NORTHERN TERRITORY

Mental Health Review Tribunal

ANNUAL REPORT

2016 - 2017

The Northern Territory of Australia

The Mental Health Review Tribunal

The Honorable Natasha Fyles MLA
Attorney-General
GPO Box 3146
Darwin NT 0801

Dear Attorney-General

Re: Mental Health Review Tribunal – Annual Report 2016-2017

In accordance with section 140 of the *Mental Health and Related Services Act,* I have pleasure in providing you with the Annual Report on the operation of the Mental Health Review Tribunal for the period 1 July 2016 to 30 June 2017.

Yours faithfully

Judge Richard Bruxner
President

28 September 2017

NORTHERN TERRITORY OF AUSTRALIA
MENTAL HEALTH REVIEW TRIBUNAL
ANNUAL REPORT

In accordance with section 140 of the *Mental Health and Related Services Act*, I Richard Bruxner, President of the Mental Health Review Tribunal, hereby submit my report on the exercise of the Tribunal's powers and the performance of its functions for the year ended 30 June 2017.

DATED: 28 September 2017

JUDGE RICHARD BRUXNER

INDEX

SECTION

APPENDICES

SECTION A: INTRODUCTION

The Mental Health Review Tribunal (MHRT) was established under Part 15 of the *Mental Health and Related Services Act* ('the Act').

The primary role of the MHRT is to act as an independent decision making body to protect the interests of persons who cannot do so themselves due to mental illness. The exercise of that primary function largely involves the review of decisions made by Mental Health Services (MHS) relating to the admission, detention and treatment of persons admitted involuntarily to an Approved Treatment Facility (ATF) and determinations in relation to the involuntary treatment of patients in the community. Appendix 1 contains a statement of the Tribunal functions. Appendix 2 contains a more detailed description of selected functions carried out by the Tribunal.

The administration of the Act is shared between the Department of the Attorney-General and Justice and the Department of Health. The Department of the Attorney-General and Justice has responsibility for the administration of Part 15 of the Act which deals with the MHRT. The MHRT does not administer its own budget. Details of expenditure in relation to the MHRT should be set out in the Annual Report of the Department of the Attorney-General and Justice.

Section F of this Report sets out statistics relating to the MHRT for the period covered by this Report.

SECTION B: OFFICEHOLDERS, STAFF & PREMISES

The Act requires the Administrator to appoint a President of the MHRT from amongst its legally qualified members.

The President is responsible for ensuring the proper exercise of the powers conferred on the Tribunal and the proper performance of the functions of the Tribunal.

I have held the appointment as President since 17 December 2014.

I accepted that appointment because I am also the President of the Northern Territory Civil and Administrative Tribunal ('NTCAT') and because I understood at the time that NTCAT would soon be taking over the mental health review jurisdiction.

For the entire reporting period, the MHRT has been administered and staffed by officers of NTCAT.

The Act stipulates that a member of the public service must be appointed as a Registrar of the MHRT. The functions of the Registrar are to exercise the powers and perform the functions conferred by the Tribunal. Mr Demetrios (Jim) Laouris was Registrar of the MHRT until 12 December 2016 when he was replaced by Ms Renata Blanch.

The Act also includes provision for the appointment of Deputy Registrars. During the reporting period Ms Victoria Hall, Ms Eleanor Matarazzo, Mr Triston Mullins (from November 2016) and Ms Jodie Schmutter (until November 2016) were appointed Deputy Registrars. The Deputy Registrars are responsible for the bulk of the administrative workload of the MHRT. In addition the MHRT continues to receive invaluable assistance in the conduct of its Alice Springs hearings from Sandra Cronin.

The administration and management of the MHRT is carried out from the head office of NTCAT, which is located at The Met Building, level 1, 13-17 Scaturchio Street, Casuarina. MHRT's hearings are conducted at the Cowdy Ward, Royal Darwin Hospital and at Alice Springs Hospital. (Shortly after the conclusion of the reporting report the tribunal also commenced conducting hearings at the Tamarind Centre, Parap – see further below).

SECTION C: MEMBERSHIP OF THE TRIBUNAL

Appendix 3 contains a list of persons who are currently members of the Tribunal.

The Act provides that the members of the MHRT are to be appointed by the Administrator and that, in the performance of its hearing functions, the tribunal is to comprise members from one each of three distinct categories.

Members eligible for appointment in the first of those categories, described as the legal members, are Magistrates, Judicial Registrars and lawyers who have more than five

years' experience.

MHRT's members in the second category, referred to as the medical members, are interstate-based consultant psychiatrists. Appointment of medical members from interstate is unavoidable. It is not practicable to recruit Northern Territory based members owing to the practical inevitability that professional associations with practitioners and patients involved in tribunal hearings will give rise to conflicts of interest.

MHRT's third category of members, referred to as Community Members, is appointed on the basis of special interest or expertise in mental illness or mental disturbance.

In late 2016, a combination of unforeseen circumstances meant that the tribunal's reserves of available members (both legal and medical) suddenly became unacceptably low. In response, the tribunal urgently secured the appointment of four new legal members and two new medical members. Although this was effective to restore the tribunal's reserves, one of the newly appointed medical members has since resigned (owing to accepting a position in the mental health unit at Alice Springs Hospital) and ideally should be replaced.

Under section 120(4) of the Act, the MHRT is able in certain limited circumstances to sit with only two members (provided one is a legal member). The section 120(4) power was invoked on occasions during the reporting period – most commonly on days where the tribunal's hearings had run unusually long and a member had to leave in order to meet a prior commitment. New listing arrangements that came into effect shortly after the conclusion of the reporting period – by which the tribunal's Darwin lists are spread over two days (see further below) – should mean that the occasions for the tribunal to act under section 120(4) will become increasingly rare.

During the reporting period, Mr Mark O'Reilly, an experienced Alice Springs lawyer of many years standing, was appointed as a full time Alice Springs member of the Northern Territory Civil and Administrative Tribunal ('NTCAT'). At the same time he was appointed to that role, Mr O'Reilly was appointed as a legal member of the MHRT. He now sits as the MHRT's legal member for most of its Alice Springs hearings.

All members, other than persons employed in the public service, are entitled to be paid sitting fees. The sitting fees are paid in accordance with a determination of the Administrator on the recommendation of the Remuneration Tribunal.

The MHRT once again acknowledges the work of its members and thanks all members for their valued expertise and commitment.

SECTION D: OBJECTIVES OF THE TRIBUNAL

The Tribunal's objectives are:

1. to conduct hearings within legislative time-frames;

2. to maximize access to the Tribunal across the Northern Territory;

3. to provide quality service to patients and stakeholders by:-

    - conducting hearings in an informal, respectful, atmosphere;
    - ensuring full effect is given to patients' rights under the Act to legal representation;
    - ensuring that patient rights are met in regard to accessing records and reports that are before the Tribunal;
    - ensuring the attendance at hearings of patients the subject of the review wherever practicable;
    - facilitating the attendance of family and other support persons at Tribunal hearings (where this is the patient's wish);
    - ensuring full effect is given to patients' rights under the Act to the provision of interpreter services where necessary;
    - ensuring confidentiality of Tribunal proceedings;
    - ensuring fair and equitable hearings and compliance with the principles of natural justice;

4. to maintain a productive, cooperative working relationship with MHS, patients' legal representatives and other stakeholders, particularly in the context of pre-hearing procedures and arrangements on hearing days;

5. to raise levels of awareness about the Tribunal and its operations.

These objectives have largely been met; although some particular observations are necessary.

Conducting hearings within the legislative time frames

The Act specifies tight and often inflexible timeframes within which the tribunal is required to undertake its review functions.

This is particularly the case when the tribunal is reviewing decisions by treating doctors that a patient is to undergo involuntary treatment (as opposed to previous tribunal orders regarding such treatment). In those circumstances, the Act requires that the review must take place within a certain time and there is very little scope for

the tribunal hearing to be adjourned.

Usually the tribunal is able to arrange and conduct the necessary hearing, and to make its decision and orders, within the applicable time constraints; however, this proved extremely difficult in a matter that came before the tribunal in July 2016.

The matter, which involved the review of the involuntary admission of a patient who was at the time subject to a custodial supervision order, was extremely complicated and involved a large amount of often inconsistent expert evidence. The involuntary admission was strenuously opposed by the patient who was represented at the hearing by counsel, as were the treating doctors.

For a variety of reasons - which were a reflection of the complexity of the matter rather than any lack of application on the parties' behalf - the tribunal hearing did not commence until the last of the 14 days of the patient's involuntary admission.

After several hours of hearing that day it became apparent that the matter could not be concluded in the available time. The necessity to adjourn the hearing presented the problem (identified by the tribunal in its decision in *Re X [2015] NTMHRT 1*) that the involuntary admission would not automatically be extended for the period of the adjournment.

As it happened, both the patient and the treating doctors reached agreement that there could be another 14 day admission in order to allow the completion of the tribunal review. At the conclusion of the hearing, the tribunal set down a timetable requiring the parties to provide further evidence and submissions in sufficient time to allow it to complete its review and reach a decision within the period of the further 14 day admission.

The parties did not, however comply with the timetable. The last of the further evidence and submissions was not received until late on the last day (a Sunday) before the second 14 day admission expired.

Despite the delays, the treating doctors were not agreeable to the patient's admission again being extended.

The practical consequence was that the tribunal was forced to reach and announce its decision on a complex matter with undesirable haste and in circumstances where there was no opportunity for the members to confer to discuss the whole of the evidence and the parties' extensive submissions. The lack of an opportunity to confer was especially unfortunate because there was a strong division of opinion between the tribunal members as to what should be the outcome.

The circumstances of this matter, whilst quite unusual, may point to the desirability of amendments to the Act in order to allow the tribunal, in exceptional cases, to temporarily extend the timeframes that apply in review proceedings.

Maximising access to the Tribunal

During the reporting period, and for several years previously, the MHRT conducted its hearings on two days: a Wednesday list in Darwin and a Friday list in Alice Springs.

Although the Alice Springs List rarely consisted of more than two or three matters, it was not uncommon for the Darwin list to run to more than ten. On some Darwin hearing days the tribunal was sitting continuously from 9:30AM until after 4:00 PM. This placed an unacceptable strain upon all hearing participants. Importantly, it was not conducive the careful and clearheaded consideration of individual patients' circumstances.

In order to achieve a more manageable distribution of the tribunal's caseload, arrangements were struck during the reporting period for the Darwin list to be spread over two days, namely Mondays at the Tamarind Centre and Wednesdays at the Cowdy Ward. The arrangements also involve allocation of the majority of community management order reviews to the Monday list and the majority of involuntary admission reviews to the Wednesday list.

The new listing arrangements came into effect shortly after the reporting period and so far have proven effective.

The tribunal acknowledges the cooperation of Top End Mental Health Services and the Northern Territory Legal Aid Commission in facilitating the new hearing arrangements.

Legal representation

The arrangements for legal representation of patients at tribunal hearings have proven stable over the reporting period.

For Darwin matters, the Northern Territory Legal Aid Commission continued to make available two lawyers for eight tribunal matters per week. Any requirements for additional lawyers for Darwin matters were met from a panel of private practitioners. For Alice Springs matters legal representation for patients was primarily arranged through the Central Australian Aboriginal Legal Aid Service.

Procedures and Forms

In the 2015-16 Annual Report, I noted that:

> 'the impetus for substantial procedural changes [for the MHRT] is affected by the uncertainty as to when, if at all, NTCAT will be taking over the mental health review jurisdiction... Until there is some greater certainty about the transfer – as well as the broader changes to the jurisdiction that may result from the pending review of the Act – the practical utility of major alterations to the tribunal practices and procedures is limited.
>
> It may be noted in this respect that the tribunal has had in place since 2012 a series of practice directions made under section 129(2A) of the Act. The practice directions are highly prescriptive and in many respects do not reflect the actual practice at MHRT hearings or the exigencies of those hearings. They plainly require attention, but the necessary investment of time and resources is difficult to justify if the jurisdiction is soon to transfer to NTCAT (which will be able to deal with such matters under its rules).'

Although the uncertainty about the timing of the transfer to NTCAT is ongoing (see

further below) the MHRT has commenced a process for the review and substantial replacement of the 2012 Practice Directions. It is likely that that process will have been completed during the next reporting period, whether or not the NTCAT transfer occurs in that time.

NTCAT

As I have noted in this and previous annual reports, I agreed to appointment as President of the MHRT on the assumption that the jurisdiction of the tribunal was soon to transfer to NTCAT. It is similarly on the basis of that assumption that NTCAT staff presently manage the administrative operations of the MHRT.

Self-evidently the transfer still has not occurred. Although I am aware of preliminary steps to secure amendments to the Act in order to give effect to the transfer, I have no reason for confidence that this will be my last Annual Report as President of the MHRT.

As I noted last year:

> 'The situation is far from ideal. The wearing of two hats (both by me and by NTCAT staff) is administratively inefficient. In addition, for the reasons I have explained above, the fact the transfer remains pending tends to act as a disincentive for close attention to existing practices and procedures of the MHRT.'

SECTION E: HEARINGS

Venues

For the reporting period MHRT's hearings were conducted at the Cowdy Ward, Royal Darwin Hospital and at Alice Springs Hospital (*although see above regarding the recent introduction of a Monday list at the Tamarind Centre).

Remote participation in hearings

In previous annual reports I referred to the need for attention to improving the quality of communication at hearings, particularly in circumstances where there are a number of remote participants.

This remains a work in progress; however, there have been some improvements. In particular, WebEx online meeting software has been deployed in order to allow medical members to participate at hearings without the need for them to use a dedicated video conferencing facility. This has been a particularly welcome development for one of the medical members who was previously only able to participate at hearings by telephone.

SECTION F: STATISTICAL REPORT

Number of new Tribunal clients by financial year			
	2014/15	2015/16	2016/17
	351	413	402

Case Numbers by Location:

Number of cancelled hearings			
Location	2014/15	2015/16	2016/17
Alice Springs	104	136	135
Darwin	417	549	579
TOTAL	521	685	714

Number of determinations made by the Tribunal			
Location	2014/15	2015/16	2016/17
Alice Springs	131	166	112
Darwin	374	364	420
TOTAL	505	530	532

Refer to following pages for breakdowns of cases by purpose, outcome and reasons for cancellation. Cancelled hearings relate to matters notified to the Tribunal that do not proceed to hearing.

Applications Listed – By Location									
	2014/15			2015/16			2016/17		
Purpose	**ASP**	**DRW**	**Combined**	**ASP**	**DRW**	**Combined**	**ASP**	**DRW**	**Combined**
Review long term voluntary admission	0	0	0	0	0	0	0	0	0
Review involuntary admission to mental health facility on the grounds of mental illness	85	370	455	112	393	505	131	440	571
Review involuntary admission to mental health facility on the grounds of mental disturbance	34	109	143	54	200	254	29	177	206
Review Tribunal order for involuntary detention	45	62	107	48	86	134	18	131	149
Review Interim Community Management Order (CMO)	11	36	47	14	37	51	7	39	46
Review CMO	46	150	196	59	122	181	37	133	170
Review Report	6	36	42	13	38	51	10	21	31
Determine application for specific treatment	1	22	23	0	17	17	0	15	15
Determine application for warrant to apprehend	2	7	9	1	12	13	0	15	15
Review on request (section 123(4))	2	3	5	1	8	9	1	27	28
Total matters scheduled for determination by the Tribunal	**232**	**795**	**1027**	**302**	**913**	**1215**	**233**	**998**	**1231**

Hearing Outcomes - by Location									
	2014/15			2015/16			2016/17		
Cancelled Hearings	**ASP**	**DRW**	**Combined**	**ASP**	**DRW**	**Combined**	**ASP**	**DWN**	**Combined**
Discharged from facility prior to hearing	49	220	269	63	320	383	62	384	446
Changed status to voluntary patient prior to hearing	55	183	238	73	225	298	73	195	268
Person's whereabouts unknown / AWOL	0	3	3	0	2	2	0	0	0
Person left NT	0	0	0	0	1	1	0	0	0
CMO revoked by Mental Health Services	0	0	0	0	0	0	0	0	0
Deceased during term of Order	0	0	0	0	1	1	0	0	0
CMO expired	0	0	0	0	0	0	0	0	0
Other	0	11	11	0	0	0	0	0	0
Total hearings cancelled	**104**	**417**	**521**	**136**	**549**	**685**	**135**	**579**	**714**

STATISTICS - OTHER

	2014/15	2015/16	2016/17
Percentage of matters scheduled where client was female	23%	22%	23%
Percentage of matters scheduled where client wasmale	77%	77%	76%

Percentage of matters scheduled where client was of Aboriginal or Torres Strait Islander background	59%	51%	46%
Percentage of hearings conducted where patients were legally represented[1]	100%	100%	100%
Percentage of patients under Adult Guardianship orders[2]	2%	2%	4%
Percentage of hearings conducted with an interpreter	14%	10%	36%

1. This records the occasions on which the tribunal ensured arrangements were in place for legal representation of patients at hearings. There were occasions where a patient declined representation and chose to represent him or herself, or where an allocated lawyer felt unable to act (for example because the patient was so unwell that he or she was unable to provide instructions). Those occasions are not reflected in the statistics, but were rare.

2. This records instances where the tribunal was provided with prior advice that the patient was under guardianship. The likelihood is that a higher percentage of patients than shown were subject to guardianship orders.

APPENDICES

APPENDIX 1: TRIBUNAL FUNCTIONS

The functions of the Tribunal are mostly contained in Part 15 of the Act, but with incidental provisions in other parts of the Act.

Those functions are:

1. To conduct periodic reviews of:

    1.1 the admission and treatment of voluntary patients;
    1.2 the admission and treatment of involuntary patients;
    1.3 patients subject to involuntary treatment in the community.

2. To determine applications to administer:-

    2.1 non-standard treatment (such as ECT);
    2.2 non-psychiatric treatment;
    2.3 major medical procedures;

3. To hear reviews on request in relation to admission and treatment.

4. To review decisions regarding the withholding of certain information from patients.

5. To determine whether a person has capacity to give informed consent.

6. To determine applications for warrants to apprehend persons for assessmentpurposes.

7. To review reports submitted to the Tribunal and to give any necessary directions to the Chief Executive Officer of DoH.

9. To make orders with regard to transfers of patients to and from the Northern Territory.

- **Continuing admission and treatment of long term voluntary patients (including prisoners).**

The Tribunal may confirm the admission where it finds the person is able to give informed consent.

If the Tribunal finds that the person fulfils the criteria for involuntary admission, it may determine that the person be detained on those grounds for a period not exceeding 3 months and fixes a date for further review.

If the Tribunal finds that the person meets the criteria for involuntary treatment in the community, it may make a Community Management Order (CMO) in relation to the person for no longer than six months. Prisoners may be made subject to a CMO whilst serving their sentence in prison.

Where the Tribunal makes an order for involuntary treatment it must authorise the treatment that may be administered under the order.

If the Tribunal is not satisfied that the person will benefit from continuing to be admitted as a voluntary patient, or does not fulfil the criteria for involuntary admission or involuntary treatment in the community, then it must order that the person be discharged. Prisoners will be discharged back to the prison if their sentence has not yet expired.

- **Continuing admission and treatment of involuntary patients, and community management orders.**

The Tribunal must conduct a review within 14 days from the date that a person is admitted as an involuntary patient on the grounds of mental illness or is placed on an interim CMO. The Tribunal has a timeframe of seven days to conduct a review from the date a person is admitted as an involuntary patient on the grounds of mental disturbance.

Following a review, if the Tribunal is satisfied that the person fulfils the criteria for admission on the grounds of mental illness, it may order that the person be detained as an involuntary patient on that basis for up to three months. It must also authorise the treatment that may be administered to the person during the term of the order.

If the Tribunal is satisfied that the person fulfils the criteria for admission on the grounds of mental disturbance, it may order that the person be detained as an involuntary patient on that basis for up to 14 days. Again, it must authorise the treatment that may be administered to the person during the term of the order.

If the Tribunal is satisfied that the person fulfils the criteria for involuntary treatment in the community, it may make a CMO in relation to the person for up to six months.

Where the Tribunal makes any of the aforesaid orders under any of the above- named

criteria, it must fix a date for the order to be again reviewed and must then conduct a further review by that time.

If the Tribunal is not satisfied that a person fulfils either the criteria for admission as an involuntary patient or the criteria for involuntary treatment in the community, it must revoke the order admitting the person as an involuntary patient or revoke the interim CMO, as the case may be.

Where the Tribunal revokes an order it must then order that the person be immediately discharged, or discharged within seven days if arrangements need to be made for the patient's care.

- **Applications to administer non-standard or non-psychiatric treatment.**

The Act provides that, except in the case of emergency treatment, the approval of the Tribunal or another specified person or body is required in order to administer any of the following treatments to involuntary patients:

- Non-psychiatric treatment, such as a surgical procedure;
- Major medical procedure;
- Clinical trials and experimental procedures; or
- Electro-convulsive therapy.

Sterilisation is not allowed to be performed on a person as a treatment for mental illness or mental disturbance.

The Act provides that psychosurgery and coma-therapy are prohibited in the Northern Territory irrespective of whether or not that treatment is intended to treat a mental condition.

- **Requests for reviews**

A request may be made to the Tribunal to review the decisions made under the Act and listed in section 127.

Following such a review the Tribunal may:

- Affirm, vary or set aside the decision or order;
- Make any decision or order that the authorised psychiatric practitioner may have made;
- Refer the matter back to the authorised psychiatric practitioner for further consideration; or
- Make any other order it thinks fit.

A request may also be made to the Tribunal to review an admission or any order made under the Act, see section 123(4).

Limitation on further reviews.

After conducting any review, the Tribunal may order that an application for another review in relation to the same matter may not be made before a date determined by the Tribunal.

- **Determining capacity for informed consent.**

The Tribunal must determine whether a person is capable of giving informed consent on application by an authorised psychiatric practitioner.

- **Assessment warrants**

Following an application by a medical practitioner or an authorised psychiatric practitioner or a designated mental health practitioner or a member of the Police, the Tribunal may issue a warrant to apprehend a person where it is satisfied that:

  - the person may be unable to care for himself or herself;
  - the person may meet the criteria for involuntary admission on the grounds of mental illness or mental disturbance; and
  - all other reasonable avenues to assess the person have been exhausted

A warrant authorises the police to apprehend the person named in the warrant and to take them to an ATF for assessment to determine whether they are in need of treatment under the Act.

For the purposes of issuing a warrant to apprehend a person, the Tribunal may be constituted by the President, or by a Legal Member delegated to exercise the powers and perform the functions of the President.

- **Review of certain decisions of authorised psychiatric practitioners.**

The Act provides that an authorised psychiatric practitioner must inform the Tribunal when it is decided that certain information about a patient's admission, treatment or discharge plan is to be withheld from the patient.

The Tribunal must review the decision and may either uphold the decision or substitute its own decision for that of the authorised psychiatric practitioner.

- **Review of reports**

The Tribunal must review a report forwarded to it under the Act as soon as is practicable.

Following the review, the Tribunal:

  - may give a written direction to the Chief Executive Officer of DoH relating to a procedural matter, or an interpretation of the Act, in both cases arising out of the report; and

  - where it considers that a person may be guilty of professional

misconduct, must notify the relevant professional body.

- **Interstate mental health orders and interstate transfer orders**

The Tribunal has jurisdiction under the Act to make orders in relation to the transfer of persons subject to involuntary orders in and out of the Territory

The Tribunal can only exercise its powers in these matters where intergovernmental agreements exist between the Northern Territory and other jurisdictions.

- **Appeals**

Appeals against decisions made by the Tribunal may be made to the Supreme Court in accordance with section 142 of the Act.

APPENDIX 3 - LIST OF CURRENT TRIBUNAL MEMBERS

Legal Members	Location	Appointment Term
Mr Richard Bruxner (P)	(Darwin)	01 January 2015 – 01 January 2018
Mr Alasdair McGregor	(Darwin)	17 December 2014 – 17 December 2017
Ms Kathryn Ganley	(Darwin)	29 October 2015 – 29 October 2018
Ms Sarah McNamara	(Alice Springs)	(resigned March 2017)
Ms Jodi Mather	(Alice Springs)	29 October 2015 – 29 October 2018
Mr Anthony Whitelum	(Alice Springs)	29 October 2015 – 29 October 2018
Mr Julian Johnson	(Darwin)	19 December 2017 – 19 December 2019
Mr Alan Woodcock	(Darwin)	01 September 2014 – 01 September 2017
Mr John Birch	(Alice Springs)	30 June 2015 – 29 June 2018
Mr David Alderman	(Darwin)	19 December 2016 – 19 December 2019
Mr David Baldry	(Darwin)	19 December 2016 – 19 December 2019
Mr Joshua Ingrammes	(Darwin)	19 December 2016 – 19 December 2019
Ms Jodi Truman	(Darwin)	19 December 2016 – 19 December 2019
Mr Mark O'Reilly	(Alice Springs)	19 December 2016 – 19 December 2019

Medical Members

Prof Jim Greenwood	(Sydney)	17 December 2014 – 17 December 2017
Dr June Donsworth	(Sydney)	19 December 2016 – 19 December 2019
Dr Rosemary Howard	(Sydney)	01 September 2017 – 01 September 2020
Dr Peter O'Brien	(Sydney)	01 September 2017 – 01 September 2020
Dr Arnold Waugh	(Brisbane)	19 December 2016 – 19 December 2019
Dr Anne Noonan*	(Sydney)	19 December 2016 – 19 December 2019

(*resigned August 2017)

Community Members

Ms Jill Huck	(Darwin)	17 December 2014 – 17 December 2017
Ms Beth Walker	(Darwin)	(resigned April 2017)
Ms Patricia Kurnoth	(Darwin)	17 December 2014 – 17 December 2017
Ms Barbara Curr	(Alice Springs)	28 October 2015 – 29 October 2018
Mr Paul Rysavy	(Darwin)	18 April 2016 – 18 April 2019
Ms Kim Lovat	(Alice Springs)	19 December 2016 – 19 December 2019
Ms Suzi Kapetas	(Darwin)	30 June 2017 – 30 June 2020
Mr Don Zoellner	(Alice Springs)	30 June 2017 – 30 June 2020
Ms Cherie Castle*	(Alice Springs)	1 September 2014 – 1 September 2017

(*membership not renewed on member's request)