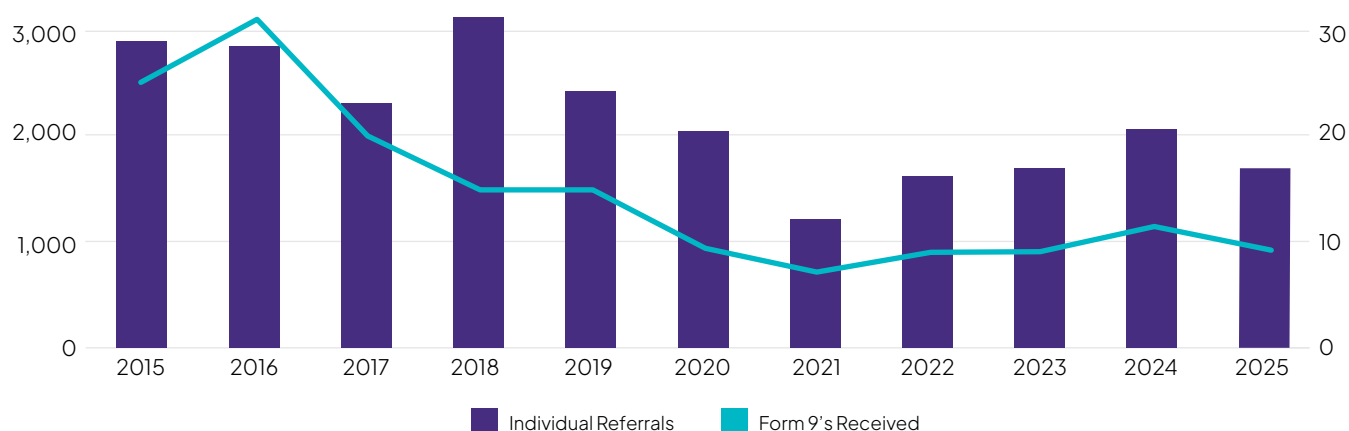
Data collection – Involuntary referral to Mental Health Facilities

The Tribunal is required under the Act to collect information concerning the number of involuntary referrals and the provisions of the Act under which the patients were taken to hospital and admitted or released. The Regulations to the Act provide that these details are collected by means of a form which all inpatient mental health facilities are required to forward to the Tribunal with respect to each involuntary referral (Form 9).

Just over 71% of Emergency Departments (EDs) are now gazetted under the Act as emergency assessment facilities. Historically, most EDs do not complete the required Form 9s. This has meant that data collected from these forms has been incomplete and has not accurately reflected the number of involuntary referrals – particularly those referred by ambulance or police as they are more commonly presented to an ED rather than directly to an inpatient unit.

Despite some improvement in reporting from ED's over time, a sufficient level of compliance is yet to be achieved. During the financial year 2025, 5 of the 55 gazetted ED's (9%) returned the Form 9s (2024: 6 of 55–11%).

ED referrals/Form 9 submissions



Five ED's made 1,695 involuntary referrals during the financial year 2025, indicating that there remains a significant number of persons taken to emergency assessment mental health facilities who are not being recorded through this process. It is likely that some are being recorded on Form 9s submitted by the mental health facilities within the same hospital, however this is not quantifiable.

Official Visitors Program

The Official Visitors Program (the Program) is an independent statutory program under the MHA reporting to the Minister for Mental Health. The Program is headed by the Principal Official Visitor and supported by three permanent staff positions, including a Program Manager.

Official Visitors and the Principal Official Visitor report directly to the Minister.

A new Memorandum of Understanding was entered into by the Tribunal and the Official Visitors Program in 2025 setting out the agreed systems for raising issues identified by the Tribunal or the Official Visitors Program in relation to the other body.

Premises

The Tribunal continues to operate from its premises in the grounds of Gladesville Hospital.

The Tribunal has four large hearing rooms and three small inquiries rooms – all fitted with video conferencing facilities. Video conferencing equipment has also been installed in two meeting rooms.

Funding has been confirmed and a lease signed for premises in the Sydney CBD at 580 George Street. Fitout and move will take place in financial year 2026. The new premises will provide the Tribunal with 14 hearing rooms, modern security and a central location for all hearing participants.

Venues

Regular liaison with hearing venues is essential for the smooth running of the Tribunal's hearings. Venue coordinators or Tribunal Liaison Clerks at each site provide invaluable assistance in the scheduling of matters; collation of evidence and other relevant information for the panels; contacting family members and advocates for the hearing; and supporting the work of the Tribunal on the day.

This role is particularly important in ensuring that all the necessary notifications have been provided and correct documentation is available for mental health inquiries. In most facilities this role is carried out by staff who are already very busy with their other responsibilities. The Tribunal is very appreciative of the support provided by staff at all the facilities where we conduct hearings.

Staff

Although the number of hearings conducted by the Tribunal has increased more than ninefold since the Tribunal's first full year of operation in 1991, staffing levels have remained relatively the same for many years with the increased workload absorbed through internal efficiencies.

Almost all of the Tribunal's staffing positions are occupied by permanent staff. This is a very positive position and provides stability for our staff and recognises their ongoing commitment to the work of the Tribunal.

Appendix 4 shows the organisational structure and staffing of the Tribunal as at 30 June 2025. Including the President and two full time Deputy President positions, the Tribunal's permanent establishment totals 30.4 positions, all of which are filled.

See also Appendix 4.

Tribunal Members

As at 30 June 2025, the Tribunal had a President, two full time Deputy Presidents, ten part time judicial Deputy Presidents, four part-time non-judicial Deputy Presidents and 148 part time members. Members of the Tribunal sit on hearings in accordance with a roster drawn up to reflect members' availability, preferences and the need for hearings. Most members sit between two and eight times per month at regular venues.

As at 30 June 2025, including Presidential members, there were 96 female and 68 male members. Several members have indigenous or culturally diverse backgrounds as well as a number who have a lived experience of mental illness, bringing a valuable consumer or carer's focus to the Tribunal's hearings and general operations.

Full Time Presidential Members

The past year was marked by significant changes within the Tribunal's executive team. Deputy President Maria Bisogni retired following more than three decades of distinguished service. Her contribution to the Tribunal's work has been profound, and we were pleased to welcome her back in a part-time capacity as Deputy President for a further two-year term.

Deputy President Michael Antrum was appointed Deputy Chief Magistrate of the Local Court. While his departure was met with regret at the Tribunal, we acknowledge his suitability for this important judicial role and extend our congratulations.

The Tribunal has been most fortunate in the appointment of two new full-time Deputy Presidents. Magistrate Erin Kennedy commenced in September 2024, followed by Magistrate Michael Crompton in November 2024. Their appointments bring valuable experience and leadership to the Tribunal.

Recruitment

Part-time Tribunal members are typically appointed for four-year terms. In anticipation of the expiry of 126 appointments in August 2025 – constituting approximately 85% of the Tribunal's membership at that time – a comprehensive recruitment program was undertaken between November 2023 and February 2024.

Of the total applicants, 16% elected not to reapply, 63% were recommended to the Minister for consideration, and 20% were not recommended. Within the latter group, 42% had served for over 20 years, and a further 38% for more than 15 years. All applications were assessed by a three-member panel in accordance with the approved Guidelines for the Recommendation of Part-Time Members, with more than 150 candidates interviewed as part of the process.

New members

The Tribunal welcomed three new part-time Deputy Presidents members, four new Psychiatrist members, twenty-four legal members and twenty-one other suitably qualified members in the financial year 2025.

| Members | Member type | Date appoint |
|-------------------------------|----------------------------------|--------------|
| Magistrate Harriet Grahame | Deputy President (J) – part time | 1/09/2024 |
| The Hon. Dennis Cowdroy AO KC | Deputy President (J) – part time | 1/09/2024 |
| Magistrate Vivien Swain | Deputy President (J) – part time | 16/04/2025 |
| Dr Bonnie Tse | Psychiatrist | 1/09/2024 |
| Dr David Kitching | Psychiatrist | 1/09/2024 |
| Dr Gurubhaskar Shivakumar | Psychiatrist | 1/09/2024 |
| Dr Rhonda Buskell | Psychiatrist | 1/09/2024 |
| Mr Christopher Grant | Lawyer | 1/09/2024 |
| Mr Daniel Wilson | Lawyer | 1/09/2024 |
| Mr David Evenden | Lawyer | 1/09/2024 |
| Mr James Kearney | Lawyer | 1/09/2024 |
| Mr Jason Rafeeq | Lawyer | 1/09/2024 |
| Mr John de Jonge | Lawyer | 1/09/2024 |
| Mr Stuart Sutherland | Lawyer | 1/09/2024 |
| Mr Timothy Cullenward | Lawyer | 1/09/2024 |
| Ms Alexandra Rose | Lawyer | 1/09/2024 |
| Ms Anastacia Totoeva | Lawyer | 1/09/2024 |
| Ms Charlotte Steer | Lawyer | 1/09/2024 |
| Ms Christine Fougere | Lawyer | 1/09/2024 |

| Members | Member type | Date appoint |
|-------------------------------|--------------------------|--------------|
| Ms Claudine Watson-Kyme | Lawyer | 1/09/2024 |
| Ms Denise Connolly | Lawyer | 1/09/2024 |
| Ms Jennifer Chalker | Lawyer | 1/09/2024 |
| Ms Madeleine Bridgett | Lawyer | 1/09/2024 |
| Ms Melissa McAdam | Lawyer | 1/09/2024 |
| Ms Sarah Love | Lawyer | 1/09/2024 |
| Ms Stamatia Stamatellis | Lawyer | 1/09/2024 |
| Ms Stephanie Hennessey | Lawyer | 1/09/2024 |
| Ms Tanya Haber | Lawyer | 1/09/2024 |
| Mr Nicolas Moir | Lawyer | 21/05/2025 |
| Ms Elle Dalzell | Lawyer | 21/05/2025 |
| Dr Francis Duffy | Other Suitably Qualified | 1/09/2024 |
| Dr Mary Jung-Ting Chiu | Other Suitably Qualified | 1/09/2024 |
| Mr Joseph Bajuk | Other Suitably Qualified | 1/09/2024 |
| Mr Lee Knight | Other Suitably Qualified | 1/09/2024 |
| Mr Liliang Yu | Other Suitably Qualified | 1/09/2024 |
| Ms Anjum Kasmani | Other Suitably Qualified | 1/09/2024 |
| Ms Diana Francis | Other Suitably Qualified | 1/09/2024 |
| Ms Helen Smith | Other Suitably Qualified | 1/09/2024 |
| Ms Jizhao Pan | Other Suitably Qualified | 1/09/2024 |
| Ms Kirsten Gridley | Other Suitably Qualified | 1/09/2024 |
| Ms Leanne Stewart | Other Suitably Qualified | 1/09/2024 |
| Ms Maria Cosmidis | Other Suitably Qualified | 1/09/2024 |
| Ms Natasha Atkinson | Other Suitably Qualified | 1/09/2024 |
| Ms Patricia Antrum | Other Suitably Qualified | 1/09/2024 |
| Mr Stephen Lee | Other Suitably Qualified | 1/09/2024 |
| Ms Flora Vashinsky | Other Suitably Qualified | 1/09/2024 |
| Ms Marina Stojanovska | Other Suitably Qualified | 1/09/2024 |
| Ms Natasha Langovski | Other Suitably Qualified | 1/09/2024 |
| Professor Christopher Willcox | Other Suitably Qualified | 1/09/2024 |

Resignations and retirements

The Tribunal would like to recognise the valuable contributions of the following members, who concluded their service over the past year.

| Members | Member type | Years appointed |
|---------------------------------|----------------------------------|-----------------|
| Ms Angela Karpin AM | Deputy President (J) - part time | 9 |
| The Hon. Peter Hidden AM KC | Deputy President (J) - part time | 9 |
| Mr Terry Sheahan AO | Deputy President (J) - part time | 3 |
| Dr Andrew Campbell | Psychiatrist | 26 |
| Dr John Spencer | Psychiatrist | 21 |
| Professor Christopher Tennant | Psychiatrist | 18 |
| Associate Professor John Basson | Psychiatrist | 13 |
| Dr Robert Gordon | Psychiatrist | 13 |
| Dr Satya Vir Singh | Psychiatrist | 13 |
| Dr Daniel Pellen | Psychiatrist | 11 |
| Dr Yvonne White | Psychiatrist | 11 |
| Dr Susil Stephen | Psychiatrist | 6 |
| Dr Gerald Chew | Psychiatrist | 5 |
| Mr Bill Tearle | Lawyer | 22 |
| Mr Robert Green | Lawyer | 22 |
| Ms Jenny D'Arcy | Lawyer | 22 |
| Mr Hans Heilpern | Lawyer | 19 |
| Ms Catherine Carney | Lawyer | 19 |
| Mr David Hartstein | Lawyer | 18 |
| Mr John Hislop | Lawyer | 18 |
| Mr Dean Letcher KC | Lawyer | 17 |
| Ms Yvonne Grant | Lawyer | 17 |
| Mr Michael Marshall | Lawyer | 13 |
| Ms Rhonda Booby | Lawyer | 13 |
| Mr Shane Cunningham | Lawyer | 11 |
| Mr Brian Kelly | Lawyer | 9 |
| Mr Bruno Gelonesi | Lawyer | 9 |
| Mr Gregory West | Lawyer | 9 |
| Mr Martin Culleton | Lawyer | 9 |
| Mr William de Mars | Lawyer | 9 |
| Ms Jean-Anne Searson | Lawyer | 4 |
| Dr Meredith Martin | Other Suitably Qualified | 22 |
| Ms Diana Bell | Other Suitably Qualified | 22 |
| Ms Pamela Verrall | Other Suitably Qualified | 22 |
| Ms Jenny Learmont AM | Other Suitably Qualified | 20 |
| Ms Alice Shires | Other Suitably Qualified | 19 |
| Ms Rosemary Kusuma | Other Suitably Qualified | 19 |
| Ms Sunny Hong | Other Suitably Qualified | 19 |

| Members | Member type | Years appointed |
|------------------------|--------------------------|-----------------|
| Ms Bernadette Townsend | Other Suitably Qualified | 17 |
| Ms Christine Bishop | Other Suitably Qualified | 17 |
| Ms Corinne Henderson | Other Suitably Qualified | 14 |
| Ms Robyn Lewis | Other Suitably Qualified | 13 |
| Ms Ann MacLochlainn | Other Suitably Qualified | 9 |
| Ms Irene Gallagher | Other Suitably Qualified | 9 |
| Ms Kathryn Worne | Other Suitably Qualified | 9 |
| Dr Hannah Rose | Other Suitably Qualified | 3 |
| Ms Susan Daly | Other Suitably Qualified | 3 |

Vale Jenny Learmont AM

The Tribunal was saddened to learn of the passing of long-serving member Ms Jenny Learmont AM, shortly after her retirement. Jenny was a highly respected member who gave generously of her time and expertise. She was a strong advocate for the carer's perspective and provided valuable insights that enriched the Tribunal's work.

Financial report

The Tribunal is funded directly from the Finance Branch of the Ministry. The budget allocation for 2024/2025 was \$8,730,327. Total net expenditure for the year was \$9,293,400 – a budget variation of \$563,074 (6%) which reflects the costs associated with increased numbers of hearings.

A Treasury adjustment of \$800,000 was provided to the Ministry of Health being the agreed amount transferred for the Department of Attorney General and Justice to fund the Mental Health Inquiries role. The actual expenditure related to this role for the financial year was \$1,755,778. This included the cost of additional three-member Tribunal panels required for the increased number of appeals lodged by patients against an authorised medical officer's refusal to discharge.

See also Appendix 5.

Thank you

The Tribunal is fortunate to benefit from the high calibre of its staff and members. I would like to take this opportunity to express my sincere appreciation to all those who have worked for and alongside the Tribunal throughout the 2025 financial year. Their skill, professionalism, and dedication have been critical to the delivery of more than 22,000 hearings.

Alisa Kelley

Registrar

Appendices

| | | | |
|--|-----------|---|-----------|
| Appendix 1 – Civil statistics | 54 | Table 14 – s91(B) & 93: Review of Correctional Patients | 63 |
| Table 2 – Civil hearings – total by gender & matter description | 55 | Table 15 – s100: Review of person in custody subject to a CTO | 64 |
| Table 3 – Civil matters by type over 5 years | 56 | Table 16 – s109(4): Review of person apprehended under breach of order for leave or release | 64 |
| Table 4 – Number of community treatment orders made by Health Care Agency | 57 | Table 17 – s109(1): Orders made for apprehension of a person in breach of order for leave or release | 64 |
| Table 5 – CTO’s made by the Tribunal and by Magistrates since 2009 | 59 | Table 18 – MHCIFPA s146: Application of registered victim for non-association or place restriction | 65 |
| Appendix 2 – Forensic statistics | 60 | Table 19 – Procedural Hearings – MHA s162 Application to publish or broadcast name/BDMA A31D approval of change of name | 65 |
| Table 6 – s78(B): First review following fitness referral from Court | 60 | Table 20 – Forensic Patients, Correction Patients and FCTOs by location at 30 June 2024 | 66 |
| Table 7 – s78(C): First review following special verdict of act proven but not criminally responsible | 60 | Table 21 – Location of Hearings held for Forensic Patients, Correctional Patients and FCTOs | 67 |
| Table 8 – s78(A): First review following nomination of limiting term | 60 | Table 22 – Category of Forensic Patients, Correctional Patients and FCTOs | 68 |
| Table 9 – s78(D) & 79: Review of Forensic Patients | 61 | Table 23 – Number of Forensic and Correctional Patients 2001–2025 | 69 |
| Table 10 – s89: Limited review of those awaiting transfer to a Mental Health Facility | 62 | Appendix 3 – The jurisdiction of the Tribunal | 70 |
| Table 11 – s90: First review following transfer from a correctional centre to a Mental Health Facility | 62 | Appendix 4 – Organisational structure | 72 |
| Table 12 – s99: Application for a Forensic CTO | 63 | Appendix 5 – Financial summary | 73 |
| Table 13 – MHA – s65 Application to vary a Forensic CTO | 63 | Appendix 6 – Tribunal Members | 74 |

Appendices

Appendix 1

Civil statistics

Flow chart showing progress of involuntary patients admitted during the period July 2024 through June 2025

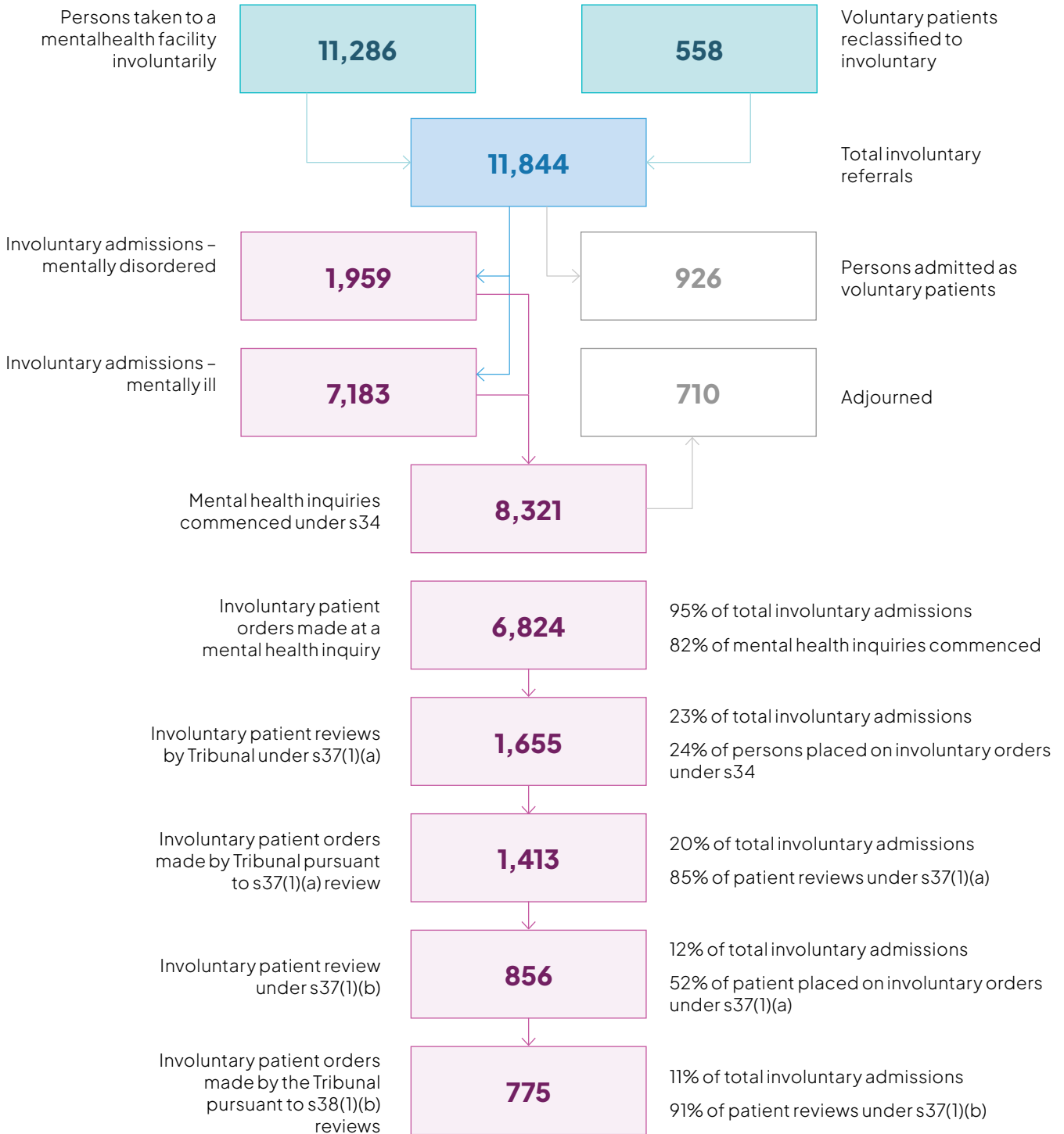


Table 2 – Civil hearings – total by gender and matter description

| Matter | Female | | Male | | Total |
|---|--------------|------------|---------------|------------|---------------|
| | Hearings | % | Hearings | % | |
| s34 Mental Health Inquiry – Review of Assessable Person | 3,651 | 44% | 4,670 | 56% | 8321 |
| s9 Review of Voluntary Patient | 23 | 38% | 37 | 62% | 60 |
| s37(1)(a) Initial Review of Involuntary Patient | 724 | 44% | 933 | 56% | 1657 |
| s37(1)(b) Review of Involuntary Patient | 319 | 37% | 538 | 63% | 857 |
| s37(1)(c) Review of Involuntary Patient | 209 | 38% | 346 | 62% | 555 |
| s37(1A) Review of an involuntary Patient – at any other time | 2 | 100% | 0 | 0% | 2 |
| s44 Appeal Refusal to Discharge | 393 | 41% | 564 | 59% | 957 |
| s51 Community Treatment Order – existing CTO | 1,392 | 35% | 2,630 | 65% | 4,022 |
| s51 Community Treatment Order – Mental Health Facility | 868 | 38% | 1,387 | 62% | 2,255 |
| s51 Community Treatment Order – no current CTO | 315 | 31% | 710 | 69% | 1,025 |
| s63 Review of detained person under CTO | 4 | 36% | 7 | 64% | 11 |
| s65 Revocation of CTO | 8 | 24% | 25 | 76% | 33 |
| s65 Variation of (Forensic) CTO | 0 | 0% | 0 | 0% | 0 |
| s65 Variation of CTO | 9 | 32% | 19 | 68% | 28 |
| s96(1) ECT Consent Inquiry – Voluntary patient | 158 | 34% | 311 | 66% | 469 |
| s96(2) ECT Administration Inquiry – Involuntary patient | 0 | 0% | 1 | 100% | 1 |
| s96(3A)(a) ECT for person under 16 – Involuntary patient | 1 | 100% | 0 | 0% | 1 |
| s96(3A)(b) ECT for person under 16 – Voluntary patient | 461 | 56% | 363 | 44% | 824 |
| s101(1) Application for a Surgical Operation Involuntary Patient | 3 | 100% | 0 | 0% | 3 |
| s103 Application for special medical treatment | 0 | 0% | 0 | 0% | 0 |
| s151(4) Procedural Order | 3 | 50% | 3 | 50% | 6 |
| s154(3) Application to be represented by a person other than an Australian legal practitioner | 0 | 0% | 0 | 0% | 0 |
| s156 Procedural Hearing: Access to documents | 0 | 0% | 3 | 100% | 3 |
| s162 Application to Publish or Broadcast Name | 0 | 0% | 0 | 0% | 0 |
| Grand Total | 8,543 | 41% | 12,548 | 59% | 21,091 |

Table 3 – Civil matters by type over 5 years

| ACT | Matter description | 2024–25 | 2023–24 | 2022–23 | 2021–22 | 2020–21 |
|--------------|--|---------------|---------------|---------------|---------------|---------------|
| s9 | Review of those detained in a mental health facility receiving voluntary treatment for more than 12 months | 60 | 73 | 68 | 70 | 48 |
| s34 | Mental Health Inquiry – Review of Assessable Person | 8,321 | 7,003 | 6,152 | 5,966 | 6,156 |
| s37 | Reviews of persons detained in a mental health facility for involuntary treatment | 3,071 | 2,706 | 2,504 | 2,335 | 2,369 |
| s44 m | Appeal against an authorised medical officer's refusal to discharge | 957 | 970 | 987 | 1,037 | 991 |
| s51 | Community Treatment Orders | 7,302 | 6,505 | 6,217 | 6,556 | 5,853 |
| s63 | Review of affected persons detained following a breach of a Community Treatment Order | 11 | 7 | 6 | 7 | 14 |
| s65 | Variation and revocation of Community Treatment Orders* | 530 | 515 | 558 | 583 | 536 |
| s67(2) | Appeal against a Magistrate's CTO | 1 | 1 | 0 | 0 | 0 |
| s96(1) | Review of voluntary patient's capacity to give informed consent to ECT | 1 | 1 | 3 | 0 | 2 |
| s96(2) | Application to administer ECT to an involuntary patient with or without consent | 824 | 807 | 866 | 791 | 781 |
| s96(3a) | Application to administer ECT to a person under 16 years | 3 | 0 | 3 | 5 | 1 |
| s101 | Application for a Surgical Operation | 6 | 6 | 3 | 9 | 6 |
| s103 | Application for special medical treatment | 0 | 0 | 0 | 0 | 2 |
| s151–s156 | Procedural Orders | 4 | 6 | 3 | 9 | 2 |
| s162 | Application to publish or broadcast names | 0 | 0 | 1 | 0 | 0 |
| s202(4) | COVID-19 special provisions | - | - | - | - | 4 |
| Total | | 21,091 | 18,600 | 17,371 | 17,368 | 16,765 |

*includes forensic

Table 4 – Number of community treatment orders made by Health Care Agency

| Health Care Agency | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|---------|---------|---------|---------|---------|
| Albury Community Mental Health Service | 26 | 33 | 35 | 27 | 42 |
| Auburn Community Mental Health Team | 95 | 65 | 44 | 76 | 68 |
| Bankstown-Lidcombe Mental Health Service | 249 | 213 | 174 | 178 | 152 |
| Bathurst and Region Community Mental Health and Drug and Alcohol Service | 33 | 23 | 34 | 14 | - |
| Bega Valley Community Mental Health Service | 37 | 28 | 31 | 33 | 22 |
| Blacktown and Mt. Druitt Psychiatry Service | 259 | 254 | 273 | 299 | 262 |
| Blue Mountains Mental Health Service | 66 | 54 | 43 | 50 | 52 |
| Bondi Junction Community Mental Health Service | 6 | 7 | 5 | 10 | 11 |
| Bowral Community Mental Health Service | 42 | 30 | 22 | 21 | 20 |
| Byron Mental Health Services | 29 | 33 | 33 | 28 | 29 |
| Campbelltown Mental Health Service | 303 | 240 | 192 | 162 | 166 |
| Camperdown Community Mental Health Service | 220 | 208 | 187 | 198 | 177 |
| Canterbury Community Mental Health Service | 204 | 161 | 143 | 151 | 144 |
| Central Coast Area Mental Health Service | 402 | 414 | 428 | 456 | 449 |
| Coffs Harbour Community Mental Health Service | 116 | 110 | 113 | 94 | 100 |
| Cooma Community Mental Health Service | 2 | 1 | 6 | 6 | 14 |
| Cooma and Queanbeyan Community Mental Health Service | 24 | 23 | 26 | 20 | - |
| Cootamundra Community Mental Health Service | 0 | 1 | 1 | 1 | - |
| Croydon Community Mental Health Service | 279 | 254 | 292 | 259 | 215 |
| Deniliquin Mental Health Service | 41 | 30 | 23 | 20 | 19 |
| Dubbo and Region Community Mental Health and Drug and Alcohol Service | 124 | 103 | 91 | 42 | - |
| Eurobodalla Community Mental Health Service | 38 | 32 | 31 | 43 | 6 |
| Fairfield Mental Health Service | 158 | 148 | 139 | 105 | 100 |
| Far West Mental Health Service | 16 | 22 | 23 | 20 | 23 |
| Goulburn and Yass Community Mental Health Service | 57 | 50 | 28 | 38 | 37 |
| Grafton Mental Health Service | 40 | 25 | 28 | 41 | 32 |
| Granville Community Rehabilitation Service | 76 | 79 | 81 | 78 | 78 |
| Griffith Community Mental Health Service | 52 | 58 | 60 | 53 | 46 |
| Hawkesbury Mental Health Service | 17 | 13 | 15 | 27 | 25 |
| Hills (The) Community Mental Health Centre | 63 | 57 | 57 | 63 | 59 |
| Hornsby Ku-ring-gai Community Mental Health Service | 189 | 182 | 162 | 157 | 156 |
| Hunter Valley Health Care Agency | 0 | 1 | 1 | 0 | 0 |
| Hunter New England Mehi/McIntyre Mental Health Service | 35 | 30 | 33 | 41 | 0 |
| Hunter New England Tablelands Mental Health Service | 45 | 28 | 30 | 32 | 18 |
| Hunter New England Peel Mental Health Service | 48 | 34 | 36 | 31 | 29 |
| Hunter Valley Adult and Child and Adolescent Community Mental Health Service | 106 | 99 | 98 | 79 | 71 |

| Health Care Agency | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|--|---------|---------|---------|---------|---------|
| Hunter Valley Child and Adolescent Mental Health Service | 7 | 10 | 5 | 1 | 0 |
| Illawarra Community Mental Health Services | 173 | 145 | 143 | 131 | 107 |
| Inner City Mental Health Service | 131 | 103 | 103 | 93 | 58 |
| Kempsey Community Mental Health Service | 33 | 26 | 30 | 36 | 48 |
| Lake Illawarra Sector Mental Health Service | 1 | 1 | 2 | 0 | 0 |
| Lake Macquarie Mental Health Service | 125 | 92 | 97 | 94 | 101 |
| Lake Macquarie Child and Adolescent Community Mental Health Service | 4 | 1 | 4 | 4 | 1 |
| Lismore Mental Health Services | 78 | 74 | 79 | 107 | 85 |
| Lithgow Community Mental Health Service | 19 | 17 | 10 | 11 | 10 |
| Liverpool Mental Health Service | 230 | 254 | 241 | 224 | 208 |
| Macquarie Area Mental Health Services | 1 | 1 | 5 | 58 | 77 |
| Manly Hospital & Community Health Service | 0 | 0 | 0 | 0 | 1 |
| Maroubra Mental Health Service | 198 | 153 | 192 | 199 | 201 |
| Marrickville Community Mental Health Service | 112 | 95 | 111 | 119 | 102 |
| Merrylands Community Health Service | 38 | 44 | 45 | 39 | 25 |
| Mid Western Community Mental Health Service | 0 | 3 | 9 | 60 | 103 |
| Mudgee and Region Community Mental Health and Drug and Alcohol Service | 12 | 14 | 17 | 13 | 10 |
| Newcastle Mental Health Service | 258 | 255 | 209 | 226 | 219 |
| Newcastle Child and Adolescent Community Mental Health Service | 1 | 2 | 1 | 0 | 3 |
| Northern Illawarra Sector Mental Health Service | 0 | 0 | 0 | 0 | 1 |
| Northern Beaches Community Mental Health Service | 174 | 171 | 173 | 155 | 142 |
| Orange Community Health Team Orange Health Centre | 0 | 1 | 1 | 1 | - |
| Orange Community Residential/Rehab. Service | 2 | 1 | 0 | 0 | 0 |
| Orange and Region Community Mental Health and Drug and Alcohol Service | 101 | 88 | 88 | 5 | 7 |
| Parramatta Community Health Service | 171 | 106 | 87 | 87 | 142 |
| Penrith Mental Health Service | 79 | 65 | 35 | 36 | 47 |
| Penrith – Child and Youth Mental Health Service | 4 | 4 | 2 | 3 | 0 |
| Port Macquarie Community Mental Health Service | 76 | 62 | 86 | 76 | 61 |
| Queanbeyan Mental Health Service | 0 | 0 | 0 | 0 | 15 |
| Redfern Community Mental Health Service | 95 | 71 | 59 | 67 | 74 |
| Royal North Shore Community Health Centre (Mental Health) | 154 | 139 | 125 | 135 | 135 |
| Royal North Shore Hospital and Community Health Services | 33 | 30 | 25 | 37 | 41 |
| Ryde Community Mental Health Service | 182 | 169 | 159 | 188 | 156 |
| Shoalhaven Community Mental Health Services | 65 | 46 | 50 | 57 | 54 |
| Springwood Mental Health Service | 15 | 21 | 11 | 16 | 8 |
| St George Community Mental Health Centre | 267 | 259 | 201 | 202 | 200 |

| Health Care Agency | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|---|--------------|--------------|--------------|--------------|--------------|
| St Marys Mental Health Service | 63 | 58 | 59 | 51 | 45 |
| St George Div. of Psychiatry & Mental Health | 1 | 0 | 0 | 0 | 0 |
| St George Child and Adolescent Mental Health Service | 1 | 1 | 0 | 0 | 1 |
| Sutherland Hospital and Community Mental Health Service | 158 | 119 | 120 | 118 | 110 |
| Tamworth Community Mental Health Service | 0 | 0 | 0 | 0 | 2 |
| Taree Community Mental Health Service | 70 | 73 | 60 | 46 | 38 |
| Temora Community Mental Health | 15 | 13 | 16 | 12 | 13 |
| Tumut Community Mental Health Service | 14 | 10 | 7 | 7 | 9 |
| Tweed Mental Health Service | 96 | 104 | 84 | 88 | 72 |
| Wagga Wagga Community Mental Health Service | 42 | 64 | 65 | 52 | 53 |
| Young Community Mental Health Service | 17 | 16 | 16 | 14 | 13 |
| CTO's made at Mental Health Inquiries & reviews | 702 | 701 | 892 | 903 | 875 |
| Total | 7,515 | 6,825 | 6,742 | 6,724 | 6,295 |

Table 5 – CTO's made by the Tribunal and by Magistrates since 2009

Magistrates ceased making Community Treatment Orders (CTOs) at Mental Health Inquiries in June 2010 when the Tribunal assumed responsibility for conducting those inquiries.

| Year | Magistrate ~ | Mental Health Inquiries | Tribunal Hearings | Total Orders Made |
|----------------|--------------|-------------------------|-------------------|-------------------|
| 2024/25 | 7 | 686 | 6,829 | 7,515 |
| 2023/24 | 18 | 730 | 6,138 | 6,868 |
| 2022/23 | 10 | 883 | 5,859 | 6,742 |
| 2021/22 | 4 | 896 | 5,863 | 6,759 |
| 2020/21 | 3 | 875 | 5,423 | 6,298 |
| 2019/20 | 12 | 671 | 5,586 | 6,239 |
| 2018/19 | 13 | 416 | 5,647 | 6,063 |
| 2017/18 | 0 | 335 | 5,367 | 5,702 |
| 2016/17 | 0 | 362 | 5,406 | 5,768 |
| 2015/16 | 0 | 336 | 5,050 | 5,386 |
| 2014/15 | 0 | 336 | 4,806 | 5,142 |
| 2013/14 | 0 | 360 | 4,824 | 5,184 |
| 2012/13 | 0 | 339 | 4,882 | 5,221 |
| 2011/12 | 0 | 581 | 4,426 | 5,007 |
| 2010/11 | 2 | 566 | 4,128 | 4,696 |
| 2009/10 | 806 | 10 | 3,956 | 4,772 |
| 2008/09 | 997 | 0 | 4,058 | 5,055 |

~ 2018 – 2025 figures represent number of Tribunal orders revoked as order made by Magistrate. The Tribunal is not notified of all orders made under s20 Mental Health Cognitive Impairment Forensic Provisions Act 2020. These figures therefore represent orders made for existing Tribunal clients where the Local Court has provided the order.

Appendix 2

Forensic statistics

Table 6 – s78(B): First review following fitness referral from Court

| MHCIFPA – s78(b) First review following fitness referral from Court | Individuals | Hearings |
|---|-------------|-----------|
| Person is FIT for trial | 4 | 4 |
| Person is not fit and will not become fit within 12 months | 9 | 9 |
| Court Order for detention is replaced by Tribunal order | 0 | 0 |
| Transfer to another facility | 0 | 0 |
| Adjourned | 10 | 10 |
| Total | 23 | 23 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 17 | 23 |
| Total number of individuals and hearings for s78(b) reviews: | | |

Table 7 – s78(C): First review following special verdict of act proven but not criminally responsible

| MHCIFPA – s78(c) First review following special verdict of act proven but not criminally responsible | Individuals | Hearings |
|--|-------------|-----------|
| Court order for conditional release replaced by Tribunal order | 3 | 3 |
| Court order for detention replaced by Tribunal order | 6 | 6 |
| Transfer to another facility | 12 | 12 |
| Extension of period of review granted | 1 | 1 |
| Grant leave of absence | 0 | 0 |
| Release conditional | 4 | 4 |
| Adjournment | 5 | 9 |
| Total | 31 | 35 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 27 | 34 |
| Total number of individuals and hearings for s78(c) reviews: | | |

Table 8 – s78(A) First review following nomination of limiting term

| MHCIFPA – s78(a) First review following nomination of limiting term | Individuals | Hearings |
|---|-------------|-----------|
| Person is FIT for trial | 0 | 0 |
| Court order for detention replaced by Tribunal order | 11 | 12 |
| Person is unfit for trial | 12 | 13 |
| Transfer to another facility | 1 | 1 |
| Adjourned | 1 | 1 |
| Total | 25 | 27 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 13 | 13 |
| Total number of individuals and hearings for s78(a) reviews: | | |

Table 9 – s78(D) & 79: Review of Forensic Patients

| MHCIFPA – s78(d) & 79 Review of Forensic Patients | Individuals | Hearings |
|---|-------------|--------------|
| Current order for apprehension to continue | 1 | 1 |
| Current order for conditional release to continue | 86 | 89 |
| Current order for detention to continue | 177 | 278 |
| Current order for transfer and detention to continue | 24 | 34 |
| Variation to current order for detention | 2 | 2 |
| Variation to current order for transfer and detention | 3 | 3 |
| Extension of period of review granted | 50 | 54 |
| Extension of period of review NOT granted | 3 | 3 |
| Person is fit to be tried | 1 | 1 |
| Person is not fit to be tried | 43 | 67 |
| Release conditional | 38 | 40 |
| Release conditions varied | 198 | 284 |
| Release conditions made less restrictive | 0 | 0 |
| Release conditions made MORE restrictive | 1 | 1 |
| Release unconditional under a CTO | 6 | 6 |
| Release – Unconditional | 2 | 2 |
| Revocation of conditional release and order detention | 3 | 3 |
| Transfer to another facility | 25 | 26 |
| Transfer to another facility – time limited order | 0 | 0 |
| Leave of absence granted | 77 | 103 |
| Leave of absence revoked | 0 | 0 |
| Travel application approved | 15 | 18 |
| Travel application declined | 5 | 5 |
| Financial Management Order made | 0 | 0 |
| Decision Reserved | 1 | 1 |
| Adjourned | 60 | 97 |
| Total | 821 | 1,118 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 471 | 969 |
| Total number of individuals and hearings for s78(d) & 79 reviews: | | |

Table 10 –s89: Limited review of those awaiting transfer to a Mental Health Facility

| MHCIFPA – s89 Limited review of those awaiting transfer to a Mental Health Facility | Individuals | Hearings |
|---|-------------|-----------|
| Transfer to another facility | 10 | 12 |
| Revoke order for transfer to a mental health facility | 1 | 1 |
| Patient transferred prior to hearing | 0 | 0 |
| Patient released prior to hearing | 0 | 0 |
| Hearing not required | 1 | 1 |
| Adjournment | 2 | 3 |
| Total | 14 | 17 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 11 | 16 |
| Total number of individuals and hearings for S89 reviews: | | |

Table 11 –s90: First review following transfer from a correctional centre to a Mental Health Facility

| s90 First review following transfer from a correctional centre to a Mental Health Facility | Individuals | Hearings |
|---|-------------|-----------|
| Person is a mentally ill person – continue in a mental health facility | 47 | 47 |
| Person is a mentally ill person – appropriate care is available in a correctional centre | 0 | 0 |
| Person is a mentally ill person – appropriate care is available in a correctional centre under an FCTO | 3 | 3 |
| Person is not a mentally ill person – should not continue in a mental health facility | 0 | 0 |
| Person has a treatable condition, continue in mental health facility | 1 | 1 |
| Person has a treatable condition, appropriate care available in correctional centre | 0 | 0 |
| Correctional patient status expired – reclassified as an involuntary patient | 1 | 1 |
| Patient released or discharged prior to hearing | 1 | 1 |
| Patient transferred prior to hearing | 0 | 0 |
| Transfer to another facility – time limited order | 0 | 0 |
| Financial Management Order made | 0 | 0 |
| No Financial Management Order made | 0 | 0 |
| Decision Reserved | 0 | 0 |
| Tribunal has no jurisdiction | 0 | 0 |
| Adjourned | 1 | 1 |
| Total | 54 | 54 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 53 | 53 |
| Total number of individuals and hearings for S90 reviews: | | |

Table 12 – s99: Application for a Forensic CTO

| s99 Application for a Forensic CTO | Individuals | Hearings |
|---|-------------|-----------|
| Forensic CTO made | 84 | 84 |
| Forensic CTO not made | 1 | 1 |
| CTO made to have effect on date of unconditional release | 6 | 6 |
| CTO revoked by Medical Officer at Justice Health | 0 | 0 |
| Patient released prior to hearing | 0 | 0 |
| Decision Reserved | 0 | 0 |
| Withdrawn or no jurisdiction | 1 | 1 |
| Adjourned | 7 | 7 |
| Total | 99 | 99 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 93 | 98 |
| Total number of individuals and hearings for s67 reviews: | | |

Table 13 – MHA – s65 Application to vary a Forensic CTO

| MHA – s65 Application to vary a Forensic CTO | Individuals | Hearings |
|---|-------------|-----------|
| Variation approved to order | 65 | 65 |
| Variation not approved | 1 | 1 |
| FCTO revoked | 1 | 1 |
| FCTO not renewed or revoked by Health Care Agency | 1 | 1 |
| Patient discharged prior to hearing | 0 | 0 |
| Withdrawn or no jurisdiction | 1 | 1 |
| Adjournment | 3 | 3 |
| Total | 72 | 72 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 67 | 71 |
| Total number of individuals and hearings for s65 reviews: | | |

Table 14 – s91(B) & 93: Review of Correctional Patients

| MHCIFPA – s91(b) & 93 Review of Correctional Patients | Individuals | Hearings |
|---|-------------|-----------|
| Current order for detention to continue | 12 | 13 |
| Correctional patient status expired – reclassified as involuntary patient | 0 | 0 |
| Transfer to another facility – CTO made | 0 | 0 |
| Adjourned | 0 | 0 |
| Total | 12 | 13 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 12 | 13 |
| Total number of individuals and hearings for s91(b) reviews: | | |

Table 15 – s100: Review of person in custody subject to a CTO

| MHCIFPA – s100 Review of person in custody subject to a CTO | Individuals | Hearings |
|---|-------------|-----------|
| Forensic CTO to Continue | 31 | 39 |
| Forensic CTO varied by Civil panel to community HCA | 1 | 1 |
| Forensic CTO Revoked | 0 | 0 |
| Patient released prior to hearing | 0 | 0 |
| Adjourned | 4 | 4 |
| Total | 36 | 44 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 32 | 44 |
| Total number of individuals and hearings for s100 reviews: | | |

Table 16 – s109(4): Review of person apprehended under breach of order for leave or release

| MHCIFPA – s109(4) Review of person apprehended under breach of order for leave or release | Individuals | Hearings |
|---|-------------|-----------|
| Confirm order for conditional release | 16 | 20 |
| Revocation of Conditional Release and Order Detention | 4 | 4 |
| Confirm order for detention and grant leave of absence | 5 | 5 |
| Interim order following breach granting leave of absence | 0 | 0 |
| Transfer to another facility | 0 | 0 |
| Adjourned | 27 | 58 |
| Deceased | 0 | 0 |
| Total | 52 | 87 |
| NOTE: Hearings may have multiple outcomes; individuals may appear in multiple categories. | 35 | 86 |
| Total number of individuals and hearings for s109(4) reviews: | | |

Table 17 – s109(1): Orders made for apprehension of a person in breach of order for leave or release

| MHCIFPA – s109(1) Orders made for apprehension of a person in breach of order for leave or release | Individuals | Hearings |
|--|-------------|-----------|
| Total number of individuals and orders made under s109(1): | 22 | 31 |

Table 18 – MHCIFPA s146: Application of registered victim for non-association or place restriction

| MHCIFPA – s146 Application of registered victim for non-association or place restriction | Hearings |
|--|------------|
| Number of adhoc victims' submissions considered | 99 |
| Number of recurring victims' submissions considered | 88 |
| Total number of victims' submissions considered | 187 |
| Number of orders made for place restrictions | 62 |
| Number of orders made for non-association | 35 |
| Total number of orders made | 97 |
| Number of registered victims | 127 |

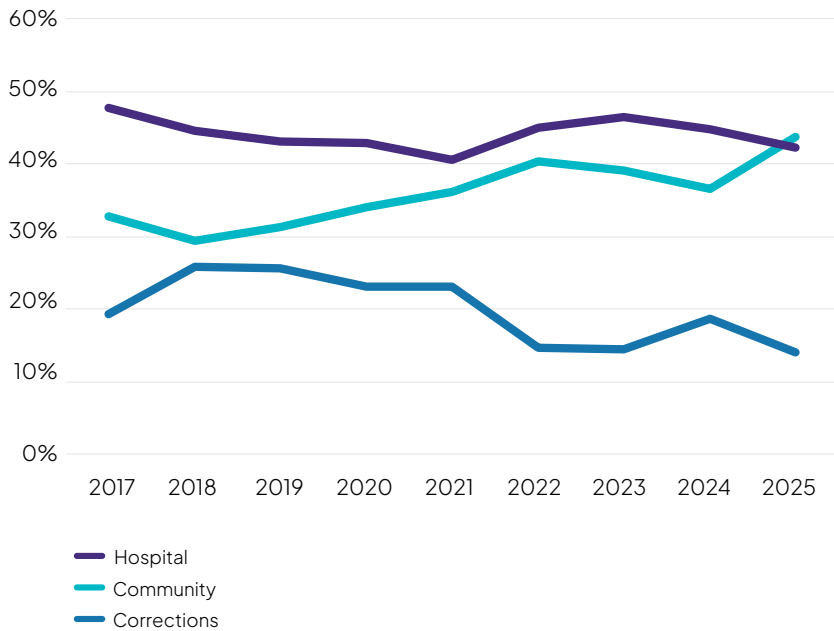
Table 19 – Procedural Hearings – MHA s162 Application to publish or broadcast name/ BDMA A31D approval of change of name

| Procedural Hearings | Individuals | Hearings |
|--|-------------|----------|
| s162 Application to publish or broadcast name | | |
| Application granted | 2 | 2 |
| Total | 2 | 2 |
| s31D Approval of change of name | | |
| Application refused | 1 | 1 |
| Withdrawn or no jurisdiction | 1 | 1 |
| Adjournment | 0 | 0 |
| Total | 2 | 2 |
| s151(4) Application for a procedural order | | |
| Application granted | 3 | 3 |
| Application denied | 0 | 0 |
| Total | 3 | 3 |
| Total Procedural Hearings | 7 | 7 |

Table 20 – Forensic Patients, Correction Patients and FCTOS by location at 30 June 2024

| Location | 2025 | 2024 | 2023 | 2022 | 2021 | 2020 | 2019 | 2018 | 2017 |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Bloomfield Hospital | 21 | 19 | 24 | 27 | 23 | 24 | 23 | 18 | 21 |
| Community | 251 | 188 | 250 | 265 | 230 | 216 | 193 | 182 | 186 |
| Concord Hospital | 7 | 5 | 8 | 7 | 6 | 6 | 8 | 8 | 7 |
| Cumberland Hospital | 0 | 24 | 29 | 33 | 32 | 30 | 31 | 31 | 32 |
| Blacktown Mental Health Recovery Centre | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Forensic Hospital | 121 | 106 | 112 | 110 | 108 | 116 | 110 | 109 | 119 |
| Juvenile Justice Centre | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| Long Bay Hospital | 39 | 44 | 79 | 77 | 45 | 51 | 51 | 57 | 46 |
| Macquarie Hospital | 3 | 4 | 7 | 4 | 3 | 5 | 5 | 9 | 9 |
| Metropolitan Remand and Reception Centre | 44 | 50 | 30 | 37 | 91 | 89 | 79 | 83 | 70 |
| Metropolitan Special Programs Centre | 15 | 16 | 15 | 20 | 15 | 15 | 14 | 18 | 16 |
| Morisset Hospital | 29 | 26 | 28 | 28 | 30 | 29 | 28 | 31 | 27 |
| Silverwater Women's Correctional Centre | 3 | 4 | 0 | 7 | 6 | 8 | 15 | 7 | 5 |
| Other Community Hospitals | 4 | 2 | 9 | 9 | 11 | 11 | 10 | 13 | 9 |
| Other Correctional Centres | 18 | 26 | 47 | 32 | 35 | 34 | 51 | 48 | 19 |
| Total | 574 | 514 | 638 | 656 | 635 | 634 | 618 | 618 | 566 |

Forensic Patient Movement 2017–2025



Forensic Patients 2025

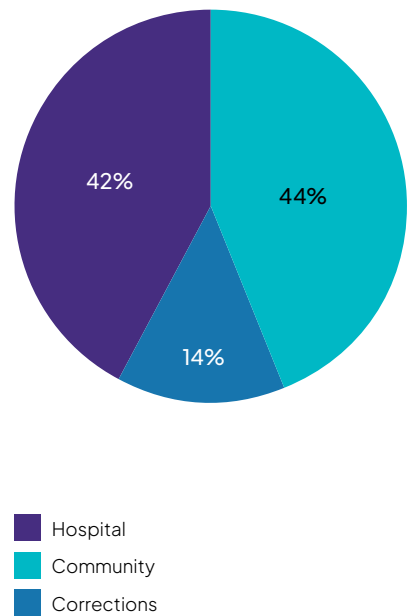


Table 21 – Location of Hearings held for Forensic Patients, Correctional Patients and FCTOs

| Location of Hearings held for Forensic and Correctional Patients over 5 years | | | | | |
|---|--------------|--------------|----------------------|----------------------|----------------------|
| Location | 2024/25 | 2023/24 | 2022/23 ¹ | 2021/22 ² | 2020/21 ³ |
| Bloomfield Hospital | 15 | 30 | 36 | 0 | 0 |
| Blacktown Mental Health Recovery Centre | 6 | 9 | 9 | 0 | 0 |
| Concord Hospital | 6 | 9 | 9 | 0 | 0 |
| Cumberland Hospital | 33 | 67 | 68 | 0 | 0 |
| Forensic Hospital | 239 | 262 | 211 | 0 | 0 |
| Long Bay Hospital | 158 | 189 | 112 | 0 | 0 |
| Macquarie Hospital | 5 | 13 | 11 | 0 | 0 |
| Metropolitan Remand And Reception Centre | 75 | 31 | 24 | 0 | 0 |
| Morisset Hospital | 31 | 25 | 41 | 0 | 0 |
| Tribunal Premises Gladesville | 878 | 883 | 1,032 | 1,515 | 1,671 |
| Total | 1,446 | 1,518 | 1,553 | 1,515 | 1,671 |

1 Hearings were held entirely on site at Gladesville during the period July–October 2023 due to COVID-19 restrictions.

2 Hearings were held entirely on site at Gladesville during the financial year 2022 due to COVID-19 restrictions.

3 Hearings were held entirely on site at Gladesville during the financial year 2021 due to COVID-19 restrictions.

Hearing locations

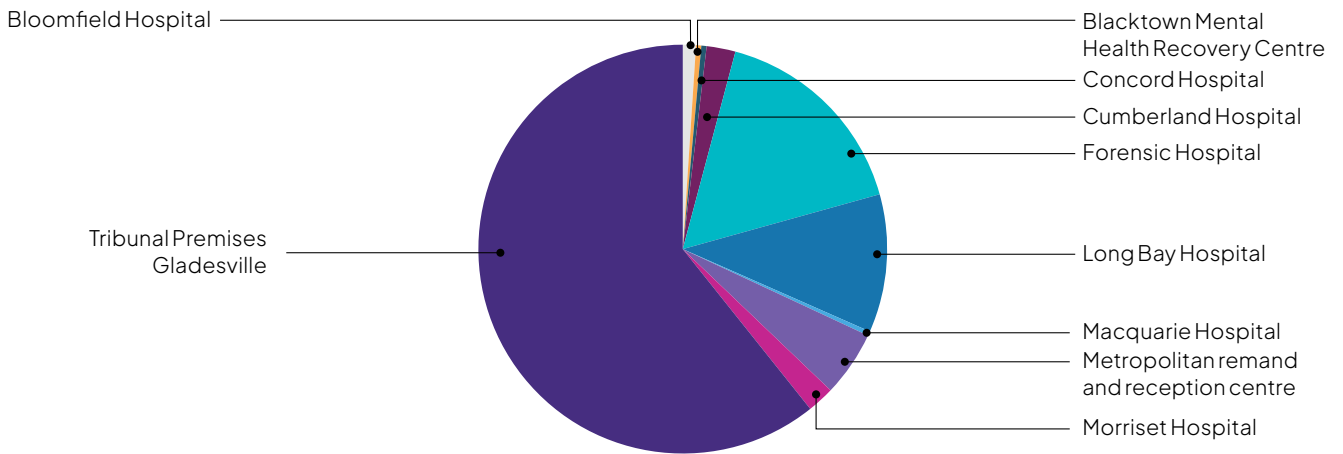


Table 22 – Category of Forensic Patients, Correctional Patients and FCTOs

| Category of Forensic and Correctional Patients over 6 years by gender | | | | | | | | | |
|---|--------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Category | Gender | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
| Act proven not criminally responsible | Female | 64 | 58 | 55 | 50 | 47 | 0 | 0 | 0 |
| | Male | 352 | 344 | 367 | 362 | 361 | 0 | 0 | 0 |
| | Total | 416 | 402 | 422 | 412 | 408 | 0 | 0 | 0 |
| Not guilty by reason of mental illness | Female | 0 | 0 | 0 | 0 | 0 | 50 | 48 | 47 |
| | Male | 1 | 0 | 0 | 0 | 0 | 349 | 350 | 339 |
| | Total | 1 | 0 | 0 | 0 | 0 | 399 | 398 | 386 |
| Fitness/fitness bail | Female | 1 | 2 | 0 | 1 | 3 | 8 | 3 | 1 |
| | Male | 10 | 17 | 25 | 25 | 21 | 55 | 34 | 39 |
| | Total | 11 | 19 | 25 | 26 | 24 | 63 | 37 | 40 |
| Limiting term | Female | 1 | 1 | 3 | 1 | 0 | 2 | 3 | 3 |
| | Male | 35 | 33 | 32 | 26 | 22 | 21 | 28 | 22 |
| | Total | 36 | 34 | 35 | 27 | 22 | 23 | 31 | 25 |
| Extension / interim extension orders | Female | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| | Male | 16 | 13 | 14 | 16 | 13 | 10 | 10 | 10 |
| | Total | 17 | 14 | 15 | 17 | 14 | 11 | 11 | 10 |
| Correctional patients | Female | 7 | 3 | 9 | 6 | 3 | 5 | 3 | 1 |
| | Male | 11 | 14 | 30 | 33 | 52 | 42 | 45 | 29 |
| | Total | 18 | 17 | 39 | 39 | 55 | 47 | 48 | 30 |
| Forensic Community Treatment Orders | Female | 3 | 8 | 8 | 7 | 7 | 6 | 12 | 10 |
| | Male | 42 | 61 | 94 | 128 | 115 | 85 | 81 | 115 |
| | Total | 45 | 69 | 102 | 135 | 122 | 91 | 93 | 125 |
| Total | Female | 77 | 73 | 76 | 66 | 61 | 72 | 70 | 62 |
| | Male | 467 | 482 | 562 | 590 | 584 | 562 | 548 | 554 |
| | Total | 544 | 555 | 638 | 656 | 645 | 634 | 618 | 616 |

Table 23 – Number of Forensic and Correctional Patients 2001–2025

| Number of Forensic and Correctional Patients 2001–2025 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
| 223 | 247 | 279 | 277 | 284 | 310 | 309 | 315 | 319 | 348 | 374 | 387 | 393 | 422 | 448 | 468 | 566 | 616 | 618 | 634 | 645 | 656 | 638 | 555 | 544 |

Number of Forensic & Correctional Patients 2001–2025



Notes

1. Figures for 2001 taken as at 31 December 2000.
2. Figures from 2009 forward include correctional patients.
3. Figures from 2011 forward include Forensic CTOs.
4. Years 2011–2016 include 1 Norfolk Island forensic patient.

Appendix 3

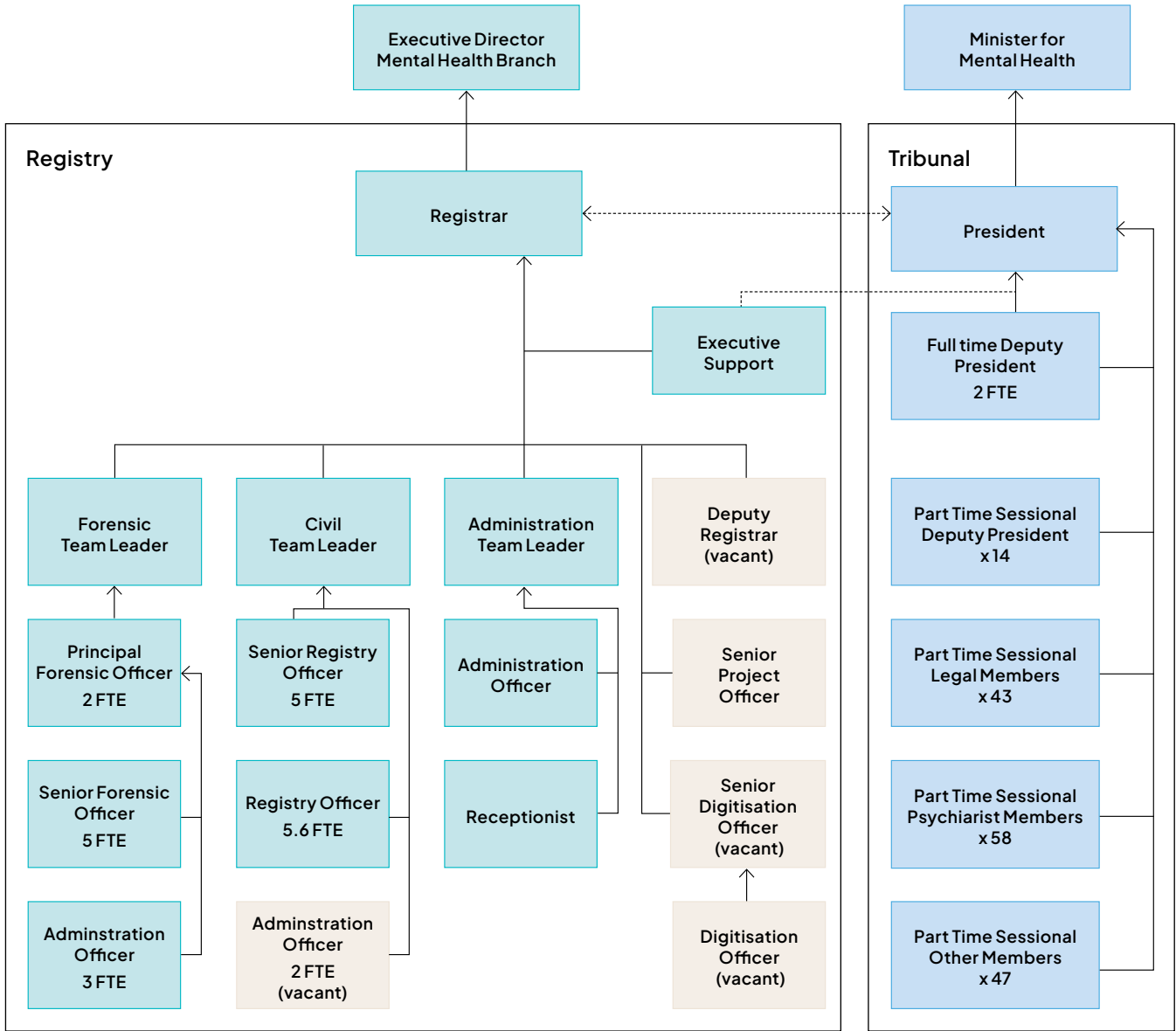
The jurisdiction of the Tribunal as at 30 June 2025

| Mental Health Act 2007 | |
|--|-----------|
| Review of voluntary patients | s9 |
| Reviews of assessable persons – mental health inquiries | s34 |
| Initial review of involuntary patients | s37(1)(a) |
| Review of involuntary patients during first year | s37(1)(b) |
| Continued review of involuntary patients | s37(1)(c) |
| Appeal against medical superintendent's refusal to discharge | s44 |
| Making of community treatment orders | s51 |
| Review of affected persons detained under a community treatment order | s63 |
| Variation or revocation of a community treatment order | s65 |
| Appeal against a magistrate's community treatment order | s67 |
| Review of voluntary patient's capacity to give informed consent to ECT | s96(1) |
| Application to administer ECT to an involuntary patient (including forensic patients) with or without consent | s96(2) |
| Inspect ECT register | s97 |
| Review report of emergency surgery for an involuntary patient | s99(1) |
| Review report of emergency surgery for a forensic patient | s99(2) |
| Application to perform a surgical operation on an involuntary patient | s101(1) |
| Application to perform a surgical operation on a voluntary patient or a forensic patient not suffering from a mental illness | s101(4) |
| Application to carry out special medical treatment on an involuntary patient | s103(1) |
| Application to carry out prescribed special medical treatment | s103(3) |
| Application for procedural order/s | s151(4) |

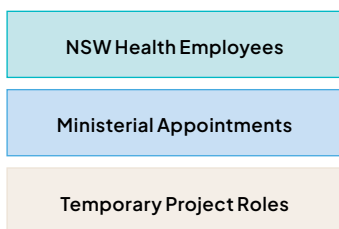
| Mental Health and Cognitive Impairment Forensic Provisions Act 2020 | |
|--|---------|
| Review of person subject to a FCTO in correctional centre (not forensic patient) | s100 |
| Review of person apprehended under s109 | s109(4) |
| Review on request of person apprehended under s109 | s112 |
| Application of Registered Victim for non association or place restriction | s146 |
| Request to suspend the operation of an order pending determination of an appeal | s153 |
| Application to extend mandatory review period | s77 |
| First review following nomination of limiting term | s78(a) |
| First review following fitness referral from court | s78(b) |
| First review following special verdict of act proven but not criminally responsible | s78(c) |
| Review of forensic patient (6 monthly) | s78(d) |
| Review of forensic patient subject to FCTO in correctional centre | s78(e) |
| Forensic patient review at any time | s79 |
| Request to transfer back to correctional centre | s88 |
| Limited review of person awaiting transfer to a mental health facility | s89 |
| First review following transfer from correctional centre to a mental health facility | s90 |
| Review of correctional patient (6 monthly) | s91(b) |
| Review of correctional patient at any time | s93 |
| Appeal against failure or refusal of Secretary to consider granting leave | s97 |
| Application for a FCTO | s99 |
| Application for procedural order/s | s151(4) |
| NSW Trustee and Guardian Act 2009 | |
| Consideration of capability to manage affairs at mental health inquiries | s44 |
| Consideration of capability of forensic or correctional patients to manage affairs | s45 |
| Orders for management | s46 |
| Interim order for management | s47 |
| Review of interim orders for management | s48 |
| Revocation of order for management | s86 |
| Births, Deaths and Marriages Registration Act 1995 | |
| Approval of change of name | s31D |
| Appeal against refusal to change name | s31K |

Appendix 4

Organisational structure at 30 June 2025



Key



Appendix 5

Financial summary

| Description | Net |
|---------------------------------|-----------------------|
| Income | -\$45.45 |
| Subpoena Fees | -\$45.45 |
| Expense | \$9,293,446.27 |
| Member Payments | \$5,213,828.37 |
| Salaries & Wages | \$3,546,505.60 |
| Utilities & Services | \$183,008.52 |
| Travel | \$104,412.36 |
| IT | \$50,546.50 |
| Printing & Stationery | \$39,551.72 |
| Records Management | \$37,808.64 |
| Maintenance | \$29,110.80 |
| HR | \$27,251.29 |
| Postage & Freight | \$22,310.68 |
| Functions | \$11,597.51 |
| Consumables | \$11,474.89 |
| Sundries | \$6,108.25 |
| Telephony & Internet | \$6,056.59 |
| Training & Education | \$2,636.37 |
| Subscriptions & Memberships | \$1,238.18 |
| Grand Total | \$9,293,400.82 |
| Budget | 8,730,327 |
| Net movement from budget | 563,074 |
| Percentage movement from budget | 6% |

The full year overspend of \$563,074 is a direct reflection of the increase in costs associated with increased numbers of hearings.

Appendix 6

Tribunal Members at 30 June 2025

| President | | |
|-------------------------------|---------------------------------------|-------------------------------------|
| Magistrate Carolyn Huntsman | | |
| Full Time Deputy Presidents | | |
| Magistrate Erin Kennedy | Magistrate Michael Crompton | |
| Part Time Deputy Presidents | | |
| Magistrate Harriet Grahame | Acting Judge Garry Still | The Hon. Judith Walker PSM |
| Mr John Feneley | Acting Judge Joanne Keogh | Acting Magistrate Bruce Williams |
| The Hon. Dennis Cowdroy AO KC | The Hon. John Roger Dive | The Hon. Ann Ainslie-Wallace |
| Mr Jonathan Hyde | Ms Jan Redfern PSM | The Hon. Jennifer Boland AM |
| Magistrate Vivien Swain | Ms Maria Bisogni | |
| Part Time Members | | |
| Lawyers | Psychiatrists | Other |
| Dr Adam Booker | Associate Professor Jagmohan Gilhotra | Dr Ameer Baird |
| Mr Anthony Giurissevich | Dr Adam Martin | Dr Margaret Smith OAM |
| Mr Christopher Grant | Dr Adrienne Gould | Dr Sally McSwiggan |
| Mr Daniel Wilson | Dr Ameer Baird | Dr Susan Pulman |
| Mr David Evenden | Dr Bonnie Tse | Mr Stephen Lee |
| Mr James Kearney | Dr Christina Botfield | Ms Flora Vashinsky |
| Mr Jason Rafeeq | Dr Clive Allcock | Ms Lyn Anthony |
| Mr John de Jonge | Dr David Graham | Ms Lynn Houlahan |
| Mr John Weir | Dr David Kitching | Ms Marina Stojanovska |
| Mr Mark Oakman | Dr Deidre Horne | Ms Natasha Langovski |
| Mr Mark Turnbull | Dr Enrico Parmegiani | Professor Christopher Willcox |
| Mr Neil Jones | Dr Frances Joy Herron | Associate Professor Katherine Mills |
| Mr Nicolas Moir | Dr Ganapathi Murugesan OAM | Dr Angela Argent |
| Mr Paul Dixon | Dr Greg Hugh | Dr Elizabeth McEntyre |
| Mr Peter Braine | Dr Gregory Steele | Dr Francis Duffy |
| Mr Peter Ringbauer | Dr Gurubhaskar Shivakumar | Dr Mary Jung-Ting Chiu |
| Mr Stuart Sutherland | Dr Guy Windsor | Dr Peter Santangelo |
| Mr Timothy Cullenward | Dr Janelle Miller | Mr John Hageman |
| Ms Alexandra Rose | Dr Jean Hollis | Mr John Laycock |
| Ms Anastacia Totoeva | Dr Jennifer Torr | Mr John Le Breton |
| Ms Athena Harris Ingall | Dr Josephine Anderson | Mr Joseph Bajuk |
| Ms Barbara Adamovich | Dr Karen Arnold | Mr Lee Knight |

| Part Time Members | | |
|--------------------------|------------------------------------|------------------------|
| Lawyers | Psychiatrists | Other |
| Ms Charlotte Steer | Dr Kristin Kerr | Mr Liliang Yu |
| Ms Christine Fougere | Dr Laurence Power | Mr Michael Gerondis |
| Ms Claudine Watson-Kyme | Dr Lisa Lampe | Mr Peter Bazzana |
| Ms Denise Connolly | Dr Margaret Smith OAM | Mr Peter Shmigel |
| Ms Elaine Connor | Dr Martyn Patfield | Mr Rob Ramjan AM |
| Ms Elle Dalzell | Dr Mary Jurek | Mr Wayne Hunt |
| Ms Janice Connelly | Dr Megan Alle | Ms Anjum Kasmani |
| Ms Jennifer Chalker | Dr Megan Kalucy | Ms Diana Francis |
| Ms Jennifer Conley | Dr Neelya Agalawatta | Ms Felicity Cox |
| Ms Karen McMahon | Dr Nicholas Burns | Ms Helen Smith |
| Ms Lynne Organ | Dr Paul Thiering | Ms Jacqueline Salmons |
| Ms Madeleine Bridgett | Dr Peter O'Brien | Ms Jennifer Newman |
| Ms Mary-Beth McFarlane | Dr Peter Vaux | Ms Jizhao Pan |
| Ms Meenakshi Sripathy | Dr Preeyadarsini Vetha Elangovan | Ms Katherine McKernan |
| Ms Melissa McAdam | Dr Raphael Chan | Ms Kimia Randall |
| Ms Michelle Gardner | Dr Rasiah Yuvarajan | Ms Kirsten Gridley |
| Ms Sarah Love | Dr Rhonda Buskell | Ms Leanne Stewart |
| Ms Stamatia Stamatellis | Dr Rosalie Wilcox | Ms Maria Cosmidis |
| Ms Stephanie Hennessey | Dr Sally McSwiggan | Ms Marjorie Anne Rauch |
| Ms Tanya Haber | Dr Sean Stanek | Ms Melinda Smith |
| Professor Jenni Millbank | Dr Stephanie Oak | Ms Natasha Atkinson |
| | Dr Susan Pulman | Ms Pamela Rutledge AM |
| | Dr Susan Thompson | Ms Patricia Antrum |
| | Dr Tanya Hall | Ms Sarah Crosby |
| | Dr Tolulope Fajumi | Ms Vanessa Robb |
| | Dr Trevor Ma | Ms Anusha Govender |
| | Dr Truls Bratten | |
| | Dr Uldis Bardulis | |
| | Dr Vanessa Rogers | |
| | Dr Varun Kumar | |
| | Dr Victor Storm | |
| | Emeritus Professor Philip Boyce AM | |
| | Mr Stephen Lee | |
| | Ms Flora Vashinsky | |
| | Professor Alan Rosen AO | |
| | Professor James Greenwood | |

The Tribunal offers its appreciation to the following members whose appointments ended during 2024/2025

| | | |
|---------------------------------|----------------------|------------------------|
| Magistrate Michael Antrum | Mr Bill Tearle | Dr Meredith Martin |
| Ms Angela Karpin AM | Mr Robert Green | Ms Diana Bell |
| The Hon. Peter Hidden AM KC | Ms Jenny D'Arcy | Ms Pamela Verrall |
| Mr Terry Sheahan AO | Mr Hans Heilpern | Ms Jenny Learmont AM |
| Dr Andrew Campbell | Ms Catherine Carney | Ms Alice Shires |
| Dr John Spencer | Mr David Hartstein | Ms Rosemary Kusuma |
| Professor Christopher Tennant | Mr John Hislop | Ms Sunny Hong |
| Associate Professor John Basson | Mr Dean Letcher KC | Ms Bernadette Townsend |
| Dr Robert Gordon | Ms Yvonne Grant | Ms Christine Bishop |
| Dr Satya Vir Singh | Mr Michael Marshall | Ms Corinne Henderson |
| Dr Daniel Pellen | Ms Rhonda Booby | Ms Robyn Lewis |
| Dr Yvonne White | Mr Shane Cunningham | Ms Ann MacLochlainn |
| Dr Susil Stephen | Mr Brian Kelly | Ms Irene Gallagher |
| Dr Gerald Chew | Mr Bruno Gelonesi | Ms Kathryn Worne |
| | Mr Gregory West | Dr Hannah Rose |
| | Mr Martin Culleton | Ms Susan Daly |
| | Mr William de Mars | |
| | Ms Jean-Anne Searson | |

The Tribunal wishes to express its sincere condolences on the passing of the following members

| | | |
|--------------------|--------------------|-------------------|
| Ms Anusha Govender | Ms Jennifer Newman | Ms Jenny Learmont |
|--------------------|--------------------|-------------------|





**Mental Health
Review Tribunal**

NSW Mental Health Review Tribunal

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