

**THIS IS AN OFFICIAL REPORT OF THE MENTAL HEALTH
REVIEW TRIBUNAL PROCEEDINGS IN RELATION TO MR
QUICK AUTHORISED BY THE PRESIDENT OF THE TRIBUNAL
ON 23 SEPTEMBER 2015**



This is an edited version of the Tribunal's decision. The forensic patient has been allocated a pseudonym for the purposes of this Official Report

FORENSIC REVIEW: Mr Quick

s46(1) Review of forensic patients

Mental Health (Forensic Provisions) Act 1990

TRIBUNAL: Anina Johnson Deputy President
John Spencer Psychiatrist
John Haigh Other Member

DATE OF HEARING: 11 June 2015

PLACE: Forensic Hospital

APPLICATION: Leave - Escorted Day Leave

DECISION

1. Pursuant to section 49 of the *Mental Health (Forensic Provisions) Act 1990*, the Tribunal grants Mr Quick escorted day leave from the Forensic Hospital at the discretion of the medical superintendent and subject to any conditions and restrictions imposed by the medical superintendent.
2. Mr Quick should otherwise continue to be detained for care and treatment at the Forensic Hospital.

Signed

Anina Johnson
Deputy President

Dated this day 27 July 2015

REASONS

1. This is the 50th review of Mr Quick who is currently detained in the Forensic Hospital on an order of the Mental Health Review Tribunal dated 19 April 2010. Mr Quick's legal team is seeking that Mr Quick be granted escorted day leave from the Forensic Hospital. Mr Quick's treating team applied for no change to the current order for detention.
2. At the previous Tribunal review, an application for transfer to a medium secure facility with escorted day leave was not approved. However, the Tribunal requested that a report should be prepared for the Tribunal by or on behalf of the Clinical Director of the Forensic Hospital addressing Mr Quick's suitability for escorted day leave from the Forensic Hospital, and any risk management issues and strategies relevant to the exercise of any such leave.

BACKGROUND

3. More than 20 years ago, Mr Quick was found not guilty by reason of mental illness on multiple charges of murder and was ordered to be detained.
4. [Further background information concerning Mr Quick's history, care and treatment as a forensic patient was included in Annexure A to the Tribunal's reasons].

TRIBUNAL REQUIREMENTS

5. This is a review pursuant to section 46(1) of the *Mental Health (Forensic Provisions) Act 1990* ("the Act"). Under section 46 the Tribunal is required to review the case of each forensic patient every six months. On such a review the Tribunal may make orders as to the patient's continued detention, care or treatment or the patient's release.
6. The Act has special evidentiary requirements in relation to leave or release which must be satisfied before the Tribunal can grant leave or release. In view of this, the Tribunal requires notice of applications for leave or release to ensure that the necessary evidence is available. This process also enables the Tribunal to provide notice of such applications to the Minister for Health, the Attorney General, and any registered victims who are entitled to make submissions concerning any proposed leave or release. A notice was provided to the Tribunal prior to this review for an application for escorted day leave from the Forensic Hospital from Mr Quick's legal representative. The treating team also made an application for no change to the current order for detention at the Forensic Hospital.
7. Without limiting any other matters the Tribunal may consider, the Tribunal must consider the principles set out in section 40 of the Act and section 68 of the *Mental Health Act 2007* as well as the following matters under section 74 of the Act when determining what order to make:
 - (a) *whether the person is suffering from a mental illness or other mental condition,*

(b) whether there are reasonable grounds for believing that care, treatment or control of the person is necessary for the person's own protection from serious harm or the protection of others from serious harm,

(c) the continuing condition of the person, including any likely deterioration in the person's condition, and the likely effects of any such deterioration,

(d)

(e)

DOCUMENTARY EVIDENCE

8. The Tribunal considered the documents listed in the Forensic Patient Exhibit List dated 11 June 2015 annexed to these reasons.

ATTENDEES

9. Mr Quick attended the hearing and was represented by his lawyer, Mr Robert Wheeler of the Mental Health Advocacy Service. Also in attendance were:

- Clinical Director, Forensic Hospital
- Treating Psychiatrist;
- Forensic Hospital Psychologist;
- Forensic Hospital Registered Nurse;
- Registered Victim.

ISSUES FOR CONSIDERATION

10. At this review, the Tribunal was asked to consider granting Mr Quick escorted day leave from the Forensic Hospital, as well conducting its standard review of the circumstances of Mr Quick's detention, care and treatment.

11. Section 49 of the Act sets out the Tribunal's powers to grant leave and relevantly provides:

"49 Tribunal may grant leave

(1) The Tribunal may make an order allowing a forensic patient to be absent from a mental health facility, correctional centre or other place for such period and subject to such terms and conditions, if any, as the Tribunal thinks fit.

...

(3) The Tribunal must not make an order allowing a forensic patient to be absent from a mental health facility, correctional centre or other place unless it is satisfied, on the evidence available to it, that the safety of the patient or any member of the public will not be seriously endangered if the leave of absence is granted. (emphasis added)"

12. In short, section 49 permits the Tribunal to make an order allowing a forensic patient to be absent from a mental health facility, but prohibits the Tribunal from making such an order unless it is

satisfied that granting the order “would not seriously endanger the safety of the patient or any member of the public.”

13. At the hearing, Mr Wheeler submitted that if the Tribunal were satisfied that granting the order “would not seriously endanger the safety of the patient or any member of the public” then it should proceed to grant the order. No other considerations came into play. If this submission were accepted, much of the evidence heard by the Tribunal would be irrelevant.

This submission gave rise to three issues:

- a. First, what is required for the Tribunal to be satisfied that the safety of the patient and the public will not be seriously endangered?
- b. Secondly, if the Tribunal is satisfied that this test is met, must it grant the leave sought? That is, does the use of the word “may” give rise to a discretionary power or a mandatory power?
- c. Finally, if the power is discretionary, what factors are relevant to the exercise of that power?

Seriously endanger

14. The phrase “would not seriously endanger ...” has been considered in the context of its use in s. 43 of the Act by the Court of Appeal in *Attorney General for the State of New South Wales v XY* [2014] NSWCA 466. Beazley P at [51] considered that the phrase involved “a consideration of both the probability and the gravity of the risk.”

15. Basten JA said at [168]:

“The concept of the public being “seriously endangered by the patient’s release” undoubtedly encompasses both the nature of the potential harm and the chance of its occurrence. If the conduct which may occur would probably not have serious consequences for any member of the public if it did occur, a reasonably high chance of occurrence would be tolerable. If the anticipated conduct following (in the example given above) non-compliance with a regime of medication involved serious physical harm and possibly homicide, a much lower level of risk of occurrence would need to be established for the Tribunal to be satisfied as to par (a).”

16. At [169], Basten JA considered the consequences of the statutory test being framed in the negative and held:

“What the Tribunal was required to be satisfied of was a negative, namely that the safety of the public will not be seriously endangered by the patient’s release. To apply that test, it needed to identify the nature of the harm which might follow from release, and the chance of the harm eventuating.”

17. His Honour had earlier noted that at [154]:

“There is a higher threshold for relief if the Tribunal must be affirmatively satisfied of the negative proposition, namely that release will not seriously endanger either the patient or any member of the public.”

This was in contrast to the question that must be answered by an independent forensic expert when preparing a report under s. 74(d), which is whether the safety of the person or the public would be seriously endangered by their release.

A discretionary power

18. Ordinarily, the use of the word “may” in a statute denotes a discretion to exercise the power, not a duty: s. 9 *Interpretation Act 1987*.
19. There are occasions in the Act when the word “may” is construed as “must”: see *Director of Public Prosecutions v Khoury* [2014] NSWCA 15. As Basten JA said in *Khoury* at [38]:
- “The term “may” is commonly used to confer a power which is discretionary in the sense that, even if engaged, it need not be exercised. Indeed, that may be its primary use: *Interpretation Act 1987* (NSW), s 9(1). However, a contrary intention may be indicated in a specific statutory context: *Interpretation Act*, s 5(2). That qualification is important: in any specific context, a purposive approach should be adopted so that a construction that promotes the purpose or object of the particular Act shall be preferred to one that does not: *Interpretation Act*, s 33. There are in fact many circumstances where the conferral of a power is accompanied by a duty to exercise it once the preconditions for its engagement are fulfilled: *Julius v Bishop of Oxford* (1880) 5 App Cas 214; *Ward v Williams* [1955] HCA 4; 92 CLR 496; *Finance Facilities Pty Ltd v Federal Commissioner of Taxation* [1971] HCA 12; 127 CLR 106; cf *Samad v District Court of New South Wales* [2002] HCA 24; 209 CLR 140.”
20. However, the decision in *Khoury* involved a particular aspect of the statutory regime in the Act. The majority held that the word “may” when used in s. 27 of the Act reinforces that the judge has one of two options when nominating a place of detention where a limiting term has been nominated. It does not denote a third (and unexpressed option) of deciding not to nominate a place of detention at all, but to release the person: see Bathurst P at [18] and Basten JA at [58], Beazley JA and MacFarlan JA agreeing.
21. Part 5 of the Act establishes a very different statutory scheme. There is a broad power of review conferred on the Tribunal, which entitles the Tribunal to enquire into any matters that impact upon the detention, care or treatment of a forensic patient: *A (by his tutor Brett Collins) v Mental Health Review Tribunal (No 4)* [2014] NSWSC 31 cf [84], [91]. Following from that broad general power of review, the Tribunal has a number of specific powers: to regulate the person’s place of detention under s. 48; to grant leave from that place of detention under s. 49; to conditionally release a

person under s. 46 and 47 (having regard to the matters in ss. 43, 74 and 75); and finally the option of unconditional release also under ss. 46 and 47.

22. In exercising all of these powers, it must be remembered that the Tribunal is a specialist entity: *A (No 4)* at [126]. The conferral of the broad powers under sections 46 and 47 is consistent with a legislative recognition of this specialist knowledge, and the fact that Tribunal is able to choose the matters that it considers should be addressed at any review. Lindsay J said in *A (No 4)* at [106] and [109]:

“[106] In the context of s 47(1) the word "may" imports a discretionary value judgment, but not an unfettered discretion.

[109] There may be reviews undertaken by the Tribunal in which the evidence before, or available to, the Tribunal compels a particular outcome because to proceed otherwise would be manifestly unreasonable, or otherwise to err; but, subject to that possibility, the discretion for which s 47(1)(a) provides is at large: "may" does not here mean "must".”

23. Similarly, there is nothing in the statutory scheme to suggest that the word “may” in section 49 should not be given its ordinary meaning. Rather, the scheme suggests that this is the correct approach. The legislature has imposed a statutory requirement before leave can be granted, namely that the Tribunal is satisfied on the available evidence that the safety of the patient or any member of the public will not be seriously endangered. But there are a range of reasons why an expert Tribunal may conclude that leave should not be granted, even though this requirement has been met. It is entirely consistent with the Tribunal’s broad discretion to enquire into matters at a review hearing that the Tribunal should be able to take into account general issues in relation to care, treatment and detention when deciding whether a grant of leave is appropriate.
24. In short, the Tribunal considers that it has the discretion whether or not to exercise the power available to it under section 49, even where the statutory requirement has been met.

Factors relevant to discretion

25. The Tribunal is a statutory entity, whose jurisdiction is limited by the legislation that it is required to administer. It can only have regard to factors that are legally relevant to the exercise of that jurisdiction. However, the weight to be given to each of those factors is a matter for the Tribunal in each case: *Minister for Aboriginal Affairs v Peko-Wallsend Ltd* [1986] HCA 40; 162 CLR 24 at 39 (Mason J); *A (No 4)* at [110] – [113].
26. As noted above, the forensic jurisdiction of the Tribunal is a broad one. As Lindsay J said in *A (No 4)* at [91]: “Although the issues identified for consideration in the course of a particular review may extend to any, and every, aspect of a patient's "case" they need not.” The guiding principle for the

Tribunal's review is the care and treatment of the patient, balanced against any competing need to protect the community generally: *A (No 4)* cf [146] and [147].

27. Assuming that the Tribunal has already satisfied itself that a grant of leave would not seriously endanger the patient or the public, other relevant considerations in deciding whether to grant leave might include, for example
- a. the therapeutic value of leave;
 - b. the level of the patient's engagement with treatment;
 - c. the possibility that leave could distract a patient from ward based therapeutic work;
 - d. whether the leave request would take a person inside a geographical restriction requested by a registered victim under s. 76 of the Act.

This list is not exhaustive and there may be a range of other relevant considerations that arise on the facts of a given case.

28. In this case, the Tribunal heard evidence from the Clinical Director of the Forensic Hospital about the therapeutic value of escorted leave for Mr Quick, but also the Forensic Hospital's policy in relation to therapeutic leave. The Clinical Director gave evidence about how a departure from this policy would impact on the operation of the Forensic Hospital more generally.
29. For many years, administrative law has acknowledged that the use of policies and procedures are important for fair and consistent government decisions. Where a Tribunal is in the position of making a decision in the same field the courts have said that the Tribunal should also have regard to the government policy. However, those policy considerations are not binding on the Tribunal: *Re Drake and Minister for Immigration and Ethnic Affairs (No 2)* (1979) 2 ALD 634; *Drake v Minister for Immigration and Ethnic Affairs* (1979) 24 ALR 577 at 590-591. The Tribunal is satisfied that the Forensic Hospital's policy in relation to therapeutic leave is a relevant consideration in this case.
30. The Tribunal does not operate in a vacuum. It is expected to balance these various discretionary factors in a concrete and realistic way. To use an extreme example, there is no point in the Tribunal ordering a patient to undergo a treatment, if that treatment were only available in the USA. For this reason, the Tribunal considers that it is relevant for it also to consider the resources available to provide care and treatment to forensic patients when reaching its decisions. The expertise of the various panel members assists the Tribunal to assess these issues.
31. In summary, the considerations that the Tribunal considers to be relevant to the Tribunal's exercise of its discretion in this case are:
- a. the therapeutic value of leave;
 - b. the level of the patient's engagement with treatment;
 - c. the possibility that leave could distract a patient from ward based therapeutic work;

- d. whether the leave request would take a person inside a geographical restriction requested by a registered victim under s. 76 of the Act;
- e. whether a grant of leave would be a departure from the Forensic Hospital's policy in relation to therapeutic leave;
- f. the resources available to the Forensic Hospital to implement the leave if granted; and the
- g. impact on the Forensic Hospital generally if leave were granted.

32. These matters are considered below.

MR QUICK'S CURRENT PRESENTATION

33. [The Tribunal noted the evidence in relation to Mr Quick's current presentation, which was that Mr Quick had continued to respond well to the continuation of Clozapine and had been actively and successfully engaging in an increasing variety of ward based and hospital based groups and activities. There had been no concerns in relation to Mr Quick's conduct or behaviour since the last Tribunal hearing, or indeed for many years. Mr Quick was continuing to work with his treating team on issues concerning the index event.]

34. The Tribunal also had before it a report from the Clinical Director of the Forensic Hospital. The Clinical Director had been asked by the Tribunal to provide a report addressing Mr Quick's suitability for escorted leave.

35. The Clinical Director interviewed Mr Quick. The Clinical Director reports that he explained the Forensic Hospital's Leave Policy to Mr Quick, who appeared to understand the rationale for its use.

EVIDENCE IN RELATION TO RISK OF SERIOUS ENDANGERMENT IF LEAVE WERE GRANTED

36. The Clinical Director noted the Forensic Hospital has in place a Therapeutic Leave Policy (issued in May 2014). Under that policy a patient must meet three criteria before leave could be granted: they must have a security rating of 3 or higher; be judged by their multi-disciplinary team to be suitable for accommodation in a less secure environment; and have no incidences of aggression or breach of ward rules for 6 months. In his oral evidence, the Clinical Director clarified the second criteria, saying that a patient must also have been accepted by an alternative less secure facility in order to be eligible for leave under the Forensic Hospital's policy. The Clinical Director said that Mr Quick met the first and last criteria. However, as decided at the previous Tribunal review, the Tribunal decided that a transfer to a medium secure unit was not appropriate at this point in time. Therefore, Mr Quick does not meet the second criteria in the Forensic Hospital's policy in relation to escorted leave.

37. It is worth noting that the Therapeutic Leave Policy does allow the treating team to apply for therapeutic leave, even if these minimum criteria have not been met, where they are satisfied that therapeutic leave is nonetheless warranted and appropriate. Reasons must be provided as to why

the application for therapeutic leave has been proposed despite the patient not fulfilling the minimum criteria.

38. The Therapeutic Leave Policy provides that as a general principle, leave from the Forensic Hospital is provided with a minimum of two escorts plus a driver (para 4.2).
39. The Treating Psychiatrist's evidence was emphatically that escorted leave should not be provided from the Forensic Hospital. He noted that escorted leave was concerned with managing risks. In his view, escorted leave should only be provided from a Medium Secure Unit and only where a person has first had escorted leave on the grounds of the hospital, secondly unescorted leave on the hospital grounds, and only then escorted leave into the community. Accordingly, Mr Quick should not be granted escorted leave at this stage.
40. The difficulty with accepting the Treating Psychiatrist's evidence on this point is that it is at odds with the practice of the Forensic Hospital and the practice of the medium secure units at Cumberland, Morisset and Bloomfield Hospitals. The Forensic Hospital allows escorted leave in certain circumstances. In the Tribunal panel's experience, the three medium secure units in New South Wales all allow for community access under the escort of staff before granting any unescorted leave, including unescorted leave to the hospital grounds. The Tribunal infers that these practices would only have been adopted if other senior forensic psychiatrists in New South Wales held different views to the Treating Psychiatrist about the safe implementation of escorted leave. The Tribunal did not accept the Treating Psychiatrist's evidence that escorted leave from the Forensic Hospital was inherently unsafe.
41. The Treating Psychiatrist also said that grants of escorted leave were about managing risk and doing so in a step wise fashion. The risks associated with leave he said were "unquantifiable". With that proviso he did say that he considered there would be a reasonable chance that escorted leave for Mr Quick would go well. However, he could not guarantee it.
42. Both the Clinical Director and the Treating Psychiatrist said that Mr Quick continues to have some forms of disordered thought and psychotic delusions in relation to the index events. However, there was no suggestion that his delusions were of such an intensity that they would lead to sudden and unexpected responses which might jeopardize the safety of himself or others on escorted leave.
43. Rather, the Clinical Director and the Treating Psychiatrist were of the view that Mr Quick's therapeutic work required a high secure environment. This was the view reached by the Tribunal at its previous review. The inference was that this work might destabilize Mr Quick's mental state due to the difficult issues he would have to work through in the course of that therapy. However, even if the Tribunal were to grant escorted leave, it would do so in the expectation that staff would

assess a person's wellbeing and mental stability before leave is exercised on any particular day.

44. The Clinical Director's objections to leave were largely based on the fact that it would occur outside of the scope of the Hospital's policy on escorted leave and with no connection to a future transfer to a medium secure unit. The Clinical Director said that the risk of a single grant of escorted leave for Mr Quick would "likely amount to nothing".
45. A psychiatrist retained by Mr Quick, who had provided evidence to the Tribunal on a previous occasion, considered that Mr Quick could be safely given escorted day leave.
46. Nursing staff said that Mr Quick consistently followed staff directions and there was no evidence of impulsivity.
47. Mr Wheeler pointed out in his submissions that Mr Quick had recently had escorted leave to attend hospital appointments at the Prince of Wales Hospital. Mr Quick had attended these appointments in the company of staff, but without secure arm holds. There had been no incidents of concern.
48. In addition, Mr Quick had previously had access to considerable freedom whilst in a prison environment. [Evidence detailed showing that Mr Quick had worked outside the walls of a number of correctional centres over a period of 6 years].
49. There had been a decision made to refer Mr Quick to the medium secure unit at Morisset in 1993, indicating that at that time, it was considered that the risks associated with greater freedom were assessed as manageable. A newspaper report annexed to Mr Wheeler's submissions notes that this move was stopped at the request of the then Premier. In June 2005, the Tribunal recommended that Mr Quick be given escorted leave to go to the Kestrel Unit at Morisset to conduct a forensic assessment for three months. Again, that recommendation was not approved by the Minister. The recommendation was made again at later reviews, but never approved.
50. Mr Wheeler submits that Mr Quick's risk of absconding is low. Mr Wheeler submitted that Mr Quick is well aware that any attempt to abscond would seriously jeopardise his progress to a less secure environment.
51. In light of this evidence, the Tribunal is satisfied that Mr Quick poses a low risk of absconding if given escorted leave. If he were to abscond he would be unlikely to have access to his prescribed Clozapine, with the associated risks of a rebound psychosis or other serious deterioration of his mental condition. However, weighing both the probability and the gravity of that risk, the Tribunal considers that the safety of Mr Quick or of any member of the public would not be seriously endangered if escorted leave is granted.

DISCRETIONARY FACTORS IN RELATION TO A GRANT OF LEAVE

52. In his report, the Clinical Director said that any consideration of therapeutic leave at this time was putting the “cart before the horse” He considered that therapeutic leave should be an extension of the process of referral to an acceptance by a less secure unit, such as a medium secure unit. Until accepted, the Clinical Director said that he thought a grant of leave would be tokenistic.
53. In his oral evidence, the Clinical Director said that there was no doubt that it added to a person’s quality of life to see the world outside the walls of the Forensic Hospital and “breathing fresh air”. However, overall, he thought that sporadic opportunities to have escorted leave, without the benefit of a comprehensive program, offered little therapeutic value.
54. The Clinical Director was asked whether he would still consider leave to have no therapeutic value if more resources were available to offer that leave. He said that if more resources were available, “well that would be a different matter”.
55. The Clinical Director also said that the Forensic Hospital had limited resources to offer escorted leave. It was for this reason that strict criteria had been imposed as to who might be eligible for escorted leave. If leave were to be granted outside of the parameters of the Forensic Hospital’s policy, it would “open a Pandora’s box” and the Forensic Hospital would be unable to accommodate that leave.
56. The Clinical Director said that he was concerned that a grant of leave outside the policy would create a precedent for other patients in the hospital. He was concerned that it could create a situation of unrest in the Forensic Hospital – a case of “haves and have nots”, which could destabilize the Forensic Hospital.
57. The Clinical Director and the Forensic Psychologist explained that this would jeopardise the “relational security” of the Hospital. It was explained that this referred to the quality of relations between patients and staff. Staff needed to be aware of the subtle cues which suggested that a patient was not well, or on edge. Patients needed to feel that they could trust the staff with their concerns and experiences. Staff also needed to watch out for one another. If leave were to be granted outside of the Hospital policy, it may not be able to be implemented. The Clinical Director explained that this could jeopardize the staff’s relationship with Mr Quick. The inequity which would flow from departing from the policy may also jeopardize the quality of the relationships between staff and other patients, putting all who live and work at the Hospital at some risk.
58. The Clinical Director said in his evidence that the Forensic Hospital has never offered patients escorted leave before they have been accepted by a medium secure unit. Nor has escorted leave from the Forensic Hospital been used as a way of demonstrating that the patient would be safe to be transferred to a less secure environment. This argument did not carry weight with the Tribunal. Until 2014, the Forensic Hospital did not allow escorted leave for its patients at all. The “proper

approach” to an issue may change over time, in response to changes in resources, bed pressure, therapeutic developments and personnel. Simply because a particular option has never been tried before, is not of itself, a good reason not to consider the option.

DETERMINATION

59. As noted above, the Tribunal considers that escorted leave would not seriously endanger the safety of Mr Quick or any other person.
60. This leaves the question of whether the Tribunal should grant leave as a matter of discretion. The Tribunal is very aware of the resourcing difficulties facing the Forensic Hospital and is sympathetic to the Clinical Director’s concerns. However, for many reasons, Mr Quick’s case is an exceptional one. The exceptional circumstances include his length of stay in confinement, the length of time that he spent without any psychiatric or psychological therapies of the kind which are now available and the level of political interest in his case, which has previously prevented his transfer to a less secure environment. In these exceptional circumstances it is appropriate for the Tribunal to consider whether it should make an order requiring a departure from the Hospital’s policy on granting escorted leave.
61. The Tribunal is also sympathetic to the Clinical Director’s concerns that a grant of leave to Mr Quick will open up a Pandora’s Box for the Hospital. The Tribunal accepts that if leave is granted this will be a challenge for the Hospital staff. However, it does not think that it will jeopardise the safety of the Hospital. The Tribunal has confidence in the Clinical Director and his staff being able to explain the Tribunal’s decision in this case, including that it reflects the exceptional nature of Mr Quick’s situation.
62. In any event, the Tribunal notes that the leave is to be exercised only at the medical superintendent’s discretion. The Tribunal has not fettered the Clinical Director’s discretion in relation to the arrangements for leave.
63. The Tribunal does not accept the Clinical Director’s evidence that there would be no therapeutic value in escorted leave for Mr Quick. Indeed, the Clinical Director appeared to back away from this view a little when asked whether he would reach a different view, if the resources were in place to allow for more escorted leave. After [more than 20] years in a secure environment, Mr Quick must be experiencing the effects of institutionalisation. In these circumstances, the Tribunal considers that the option of interacting, even peripherally, with the outside world is of considerable therapeutic significance. It may even be that the opportunity to go on escorted leave could be used as part of the therapeutic program, to increase Mr Quick’s motivation and engagement.
64. In all, and having carefully weighed the evidence, the Tribunal considers that a grant of escorted day leave is legally available and clinically appropriate in this exceptional case.

65. [The Tribunal imposed place restrictions, as requested by the Registered victims.]

Signed

Anina Johnson
Deputy President

Dated this day 27 July 2015