

THE NEW MENTAL HEALTH LEGISLATION

THE MENTAL HEALTH AND COGNITIVE IMPAIRMENT FORENSIC
PROVISIONS ACT 2020 (NSW) – AN OUTLINE OF THE CHANGES

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**The views expressed in this paper are the author's, not those of Legal Aid NSW*

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2 INTRODUCTION

1. When it commences (on 27 March 2021), the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW) (the ‘**new Act**’) will be the new source of law for crime-related mental health issues. It has remade and replaced the *Mental Health (Forensic Provisions) Act 1990* (NSW) (the ‘**1990 Act**’)
2. The **new Act** follows two reports by the NSW Law Reform Commission (‘**NSWLRC**’), and a review of the Mental Health Review Tribunal (‘**MHRT**’ or ‘**the Tribunal**’), as well as an initial Bill (which was shelved) and then several more rounds of consultation (both public and private).
3. It has been a long time in the making, there has been a lot of consultation and it shows: this is the first piece of new legislation I have seen in a long time which does not make me want to throw a brick through the window of the drafter. It’s not perfect – but then what is?
4. A lot of the new Act will look familiar; a lot of the *Mental Health (Forensic Provisions) Act 1990* (NSW) (the ‘**1990 Act**’) has just been moved around in order to make it flow a bit more logically. At the end of this paper I’ve provided a table which cross-references the provisions that I expect are going to be most-used by practitioners.
5. But there are some big changes that you should know about. They include:
 - 5.1. **Newly-defined categories** of mental illness.
 - 5.2. **Section 32 diversions** have had a make-over, including:
 - 5.2.1. A slight expansion of the categories of conditions which would fall under the legislation;
 - 5.2.2. There is now specific guidance in the Act about what factors a Magistrate must take into account when making what would’ve previously been a s 32 diversion; and

- 5.2.3. The time that a person can be on an old s 32 order is now 12 months, increased from six.
- 5.3. **Fitness to plead** has been codified, and had a whole extra procedure added on to the end (which would previously have been done at the Tribunal).
- 5.4. The **defence of mental illness** has had a shake-up:
 - 5.4.1. The new special verdict is now called ‘act proven but not criminally responsible’ (changed from the old ‘not guilty by reason of mental illness’);
 - 5.4.2. The old *M’Naghten* criteria have been codified; and
 - 5.4.3. Some other changes that will change the procedures where there is agreement about the special verdict, or where there is a jury.
- 6. This is a legislative update, meaning it assumes at least a minimal level of understanding of the existing regime.
- 7. It’s not a tactical manual – if you want a paper on the tactics involved, then feel free to let me know.
- 8. This paper also doesn’t deal with the Commonwealth scheme – again, if you want more information about that, or you have questions about anything at all, let me know: **THOMAS.SPOHR@LEGALAID.NSW.GOV.AU**

*... to define true madness, What is't but to
be nothing else but mad?*

- Polonius ¹

3 NEW DEFINITIONS, AND INTERPRETING THE NEW ACT

9. Before we dig into the definitions, as mentioned above, there is a range of secondary material out there which might help if you find you need to interpret the **new Act**.
10. Among them are the two NSWLRC reports:
 - 10.1. **Report 135: *People with cognitive and mental health impairments in the criminal justice system: Diversion*** (August 2012); and
 - 10.2. **Report 138: *Criminal Responsibility and Consequences*** (June 2013).
11. At about 500 pages each, they are pretty long. But they are also pretty accessible, and if you ever need guidance on how this area of law works, you will almost certainly find something helpful in there – Ctrl-F is your friend.

¹ William Shakespeare, *Hamlet*, Act II, Scene II, lines 95-96.

12. You will also see that I have occasionally cited the Second Reading Speech in this paper; it is particularly important in interpreting one phrase which is not defined in the **new Act**.
13. It should be said, however, that the two core definitions in the **new Act** which we are about to examine – “**mental health impairment**” and “**cognitive impairment**” – have definitions which are pretty inscrutable for lawyers.
14. This is probably payback by forensic psychiatrists and psychologists, who have spent their entire careers trying to translate their clinical language into our forensic language. Now, we just have to get used to theirs.
15. In practice, it probably means that where there is a doubt about how to apply those definitions you’re probably going to need advice from a psychiatrist or psychologist, rather than the case law.

What are the new definitions?

16. Under the **new Act**, two core definitions are used pretty consistently throughout the legislation as applying to each of the types of applications / orders (i.e. diversions, fitness, and defence of mental illness).
17. There are two categories of condition:
 - 17.1. A “**cognitive impairment**”; or
 - 17.2. A “**mental health impairment**”.
18. “**Cognitive impairment**” as a category has been lifted from the old s 32 and so looks much the same as it did under the **1990 Act** – the definition is now in s 5 of the **new Act**.
19. The one thing that has been changed in relation to **cognitive impairment** is that the words “... *materially affects the person’s ability to function in daily life...*” have been deleted from the definition. In the absence of expert psychiatric interpretation it’s not clear to me what practical difference that

makes – but logically I think it can only really make it easier for a condition to fall within the definition, and seems to be a positive development.

20. “**Mental health impairment**” is a new concept, and the definition is found in s 4 of the **new Act**. It requires that

20.1. the person has a temporary or ongoing disturbance of thought, mood, volition, perception or memory, and

20.2. the disturbance would be regarded as significant for clinical diagnostic purposes, and

20.3. the disturbance impairs the emotional wellbeing, judgment or behaviour of the person.

21. The definition then gives a non-exhaustive list of examples of mental health impairments, including anxiety disorders, affective disorders including bipolar, a psychotic disorder, or a substance induced mental disorder that is not temporary. It does, however, explicitly *exclude* temporary intoxication, and it excludes substance use disorders.

22. As to what kind of a disturbance would be regarded as “clinically significant”, the legislation is silent. The Second Reading speech mentions that

... “significant for clinical diagnostic purposes” means that the temporary or ongoing disturbance must be serious enough to result in a mental health diagnosis. Sadness, grief or anger would not suffice for the purposes of meeting the definition.²

23. It will be essential for you to extract those words (indeed, the whole definitions) in letters of instruction to psychologists / psychiatrists, as part of helping them (as well as us) ease into the new definitions.

² New South Wales, *Parliamentary Debates*, Legislative Assembly, 3 June 2020, 32-3 (Mark Speakman, Attorney General, and Minister for the Prevention of Domestic Violence).

*A madman is only punished by his
madness.*

- Sir Edward Coke ³

4 CHANGES IN THE LOCAL COURT

24. Under the **1990 Act**, we've all developed a shorthand where we call s 32 diversion "a section 32", and a s 33 dismissal "a section 33" and everybody just knows what you're talking about. The section numbers are different now, but there's no shorthand way of consistently referring to what they are in this paper, other than to use the original sections.
25. So here I'm still just calling them a "s 32" and a "s 33" you're just going to have to cope with it. Sorry.

4.1 SECTION 32 DIVERSIONS

26. Section 32 diversions have not been expanded into the District Court. Everybody asked for it and the NSWLRC recommended it, but it was all a bit much for the Government, who did not progress it as a proposal. That's why this section is still called '**Changes in the Local Court**'.

³ *A commentary upon Littleton (The first part of the institutes of the laws of England)* (1628) 19th ed., 1832, 247b.

27. During the Second Reading speech it was touted that s 32 orders make up “... fewer than 2 per cent of criminal cases dealt with by the Local Court, with even fewer under section 33.”⁴ If you pause to think about it, that’s actually quite a large number, because for example in the 2019 calendar year the Local Court finalised 351,852 criminal matters.⁵ Two percent translates to something like 7,000 s 32 orders a year – and that’s not counting the applications that were made but not allowed.
28. What was s 32 can now be found in **Part 2, Division 2 (sections 12-17)** of the **new Act**. Arguably, we should now be calling them “**a section 14**”, because that is where the dismissal power is.
29. If you don’t look too closely at the division, you’d be forgiven for thinking it looks very similar, but there are some *major* revisions.

When can an order be made?

30. As under the **1990 Act**, a diversionary order can be sought and made at any time during the proceedings. To emphasise that fact, helpfully, the **new Act** specifies that **it is not necessary to enter a plea** in relation to the proceedings in order to get either a s 32 or a s 33 order: see **s 9(1)** of the **new Act**.

What conditions fall under the section?

31. Under the **1990 Act** there were three categories of illnesses that could be sufficient for a s 32:
 - 31.1. A cognitive impairment;

⁴ New South Wales, *Parliamentary Debates*, Legislative Assembly, 3 June 2020, 33 (Mark Speakman, Attorney General, and Minister for the Prevention of Domestic Violence).

⁵ Local Court of New South Wales Annual Review 2019,

31.2. A mental illness; or

31.3. A “mental condition for which treatment is available in a mental health facility”

All of which assumed that the person was not a “mentally-ill person” (as defined in the *Mental Health Act* – more on which, below).

32. Under the **new Act**, an order is available to anybody with either a **cognitive impairment** or a **mental health impairment** – see above, at [15]ff.

33. For the reasons set out above, it seems to me that those categories probably mean a modest expansion of the people who will fall under new s 32 – although to be honest this is the sort of thing that will have to be tested in the wild before we will know for sure.

What does a Magistrate have to take into account in making the decision whether to make the order?

34. The next big change is that there is now a discretionary list of criteria that a Magistrate “*may*” take into account when deciding whether it is more appropriate to deal with the accused at law, or by way of diversion:⁶

(a) the nature of the defendant’s apparent mental health impairment or cognitive impairment,

(b) the nature, seriousness and circumstances of the alleged offence,

(c) the suitability of the sentencing options available if the defendant is found guilty of the offence,

(d) relevant changes in the circumstances of the defendant since the alleged commission of the offence,

⁶ New Act, s 15.

- (e) the defendant’s criminal history,
 - (f) whether the defendant has previously been the subject of an order under this Act or section 32 of the Mental Health (Forensic Provisions) Act 1990,
 - (g) whether a treatment or support plan has been prepared in relation to the defendant and the content of that plan,
 - (h) whether the defendant is likely to endanger the safety of the defendant, a victim of the defendant or any other member of the public,
 - (i) other relevant factors.
35. Many of those criteria simply reflect the pre-existing common law of what was to be taken into account as being “appropriate” circumstances for the making of an order. However, several of them ((a), (d), (f) and (h)) are new, and came from the NSWLRC or elsewhere – again, if you need assistance in interpreting them, you may be able to go back to the NSWLRC reports for guidance.
36. Of the criteria, there is only space to draw attention to a couple.
37. Criterion (g) draws attention to whether there is a treatment or support plan. **“Treatment or support plan”** is defined to mean
- ... a plan outlining programs, services or treatments or other support that may be required by a defendant to address the defendant’s apparent mental health impairment or cognitive impairment.⁷
38. I doubt this will make a significant practical difference, since I think most reports already included a treatment plan. But many practitioners will be aware of Magistrates who considered it to be effectively a precondition to the granting of an order. So it is worth pointing out that there is now a statutory

⁷ New Act, s 7(1).

factor there; if it wasn't a de facto requirement to have a treatment plan before, then it is now.

39. There is still no strict requirement that the treatment plan be drafted *by a mental health professional*, though, which means that whilst it might be less persuasive, in a pinch it is certainly still possible under the new legislation to come up with a treatment plan yourself.
40. Of more concern is criterion (c): “*the suitability of the sentencing options available if the defendant is found guilty of the offence*”. Despite my earlier positive comments about the drafting, in my view this wasn't a good use of language.
41. It seems to me that the preferable interpretation (from a defendant's point of view) is that this criterion is mainly engaged when the other sentencing options are *unsuitable* for some reason. For example, where the only option would be a fine (which many mentally-ill, indigent clients simply cannot pay).
42. The opposing view is that this criterion is engaged when a CRO, CCO or ICO could theoretically achieve the same aim. But it will almost always be possible to have the same conditions under a CRO, CCO or ICO as under a s 14 diversion – so what work would the sub-section have to do?
43. Putting it another way, my view is that criterion (c) is a factor designed to *facilitate* or *assist* defendants getting orders, not a factor designed to weigh *against* an order.
44. But in saying that, I should make it clear that my preferred interpretation is one which approaches the issue from a position of sympathy for the defendant, and I am not necessarily confident that it would stand up to scrutiny in a superior court; there are arguments to be made to the contrary.

The threshold test

45. The threshold test for whether you can get a diversion has ultimately not changed. **Section 12(2)** reads:

The Magistrate may take action under this Division only if it appears to the Magistrate, on an outline of the facts alleged in the proceedings or other evidence the Magistrate considers relevant, it would be more appropriate to deal with the defendant in accordance with this Division than otherwise in accordance with law.

46. That threshold – that they “may” divert if it is “more appropriate” – is the same, and is basically the definition of a discretionary decision. That it is discretionary might be important for appellate law wonks who lie in bed thinking about “*House v The King* error” in subsequent Supreme Court appeals – but it probably doesn’t matter when you’re making the initial application in the Local Court.

The outcomes and length of the orders

47. Assuming the defendant falls within the legislation, the steps that can be taken are also the same as under the **1990 Act**. **Section 14** provides that the available options are discharge:

47.1. Unconditionally;

47.2. Into the care of a responsible person;

47.3. Subject to conditions; or

47.4. Upon condition that the defendant attend a place to have their mental health condition assessed [which, really, is just the same thing again].

48. However, one thing that *has* changed is that the conditions can now last for up to **12 months**, increased from the original six months (see **s 16**). This was widely sought and should be viewed as a really positive development.

49. **Section 14(2)** also still provides, as before, that a disposition under the section is still not a finding that the charge is proven or otherwise. This is worth emphasising, because old s 32 matters will often come up on a Bail Report when people are making bail (release) applications.
50. You should be prepared to remind judicial officers at all levels that the consequence of **s 14(2)** is that it is not safe or appropriate to take a determination into account in any context other than in a subsequent application for an order (because of s15(f) – see above at [32]).

4.2 SECTION 33

51. The old s 33 looks very much it used to. The equivalent is now to be found in **Part 2, Division 3 (ss 18 – 24)**. Specifically, the power to detain the person for assessment, and / or to discharge them, is now to be found in s 18.
52. However, there has been a *bit* of an expansion.
53. Previously a s 33 would only be available if the defendant was a “**mentally ill person**”. That definition comes from *Mental Health Act 2007* (NSW) s 14:
- (1) A person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary—
 - (a) for the person’s own protection from serious harm, or
 - (b) for the protection of others from serious harm.
 - (2) In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person’s condition and the likely effects of any such deterioration, are to be taken into account.
54. The new s 33 has been expanded to include “**mentally disordered**” people. That definition comes from *Mental Health Act 2007* (NSW) s 15:
- A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person’s behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary—
- (a) for the person’s own protection from serious physical harm, or
 - (b) for the protection of others from serious physical harm.
55. As I understand it, the main effect of providing for “**mentally disordered**” people to fall under the section is that it allows for referral (and / or dismissal of charges) for people who are behaving irrationally but may not have a

formal diagnosis of a mental illness sufficient to be brought under the legislation. I also understand that there was a bit of a disconnect under the **1990 Act** because under s 33 the person could be referred for assessment if they were a mentally disordered person, but dismissal was not available.

56. One other change is that a person who has been sent to a mental health facility for assessment must be returned to court ‘**as soon as practicable**’ rather than at the current discretion of police (unless they have been granted bail by the police).⁸

Length of the order – no change

57. One thing that has *not* changed is the length of time that a person can be subject to a s 33: it remains **six months**.⁹
58. I understand that keeping the time limit to six months would be welcomed by most Local Court practitioners because this way a defendant who has been involuntarily held in a mental health facility for (say) seven months won’t be forced to return to court for the matter.

⁸ New Act, s19(b).

⁹ New Act, s 23(1).

4.3 TRANSITIONAL ARRANGEMENTS

Short version

59. The transitional arrangements for these matters will lead to an *incredibly* long tail of matters which are subject to the old Act. In summary:

59.1. If proceedings have already commenced, then the **old Act** applies – even if the prosecution subsequently adds a new charge (sequence) to those proceedings (i.e. a new sequence on an old H-number).

59.2. If the proceedings are completely new, then the **new Act** applies.

Slightly longer version – where proceedings commenced before commencement

60. After the **new Act** was passed, but before it had commenced, legislation was passed amending the commencement arrangements; you’ll want to make sure you’re reading the most recent version of the legislation.

61. Following the passing of the *COVID-19 Legislation Amendment (Stronger Communities and Health) Bill 2021* (NSW)¹⁰ the legislation now provides that the **old Act** applies to “**existing proceedings**”, which is defined as

... criminal proceedings for which a court attendance notice was issued before the commencement of this Act, even if another court attendance notice is issued in relation to the proceedings after that commencement.

¹⁰ Which must be in the running for “least concise title ever”.

62. For example, it means that the **old Act** applies in this scenario:
- 62.1. A charge is laid on 1 January 2021, and given reference H123456789;
 - 62.2. The new Act commences on 27 March 2021;
 - 62.3. An additional sequence is added to the proceedings with number H123456789 on 1 June 2021, on the day of hearing.
 - 62.4. The **old Act** applies to that charge, even though it was commenced after the new Act started.
63. This could mean that the tail for matters under the old Act might be *several years*. For example, in the above example, if the person is convicted in their absence in January 2021, has their conviction annulled by the Local Court in December 2022, goes to hearing, gets found guilty, and appeals to the District Court, they would still be subject to the old Act more than two years after the old Act has been repealed.
64. That notwithstanding, with this group of changes in particular, it strikes me as being important that you should be on top of the change **on day one of commencement** – as we all know, s 32 and particularly s 33 applications are often made on the hop, so you’ll need to be able to assist the court as to the test to be applied.

... no man shall be called upon to make his defence at a time when his mind is in that situation as not to appear capable of so doing.

- Lord Kenyon CJ ¹¹

5 FITNESS TO PLEAD

Introduction

65. Fitness to plead can arise as an issue at any time in any criminal matter. Nevertheless, the legislation focuses exclusively on matters being dealt with *on indictment*, and says nothing about what to do if a client is unfit to plead in the Local Court in a summary matter.
66. So, for matters that are staying in the Local Court, the common law still applies: an unfit defendant in summary proceedings must either get a s 32 / s 33 or the proceedings must be stayed.¹²

¹¹ *Proceedings in the case of John Frith, for High Treason, at Justice Hall in the Old Bailey, on Saturday April 17:30 George 3rd* (1790). Howells State Trials. Volume 22 (1783–1794) p308.

¹² *Mantell v Molyneux* [2006] NSWSC 955

67. It's unclear just how many people are found unfit to plead in the District and Supreme Courts each year, but about 30-40 people a year are referred to the MHRT following a finding of unfitness by a court.¹³
68. The changes that have been made to fitness are a mixture of codification and a genuine change in procedure.
69. Fitness was previously spread out through bits of the **1990 Act** in uneven clumps, like someone had tried to spread refrigerated butter onto a bit of cold toast.
70. Now, fitness has its own part: **Part 4 (ss 35-53)**. Within that Part, **Special Hearings** taking up ss 54-68).

The “new” test for unfitness

71. The test for fitness has long been held to have been correctly stated in *R v Presser* [1958] VR 45, at 48. In fact, we've used *Presser* for so long that we even became numb to the fact that the case was Victorian. Leaving aside the clear failings of its place of origin, the test has served us well for a long time and includes a robust collection of the factors relevant to a fitness determination.
72. Unsurprising, then, that when it was codified, we got basically the same test but broken down a bit more effectively. **Section 36(1)** of the new Act reads:
 - (1) ... a person is taken to be unfit to be tried for an offence if the person, because the person has a mental health impairment or cognitive impairment, or both, or for another reason, cannot do one or more of the following—
 - (a) understand the offence the subject of the proceedings,

¹³ Mental Health Review Tribunal, *Annual Report 2018-19*, 49.

- (b) plead to the charge,
- (c) exercise the right to challenge jurors,
- (d) understand generally the nature of the proceedings as an inquiry into whether the person committed the offence with which the person is charged,
- (e) follow the course of the proceedings so as to understand what is going on in a general sense,
- (f) understand the substantial effect of any evidence given against the person,
- (g) make a defence or answer to the charge,
- (h) instruct the person’s legal representative so as to mount a defence and provide the person’s version of the facts to that legal representative and to the court if necessary,
- (i) decide what defence the person will rely on and make that decision known to the person’s legal representative and the court.

(2) This section does not limit the grounds on which a court may consider a person to be unfit to be tried for an offence.

73. The *other* part of the test is buried under “**Inquiry procedures**” in the new s 44(5), which provides:

- (5) In addition to any other matter the court may consider in determining whether the defendant is unfit to be tried for an offence, the court is to consider the following—
- (a) whether the trial process can be modified, or assistance provided, to facilitate the defendant’s understanding and effective participation in the trial,
 - (b) the likely length and complexity of the trial,
 - (c) whether the defendant is represented by an Australian legal practitioner, or can obtain representation by an Australian legal practitioner.

74. Personally I think there’s a missing “and” in the drafting of s 44(5), but it is tolerably clear that the court has to consider all of them.

Discussing the “new” test

75. At its core, it seems unlikely that the codification of this test will have any major consequences, but there are still a couple of interesting things in this “new” test.
76. Firstly, unfitness can be because of a “**mental health impairment**”, or a “**cognitive impairment**”, both or (and this is the interesting bit) “**for another reason**”.
77. That mean that, say, a person who has seriously impaired communications skills could potentially fall within the section, notwithstanding that their communication deficits might not be related to their mental health or a cognitive impairment.
78. Because the *Presser* criteria are already well-worn, there’s no need for me to do a thorough analysis here of the criteria themselves. However, I will say that my experience has been that many psychiatrists drafting fitness reports applying *Presser* have tended to ask defendants questions about who the various players in a court room are: “who is the judge and what is their role?”, “what is a jury and what is their role?”, “who is your lawyer and what is their role?”.
79. Many clients (even clients who are ultimately fit to plead) struggled with those questions; I think maybe they were a bit existential so that some clients struggle to get beyond “they’re just... people?”.
80. My point is that if you were just applying the criteria from s 36(1) without the decades of pre-existing experience, you probably wouldn’t ask those questions, so it is possible that they will become less of a feature of reports. And for my part I think that is fine.
81. However (and even though I said above that this isn’t a paper about tactics), I should still point out that a finding of unfitness is, for most clients, not a desirable outcome. It can take longer to get the matter heard (even with the improvements set out below), and once the matter is heard the outcomes can

be as punitive or even worse than if the matter were simply finalised at law – particularly when compared to using with the mitigating factor of serious mental health issues on sentence. Unfitness to plead is an unfortunate and necessary part of our criminal law – but it’s not an outcome we should be straining for if there is a genuine alternative.

What happens *after* a fitness inquiry?

82. If a person is found **fit** at an inquiry, things just continue – that hasn’t changed (see s 46)
83. What *has* changed is what happens if they are found **unfit**. Previously, the person would have been referred off to the MHRT for assessment of whether they were likely to become fit in the next 12 months. Depending on the outcome of that inquiry, their matter might be in a holding pattern for quite a long time indeed before the matter returned to court.
84. Under the **new Act**, after determining that a person is unfit, *the court* (not the MHRT) needs to decide whether the person is likely to become fit in the following 12 months: s 47.
85. Making that decision at court mirrors the Commonwealth legislation, and more importantly removes quite a large delay for many matters. It is a particular improvement in those cases where it is inevitable that the person will *never* become fit (say because of an organic brain disorder); for those people, waiting on the MHRT to formalise the inevitable finding that they would not become fit in 12 months was a waste of time which is now saved.
86. If the defendant *might* become fit within the next 12 months, then they are referred off to the MHRT for management in the interim: s 49(1).
87. But, if a court decides that the person will *not* become fit in the next 12 months, the person goes straight into Division 3, which deals with **Special Hearings**.

5.1 SPECIAL HEARINGS

88. Special Hearings don't get their own special title page, mainly because I couldn't find a pithy quote to go at the top of the section. But also, you only get to a Special Hearing if you are found unfit to plead.
89. As set out above, if the court finds a defendant unlikely to become fit in the next 12 months, and the DPP indicate that they are still proceeding with the matter, the defendant is to face a so-called **Special Hearing**, being a trial which is, "*as nearly as possible*", supposed to replicate a normal trial.¹⁴
90. The procedures for a Special Hearing are set out in **Part 4, Division 3 (ss 54-68)** of the **new Act** (that is, it's under the Part that deals with fitness generally).
91. Four changes are made under the **new Act**, all quite positive:
 - 91.1. If the court thinks it is appropriate, it can modify court processes to facilitate the effective participation of the defendant (**s 56(2)**);
 - 91.2. In appropriate circumstances the hearing can happen without the defendant being present – either because they do not want to attend, or because they need to be excluded (presumably because of inappropriate behaviour) (**s 56(8)**);
 - 91.3. Importantly, if the defendant is found guilty, the court "must" take into account that the defendant may not be able to demonstrate mitigating factors for sentence, or make a guilty plea for the purpose of obtaining a sentencing discount. The court is also permitted to apply a discount representing part or all of the discounts for those things (**s 63**); and

¹⁴ The reference to as nearly as possible replicating a trial comes from s 56 of the new Act.

91.4. Where the court determines that it would otherwise have imposed a sentence of imprisonment, the court simply imposes a limiting term and refers the defendant to the MHRT for treatment and supervision (ss 63(2) and 65). This is a significant improvement over the current situation, where the person is bounced back and forth between the jurisdictions.

5.2 TRANSITIONAL ARRANGEMENTS

92. For both fitness and Special Hearings, the legislation provides that those provisions will start on commencement (i.e. on 27 March 2021) – including for proceedings commenced but not yet finalised.

93. In other words, for almost all people, the **new Act** will apply in relation to fitness and special hearings, even if the proceedings were underway when the new Act commenced.

94. One minor exception exists, having been added by an amendment.¹⁵ That amendment will impact a vanishingly small number of people. The **old Act** will continue to apply for people who:

94.1. Have previously been found unfit;

94.2. Went to a Special Hearing;

¹⁵ *COVID-19 Legislation Amendment (Stronger Communities and Health) Bill 2021* (NSW) – see above, n10, for snide remark about the title.

94.3. The offence was found to be established;

94.4. They received a limiting term; and

94.5. The Tribunal has not yet made its consequential orders under s 27 of the **old Act**.

Insanity vitiates all acts.

- Sir John Nicholl ¹⁶

6 THE MENTAL ILLNESS DEFENCE

Introduction

96. About 30 people were found to be NGMI in 2018-19.¹⁷ That small number presumably reflects the fact that in all but a very limited set of circumstances, like unfitness, the indeterminate, compulsory, and (necessarily) invasive outcomes for forensic patients who have been found NGMI is not the best possible outcome.
97. In the **new Act** the mental illness defence is found in **Part 3 (ss 27-34)**.

¹⁶ *Countess of Portsmouth v Earl of Portsmouth* (1828) 1 Hag. Ecc. 355, at 359.

Look, I know it hasn't been "insanity" for a while. But it was insanity for a whole lot longer than it was "Not Guilty by reason of Mental Illness" – and now it's not even NGMI anymore. Also, where did the "R" go in the initialism / abbreviation? Shouldn't it always have been NGRMI?

¹⁷ New South Wales, *Parliamentary Debates*, Legislative Assembly, 3 June 2020, 33 (Mark Speakman, Attorney General, and Minister for the Prevention of Domestic Violence).

A new name for the defence

98. The headline most people have probably already heard is that the name has been changed to ‘**act proven but not criminally responsible**’ (s 30).
99. According to the Attorney General in the Second Reading Speech, this name change was made in deference to victims and their families, because it was traumatic to hear that the defendant was ‘not guilty’.¹⁸
100. Accepting that might well be true, in the very next paragraph of the Second Reading Speech, the AG immediately took to abbreviating the new defence to ‘NCR’: ‘**Not Criminally Responsible**’. Minds might differ about whether NCR is more or less traumatic than the original title.

The “new” test for mental illness

101. Everybody with a law degree is aware of the existence of the so-called “*M’Naghten* rules”, named after the case of *Queen v M’Naghten* (1843) 8 E.R. 718.
102. We’ve become numb to the esoteric spelling, and we somehow came to peace with the fact that our rules for when a person is mentally ill were settled at a time when bloodletting and phrenology were in full swing; if it ain’t broke, I suppose.
103. The *M’Naghten* rules remained important because previously there was no specific *legislative* rule for when a person might have the defence available – we just applied the common law.

¹⁸ New South Wales, *Parliamentary Debates*, Legislative Assembly, 3 June 2020, 34 (Mark Speakman, Attorney General, and Minister for the Prevention of Domestic Violence).

104. So in the **new Act** they've codified the *M'Naghten* test: **s 28(1)**. That is, the special verdict will be available if:
- 104.1. The person doesn't know the nature and quality of the act; or
 - 104.2. They did not know that the act was wrong (that is, they could not reason with a moderate degree of sense and composure about whether the act, as perceived by reasonable people, was wrong).
105. That said, there *has* been a bit of an expansion, and that's in what the *source* of that defect was. Previously we were just left with the Victorian-era language of "a disease of the mind".
106. As set out repeatedly above, the **new Act** allows that the defendant might have been suffering from either a **mental health impairment** or a **cognitive impairment** or both – for the definitions see above at [15]ff.

Verdict by consent

107. One reasonably positive change is that, in **s 31**, the **new Act** allows for the parties to agree on a verdict of NCR. In theory that seems intended to streamline things, although **s 31(c)** still requires the court to consider the evidence and satisfy itself that the defence is established.
108. Potentially the way to deal with it would be to have a single set of agreed facts which encapsulates all the relevant facts as well as the medical evidence, but it remains to be seen.

Explanation to the jury

109. The **new Act** codifies another aspect of the common law, which was to the effect that the effect of the special verdict should be explained to the jury, but the jury should be directed that they should not be influenced by the consequences of a special verdict in reaching their decision: **s 29(e)**.

“Clearing the indictment”

110. This is a pretty niche change, which I think is there to cope with the rule that an indictment must be “cleared” by way of verdicts.
111. The new s 32 provides that a special verdict in relation to a principal count does not result in a requirement of entering a verdict on alternative counts as well.

Judge can seek an order in relation to dangerousness

112. Lastly, following the entry of a special verdict, if the judge is considering ordering the release of the defendant, they can now seek a report from a forensic psychiatrist (who is not the current treating psychiatrist) as to whether the release of the defendant is likely to endanger the defendant or a member of the public: s 33(2).

6.1 TRANSITIONAL ARRANGEMENTS

113. In relation to the mental illness defence, when the **new Act** commences on 27 March 2021:
 - 113.1. For all new matters, those will (obviously) fall under the **new Act**.
 - 113.2. In all but one respect, the **1990 Act** will continue to apply to proceedings commenced but not yet finalised, provided that

... a question has been raised before that commencement as to whether the defendant was, at the time of commission of the

offence, mentally ill as referred to in section 38 of the [old Act].¹⁹

However, the verdict will be the *new* verdict (“NCR”).

114. In fact, not only will the change of name be prospective, but all *previous* verdicts of NGMI will be renamed to NCR.
115. As for matters which are in the pipeline as at the date of commencement, I confess to being unclear on what it means to have ‘raised’ a ‘question’ of mental illness defence. For example, will it have been ‘raised’ if the defendant was found unfit after having been committed, but before arraignment? That is, if all that has happened is a fitness hearing? What about if they were arraigned, and indicated that they wanted a judge-alone trial because the only issue was the availability of NGMI, but then absconded?
116. Hopefully the class of people in this edge-case category of cases is very small – but for those people, the consequences could be quite significant. If you have one, I would be fascinated to hear about it.

¹⁹ **New Act**, Schedule 2, cl.5.

7 CROSS-REFERENCING COMMON SECTIONS BETWEEN THE OLD AND NEW ACT

By topic

OLD TOPIC	OLD SECTION(S)	NEW SECTION(S)
Section 32 dismissals	Section 32	Part 2, Division 2 (ss 12 – 17)
Section 33 dismissals	Section 33	Part 2, Division 3 (ss 18 – 24)
Fitness to plead	Sections 5-20, 29-30	Part 4 (ss 35 – 53)
Special Hearings	Sections 19-28	Part 4, Division 3 (ss 54 – 68)
Mental illness defence	Part 4	Part 3 (ss 27 – 34)

By old section

OLD SECTION	NEW SECTION	TOPIC
s 5	s 39	Who can raise fitness
s 6	s 38	Standard of proof for fitness
s 8	s 40	Procedure where fitness raised before arraignment
s 9	s 41	Procedure where fitness raised after arraignment
ss 10(2),(4)	s 42	When a fitness inquiry is required to be held
s 10(3)	s 43	Actions pending fitness inquiry
s 11(1)	s 44(1)	Fitness determined by judge alone
s 11(2)	s 44(6)	Fitness determination must include findings of law and fact
s 12(1)	s 44(2)	Defendant to be represented in fitness inquiry,
s 12(2)	s 44(3)	Fitness inquiry is not adversarial
s 12(3)	s 44(4)	No particular onus in fitness inquiries

OLD SECTION	NEW SECTION	TOPIC
s 13	s 46	Where defendant fit, proceedings recommence or continue
s 15	s 45	Presumptions about people already found fit / unfit
s 19(1)(b)	s 55(1)	When Special Hearing must be held
s 19(2)	s 54	Nature of a Special Hearing
s 32(1)	ss 9, 12	Section 32 diversion - test
s 32(2)	s 13	Adjournment under s 32
s 32(3)	s 14	
s 32(3a)	s 16	Time limit for s32
s 32a	s 17	Reports from treatment providers
s 33	s 18	Section 33 – eligible persons
s 33(1)	s 19	Orders under a s 33
s 33(2)	s 23(1)	Section 33 dismissal after six months
s 33(3)	s 23(2)	Magistrate must take account of time detained under s 33
s 33(4)	s 23(3)	Section 33 order is not a finding that charges are proven or otherwise
ss 33(1a), 33(1b)	s 20	Availability of Community Treatment Orders
s 33(1d)	s 21	Section 33 before authorise justice
ss 33(5b),(5c), (5d)	s 24	Bail orders in relation to s 33 matters
s 36	s 10	Means of informing Magistrate
s 38	ss 28, 30	Defence of mental illness
s 37	s 29	Explanation to jury of impacts of special verdict
s 39	s 33	Effect of NGMI