Annual Report 2021/22

Community Visitor Program

COVER PHOTO DESCRIPTION:
THIS ART WORK IS FROM A PERSON WHO HAS ENGAGED WITH THE NT COMMUNITY VISITOR PROGRAM. WE THANK THEM FOR SHARING THEIR BEAUTIFUL ART WORKS AND ALLOWING US TO USE THEIR WORK FOR THIS YEAR'S 2021-22 ANNUAL REPORT.

CVP would like to acknowledge the traditional owners and custodians of the country on which we work and live.

30 September 2022

The Hon Natasha Fyles MLA, Minister for Health &
The Hon Lauren Moss MLA, Minster for Mental Health
and Suicide Prevention
Parliament House
State Square
Darwin NT 0800

Dear Ministers,

I am pleased to present the Annual Report on the activities of the Community Visitor Program for the period of 1 July 2021 to 30 June 2022.

This Annual Report has been prepared in accordance with the requirements under section 115 of the *Mental Health and Related Services Act 1998* and section 66 of the *Disability Services Act 1993*.

Yours sincerely

Sally Sievers
Principal Community Visitor

Principal Community Visitor Summary - Sally Sievers

I have the privilege of providing my tenth Community Visitor Program (CVP) Annual Report, my final. I acknowledge and thank all the people, consumers, residents, families, guardians, carers and clinicians who have engaged with the CVP and generously shared their stories and concerns to improve outcomes for all people accessing NT Mental Health and Forensic Disability Services. It has been a privilege to support your collective voices to advocate for change.

This year has seen some systemic advocacy work come to fruition; working with the Department of Health we have seen some key achievements for change including;

- Women's ward opening in the High Dependency Unit at Top End Mental Health Services
- An operational commitment to culturally appropriate service delivery with the Forensic Disability Unit with a permanent position being allocated
- The release of the first NT Disability Strategy which specifically mentions the CVP.

The CVP team has seen a change in the manager for the first time since 2012 with long-term team member Claudia Manu-Preston finishing after nine years with CVP. Claudia developed a strong and sustainable foundation for the program's principles and human rights work. The CVP, NT Mental Health and Disability Sectors have all benefited from her great passion for change and advocacy. We welcome Susan Burns to the role of Manger to which she brings her extensive disability network and passion for the rights of people living with a disability and those using mental health facilities and services.

The CVP believes strongly in collaborating with services for improved outcomes, and resolving people's concerns at the lowest possible level. Our role is to monitor, inspect and advocate for improvements that are required or where people's human rights are being affected.

Key concerns highlighted in this year's Annual Report include ongoing and repeated requests for the implementation of 'behaviour support plan review panel' a requirement under the *Disability Services Act 1993* (DSA). Its purpose is to review the use of restrictive practices on residents with a disability in forensic disability settings. The review panel has not yet been established. Its implementation has been a CVP recommendation since November 2017.

CVP also monitors seclusion and mechanical restraint registers. 56% of people who accessed Mental Health wards across the NT are Aboriginal and Torres Strait Islander. There was a significant over-representation of Aboriginal and Torres Strait Islander people who were secluded on the wards – with 83% of seclusions in the NT being for Aboriginal and Torres Strait Islander people.

CVP acknowledge the progress towards Aboriginal cultural safety, recruitment of Aboriginal staff and training in cultural competency, an area of great focus for both the Forensic Disability Unit and in the NT Mental Health Services. With the continued work in this space, we expect a reduction in seclusions, issues and complaints for people who engage with NT Mental Health and Disability Services.

It has been an honour to service the public in the role of Principal Community Visitor.

Table of Contents

About the Community Visitor Program

The CVP's purpose is to protect the rights of people receiving treatment under the:

- *Mental Health and Related Services Act 1998* (MHRSA)
- *Disability Services Act 1993* (DSA)

and promote the rights of people through advocacy, complaints resolution, monitoring, inspection and reporting.

What does the Community Visitor Program actually do?

The CVP accepts enquiries and complaints from people receiving services from the Northern Territory Government (NTG) under the *Mental Health Related Services Act 1998* (MHRSA) and the *Disability Services Act 1993* (DSA). These enquiries and complaints can be received in person, on the phone, via email or letter. Weekly, CVP staff visit the Top End Mental Health Service (TEMHS) – In - Patient Unit (IPU) and the Mental Health - Central Australia Region (MH-CAR) Mental Health Unit (MHU).

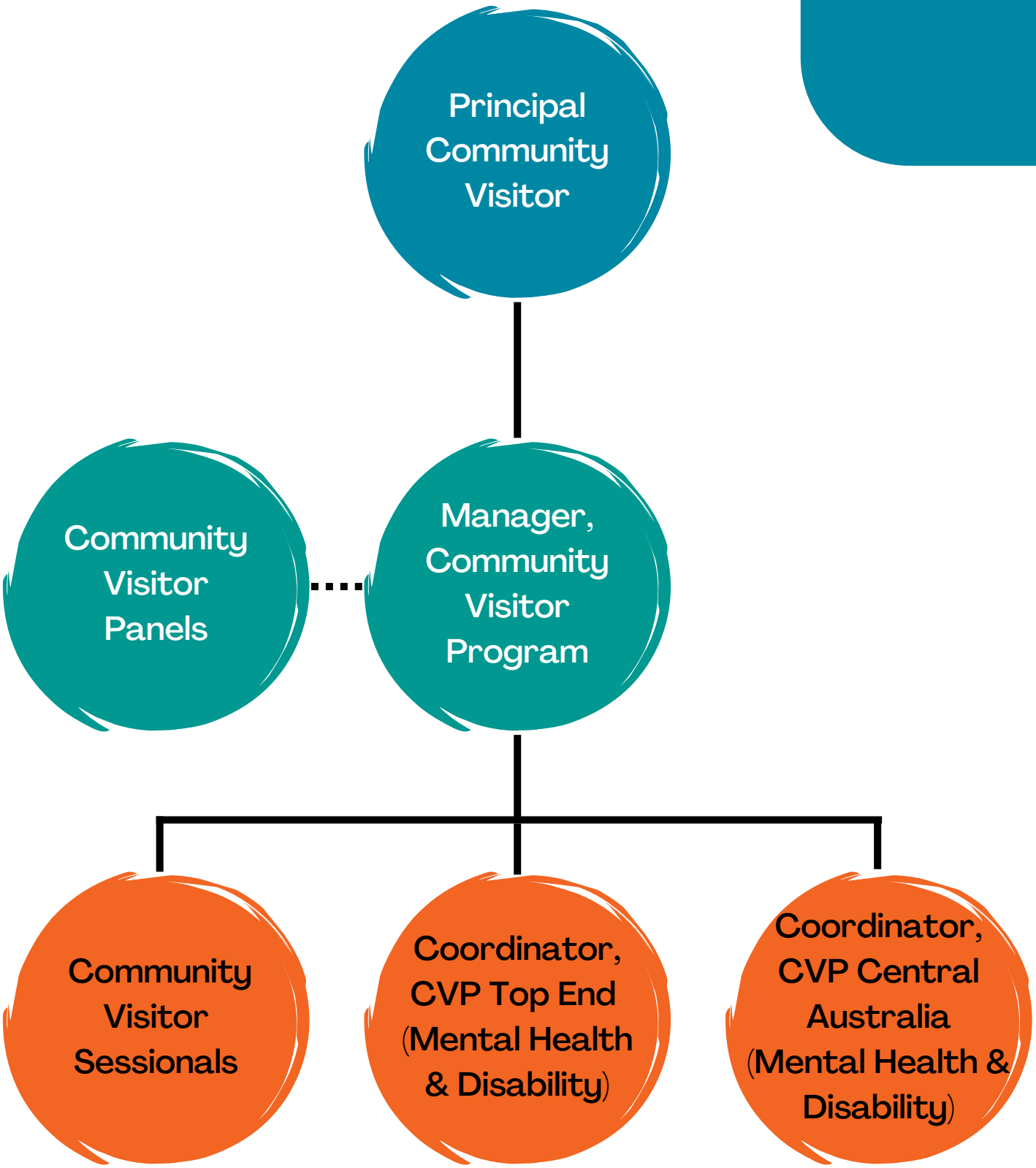
Community Visitors (CVs) are also available for people receiving treatment from any NTG-run Mental Health Service community teams.

During visits, the CV is available for people to talk to about any concerns or complaints they might have about their treatment or the facilities. CVP staff also visit people with a disability in forensic settings who are under Part IIA of the *Criminal Code Act 1983* and live in residences as defined in the DSA. CVs work towards the resolution of concerns or complaints, informed by the preference of the person who raised the issue. This might involve speaking with staff on behalf of the person, or supporting the person to self-advocate. If the matter raised with the Community Visitor is a serious complaint, the CV is able to undertake a more formal investigation.

CVP Values	
Respect	We value the voice and opinion of our client group, staff and service providers by respecting knowledge and expertise, acting courteously at all times, respecting others' privacy, being inclusive and ensuring cultural safety.
Empowerment	We walk alongside our clients, seeing the situation from their perspective, appreciating that all points of view are valid, striving to understand their journey and maintaining hope at all times.
Courage	We provide a robust service to our clients by giving frank comment, advocating for them, having the courage to communicate an outcome even if it may not be welcome or well received, and challenging services which are not respectful of the rights of individuals, including their right to high quality treatment and standards of care.
Independence and Integrity	We act ethically, openly, honestly and fairly by identifying and avoiding any conflict of interest, maintaining confidentiality, resolving complaints impartially and fairly and being accountable.

Table 1: CVP Values

CVP Structure



Thank You, Claudia Manu-Preston!

The CVP would like to acknowledge and express gratitude to Claudia Manu-Preston for her extensive contributions and work with the CVP team, Mental Health and Disability Services Sector in the Northern Territory. Claudia was the Manager of the CVP from 2012 until January 2022. Over her nine years managing the program, Claudia demonstrated fierce advocacy, passion and a strong desire for better outcomes for Territorians experiencing mental ill health and/or a disability. Claudia possesses extensive dispute resolution and effective communication skills when dealing with service providers and vulnerable people. She always showed a strong interest in social justice, mental health and disability and generously shared her knowledge.

Many involved with the CVP were delighted that Claudia's work was recognised in 2020 by the NT Mental Health Coalition's NT Mental Health Awards. Claudia was awarded the Phil Dempster Recognition Award. It recognises an individual working in the mental health sector who has made an outstanding contribution to the sector and shown a commitment to improving the quality of life of Territorians living with mental health challenges whilst advocating for their inclusion in the community.

The CVP is grateful that Claudia has agreed to remain involved with the program as an expert advisor and sessional CV. Since finishing in January 2022, Claudia has already provided sound advice and assistance to ensure continuity and growth of the CVP.

CVP
NT Community Visitor Program

2021 – 22 Annual Report CVP

Visits

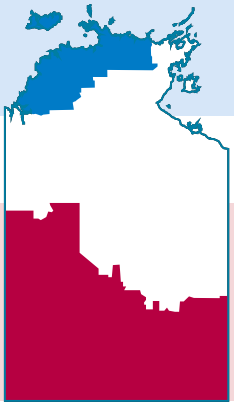
34
Disability

109
Mental Health

Total Visits;
143
Visits Conducted

Complaints, Enquiries and Issues

	Enquiries	Complaints
Top End	223	44
Central Australia	133	1



401
Complaints and Enquiries received.

Issues raised

Most matters involve multiple issues being raised. This year complaints and enquiries included:

858
Issues

25%
Increase from 2020-21 which highlights the need and increased demand for CVP.

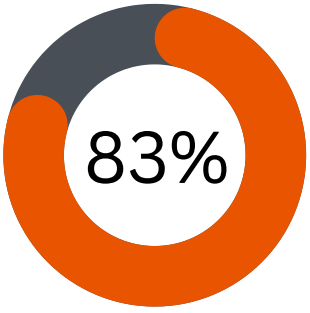
72%
Issues raised were resolved, referred or substantiated.

75%
Issues raised came from persons receiving services.

25%
From carers, relatives, guardians, case managers, service providers, doctors and nurses.

Seclusion

148
Total numbers of seclusions in NT Mental Health services.

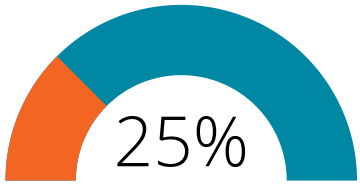


123
of these 123 or 83% were of Aboriginal and Torres Strait Islander people

2021-22 Key Achievements

Women's section opened in Top End Mental Health Services – High Dependency Unit – Joan Ridley Unit (JRU)

The Top End Mental Health Panel visited the newly opened space for women in the JRU, which provides additional protection for female patients on the ward. It is clean, spacious and bright. Women can freely access all areas of JRU, but the area can be closed off for safety if needed. Women can lock their rooms to other patients.



Increase of 25% in issues raised with the CVP

The CVP team have responded to a 25% increase in issues raised, and maintained a high level of resolution of issues. This is a credit to the hard work of the team, and support from the services.

COVID-19 response

Due to concerns around COVID-19 transmission, flexible arrangements for visits had to be implemented quickly. The CVP thanks the services for their assistance in facilitating flexible visiting arrangements, be it via video conferences, phone visits or otherwise. CVP also acknowledge the work that took place by services to safeguard and reduce possible transmission within the facilities.

Shift towards culturally-led care and supports in Forensic Disability Unit (FDU) and services

FDU have increased their culturally-led supports and services to residents. This resulted in a reduction in incidents of concerns for some residents, and improved quality of service.

Increased focus towards Aboriginal Mental Health Workers (AMHW)

Top End Mental Health service significantly increased the number of Aboriginal Mental Health Workers (AMHW). AMHWs are now on the wards for longer periods during the day and on weekends. Aboriginal and Torres Strait Islander patients have stated they have felt better supported.
It is also likely that this led to a significant reduction in seclusion rates for the second half of this reporting period (see below).

Responsiveness of service to acknowledge consumer feedback about gender diversity

On a mental health ward a consumer was adversely impacted by a lack of awareness by some staff about gender diversity. The consumer was keen to provide feedback to the service about their experience in the hope that this would inform best practice and improve safety and inclusivity for future consumers who are gender diverse. They suggested staff training and skill development. The CVP supported the consumer to provide detailed feedback to the service. The service was receptive to this feedback and committed to make improvements. (C/2022/00079)

2021-22 Submissions

The CVP addresses systemic issues by advocating for the rights of consumers and residents. This year the following submissions have been made;

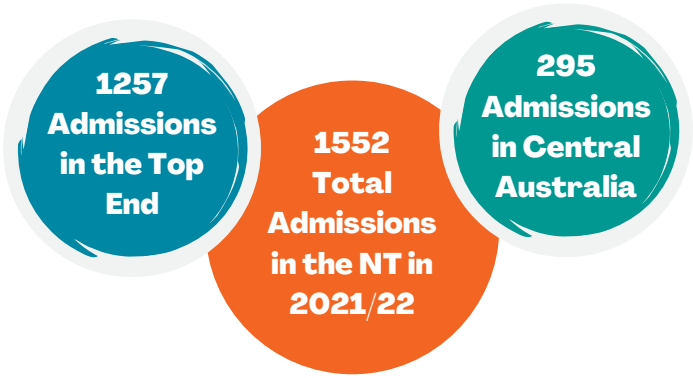
- National Disability Advocacy Framework submission to Department of Social Services
- NT Disability Strategy submission to Northern Territory Government; Office of Disability
- Approved Procedures and Quality Assurance Committee Northern Territory Government; Department of Health - Director of Mental Health and Alcohol and Other Drugs
- *NT Anti-Discrimination Act* Amendments Northern Territory Government; 'Have Your Say'
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability (Submission 2021)

Mental Health

The Community Visitor Program visits people in mental health facilities to ensure a high quality of treatment and services in the Northern Territory.

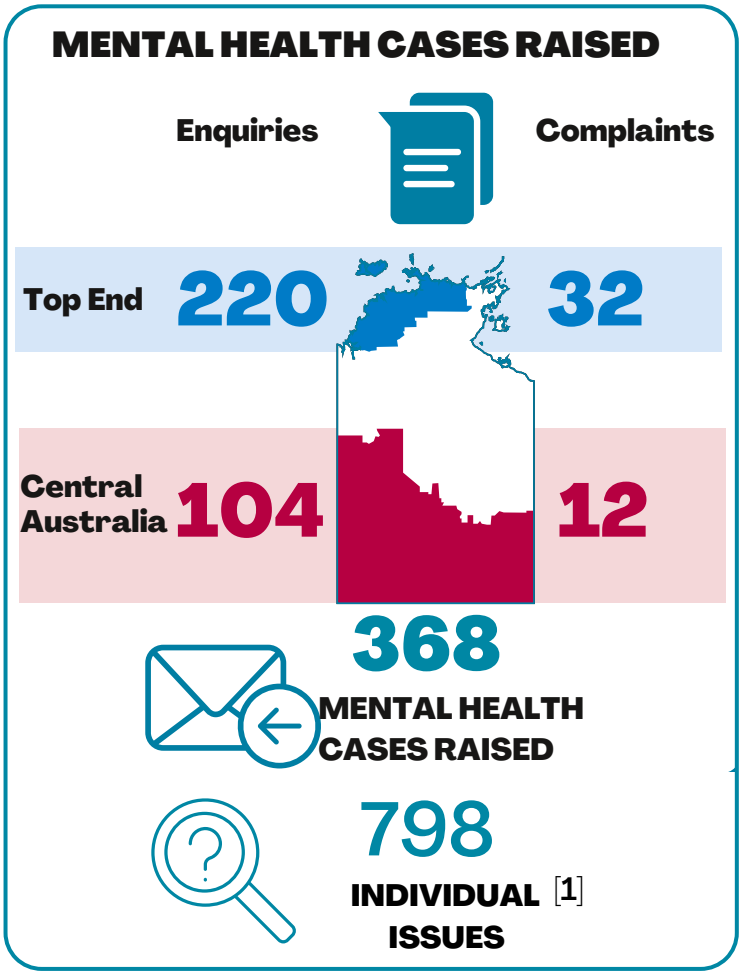
Mental Health services in the Northern Territory are governed by the MHRSA. The Act provides a legislative framework for the public mental health system, protects the rights of people who receive treatment and promotes safe assessment and care.

In 2021/22 there were 1552 admissions to Approved Treatment Facilities (AFT) in the Northern Territory. CVs visit the facilities in Darwin and Alice Springs weekly to ensure that people are able to talk with an independent person and raise their concerns. While COVID-19 visiting restrictions were in place in the Northern Territory, the CVP provided virtual visits and phone supports.



Additional to the weekly visits of CVs, the MHRSA also provides for Community Visitors Panels (the Panel). The Panel's role is systemic oversight of the service delivery, policies and procedures. The Panel consists of a medical expert, a legal expert and a community member. They visit inpatient facilities twice a year.
This year in Central Australia, the second Panel visit was delayed due to a vacancy on the Panel, which could not be filled in time. The outstanding visit is planned for September 2022.

In 2021-22 the CVP received 368 requests for assistance from consumers in mental health services. 41% came from face-to-face contacts during weekly visits.



[1] Each complaint and enquiry becomes a 'case'; each case may contain more than one issue.

TERRITORY-WIDE OVERVIEW [2]

01 Substantial improvements are needed to facilitate the rights of consumers under the MHRSA.

02 Prolonged stays of consumers are a concern with one person staying over 200 days. [3]

03 Documentation and the accuracy of record keeping related to involuntary admission to Approved Treatment Facility (hospital) must be improved.

04 The use of interpreters must be improved to ensure effective two way communication.

05 Some of the facilities are inadequate to support consumers safely.

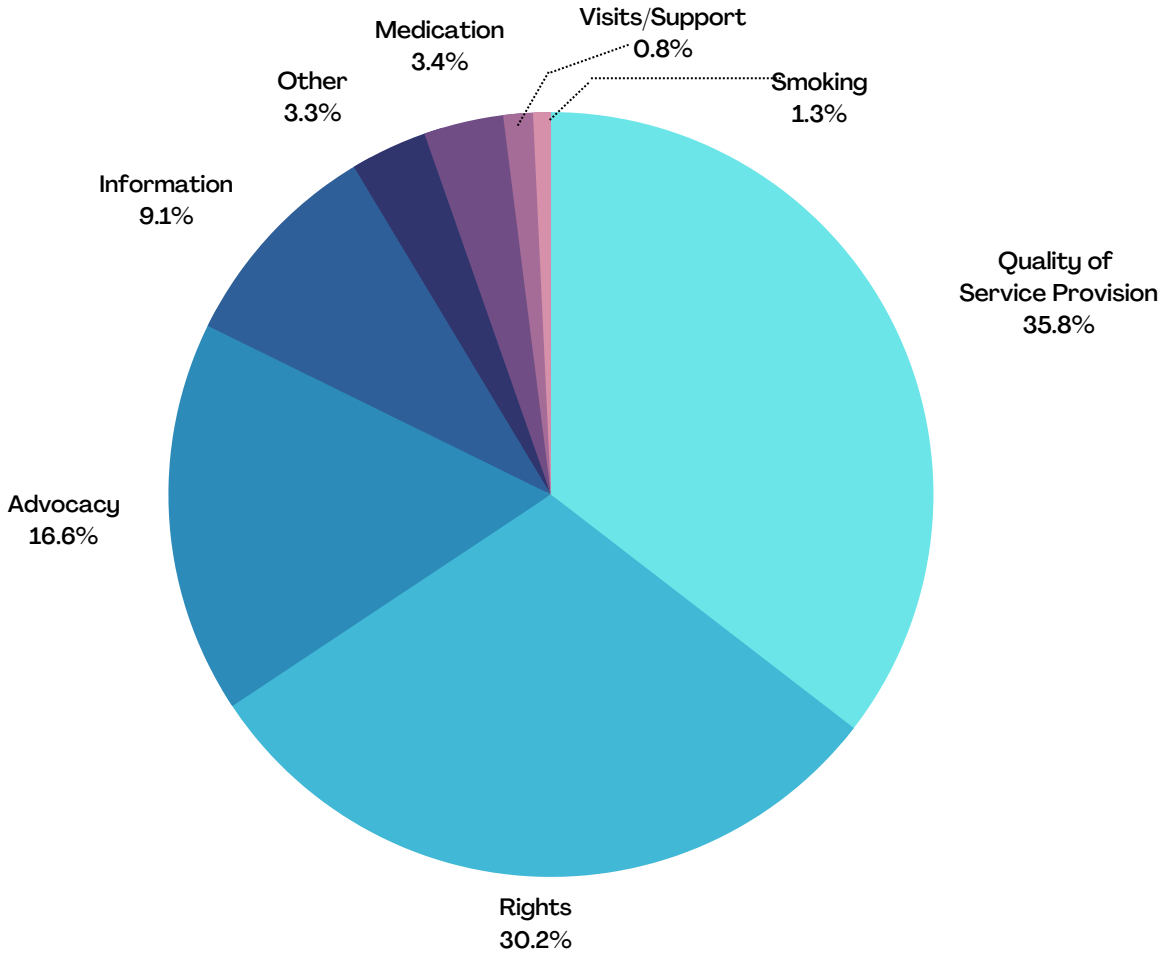
06 Continued development of the Aboriginal workforce is required in all areas of the NT Mental Health service.

07 The agreement between TEMHS and NT Correctional Services is outdated and new agreement remains outstanding.

[2] Based on consumer enquiries and complaints, CVs and Panels' observations, the CVP identifies the following issues as the most urgent matters
[3] C/2021/00311 Enquiry

The CVP tries to resolve enquiries and complaints at the lowest possible level. This ensures usually a faster outcome and is to the benefit of the person making the enquiry or complaint, and the service. Each enquiry or complaint may raise many issues and require multiple follow-ups often with different parts of the service.

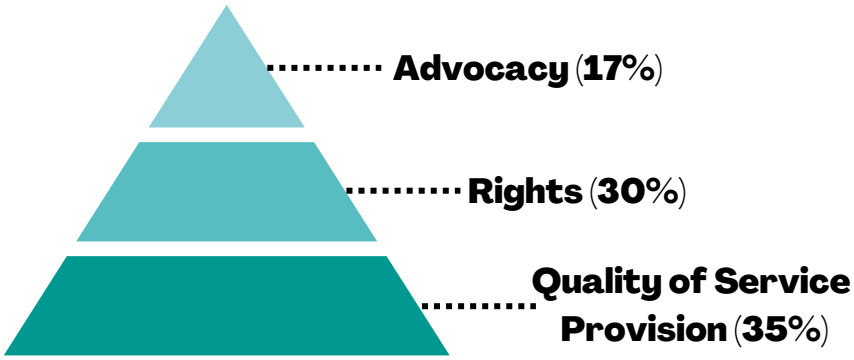
The CVP always works towards a lowest level resolution to resolve an enquiry before it is escalated to a complaint.



Graph 1: Mental health related issues raised with CVP in 2021/22

Quality of Service Provision - Relationships with staff

Therapeutic relationships are built on respect, trust, effective communication, good listening skills and transparency in decision making. 'Relationships with staff' was one of the most frequent issues raised in both the Top End and Central Australia.



The majority of consumer interactions with staff are positive. The CVs often observe and receive feedback about positive therapeutic relationships and respectful communication between staff and consumers.

However reports of being 'spoken over', 'not listened to' and disrespectful, dismissive and unprofessional communication have also been received. When consumers make these reports they also describe the feelings it evokes for them; sadness, disappointment, distrust, intimidation.

Additionally, many consumers were disappointed by the lack of time for therapeutic communication with their allocated nurse and doctors.

Furthermore, at times consumers have reported being pushed, and subjected to rough treatment with occasional allegations of physical assault and verbal abuse by Royal Darwin Hospital (RDH) and Alice Springs Hospital (ASH) security staff and safety officers.[4]

[4] C/2021/00322, C/2022/00051, C/2022/0006, C/2022/00122

Consumers who experience poor relationships with staff, report that these experiences have impacted negatively on their ongoing engagement with the service and willingness to seek help in the future.

> ***...'rather than just be told 'no' by nurses, he needs someone to sit and discuss meaningful things with him.'***
>
> ***C/2021/00281***

Insufficient infrastructure in the Top End

There is an insufficient number of rooms available for consumers to meet with their treating medical team, lawyers or advocates. The CVP observed that meetings often take place in open areas like the eating area, on couches in communal spaces and the hallways.[5] The CVP acknowledge this as a structural issue that severely restricts practitioners in upholding their obligations towards consumer privacy and confidentiality. This is an ongoing concern and has been escalated to a complaint in the Top End.

Consumers continue to report that the JRU has a 'prison like' or 'punitive feel' and that they feared for their safety after being exposed to verbal abuse and/or physical assaults.[6]

[5] C/2021/00339 Complaint
[6] CVP Trimester Report Top End 14/07/2022, C/2022/00185

In recent years the number of mental health admissions has steadily increased, while the capacity remained the same. Again this year there have been consumers who were detained under the MHRSA but have not yet been admitted to the Mental Health ward due to bed shortages. These consumers are referred to as 'outliers'. They remain in the emergency department (ED) or are admitted to other wards for extended periods. This is unsuitable for their needs.

CVs have commenced visits and services to 'outliers' in addition to regular visits to the mental health wards. Consumers have suggested that there has been a lack of privacy when receiving supports outside a mental health ward. One person stated that while in ED the board above the bed said 'PSYCH' in large red writing and there was a security guard next to her. There were two other patients nearby in her room and her case was spoken about "openly and quite loudly".

Rights - least restrictive care and treatment / least restrictive environment

The concept of 'least restrictive' underpins the MHRSA and requires that consumers receive the least restrictive care and treatment in the least intrusive environment. Issues related to this was the most frequently raised 'Rights' issue (33%).

There are many forms of restriction that a consumer may experience, i.e. from being involuntarily admitted to a locked ward, restriction of communications (e.g. phone access) or the most significant restriction is to be secluded or mechanically restrained. Restrictive practices are regulated in the MHRSA and in a range of policies and procedures.

All mental health wards in the Northern Territory are locked wards. Consumers, both voluntary and involuntary, are unable to leave the ward without a doctor's written approval. This causes many consumers great distress. 75% of enquiries and complaints about restrictions, included issues related to ground leave/leave or requesting discharge.

Requests for advocacy

Community Visitors supported people to express their views and wishes and assert their rights. Frequently, consumers sought CVP assistance to gain further information from the service. There is concern that a large number of enquiries are the result of staff not explaining consumer rights, ward procedures and expectations on admission. The low use of interpreters also contributes to consumers not understanding their rights or ward procedures.

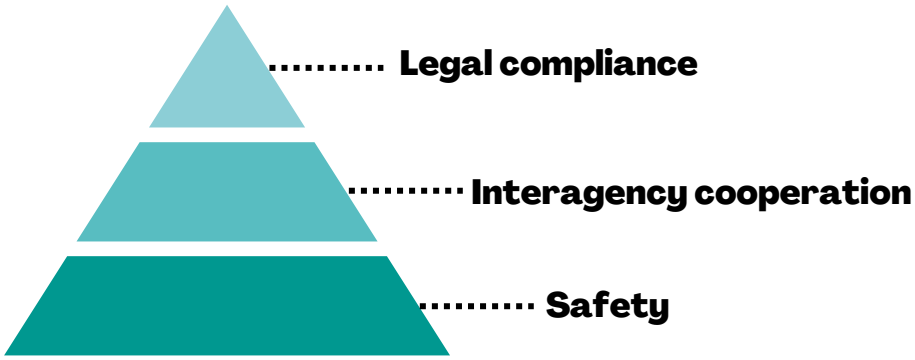
133 formal requests for CVP advocacy

Systemic issues

In addition to individual consumer feedback, weekly visits, and Panel visits, the CVP conducts inspections of community-based mental health teams throughout the year. Inspections provide a broader perspective on the quality and effectiveness of the Northern Territory's Mental Health services that operate in the community.

Systemic issues for the CVP include;

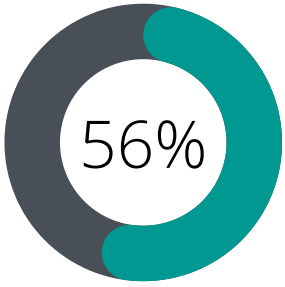
- **Safety**, including cultural safety
- **Interagency interface**
- **Legal compliance**



Safety

Culturally safe services

Mental Health services must be culturally safe and competent, and responsive to the unique cultural diversity of the population and each person. Effective communication is a fundamental element of this.



56% of consumers identified as Aboriginal and/or Torres Strait Islander

In this last year, there have been positive developments such as the increase in Aboriginal Mental Health Workers (AMHW) in the Top End Inpatient Units and the support offered to these workers to further develop their skills and knowledge to become Aboriginal Health Practitioners.

In Central Australia the use of a Ngangkari (Aboriginal Traditional Healer) for consumers at the Mental Health Unit continues to be frequent. Central Australia has also commenced work with the Aboriginal Health Policy Department about the implementation of the NT Health Aboriginal Security Framework 2016-2026.

Use of interpreters

The inadequate use of interpreters is an issue raised consistently with the Mental Health services. While this relates to all languages other than English, it is most evident in the lack of provision of services in Aboriginal languages.

Many factors can impact on the availability of interpreters and the challenges are well-known. Sometimes there is no interpreter for a particular language, the Aboriginal Interpreter Service may not have capacity to provide the interpreter, or the interpreter does not attend. However, some of the shortfalls result from ineffective strategies of the services, i.e. the first language of the consumer is not or incorrectly identified, interpreters are not booked, the responsibilities for bookings are unclear or staff may think that the consumer's ability to communicate in English is sufficient.

The results of ineffective communication are often concerning or painful for the consumer (confusion, uncertainty), but may also affect the quality of diagnosis and treatment. The CVP reiterates that the obligation for effective communication lies with the service.

Aboriginal staff

One of the foundations of a culturally competent service is effective cross-cultural communication. Aboriginal Mental Health Workers are key

partners in ensuring Aboriginal and Torres Strait Islander consumers are able to access and use Mental Health services that meet their needs. Having a stable, well-supported Aboriginal workforce is critical to providing a culturally safe and competent public mental health service.

Inspections of community-based teams and visits to inpatient facilities have highlighted the lack of progress in filling positions, creating pathways, recruitment and retention of Aboriginal staff.

Recently the Top End Mental Health inpatient unit increased the Aboriginal workforce, employing more AMHWs and Personal Care Assistants, improving access to these workers by extending AMHW ward cover to 12 hours per day, seven days a week. The CVP acknowledges these efforts and encourages other work units to follow the Top End inpatient unit's lead. The sharing of implemented recruitment and retention strategies is strongly encouraged. The ongoing workforce issues need to be addressed systemically as a priority.

Interagency cooperation

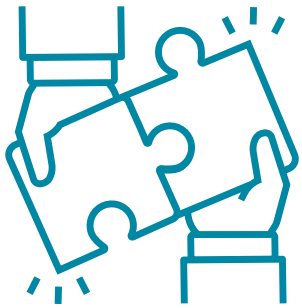
Transport services – intubation

Late in this year (2021-22) a number of incidents of intubation during the transport of consumers from remote locations came to the CVP's attention. The CVP will monitor and enquire into the use of intubation in the context of 'least restrictive' care and requirements of the MHRSA.

NDIS interface

It is acknowledged that the services have responsibility for the safety of consumers and discharging a person prior to being ready can have significant consequences. In some circumstances there were delays in discharge because services were waiting for the outcome and implementation of a National Disability Insurance Scheme (NDIS) plan. In one case despite efforts from the service a person remained on the ward for over 200 days.

The CVP notes that the clinical teams have written NDIS applications to assist with discharge supports for consumers. In some circumstances if a person's NDIS plan was rejected, staff wrote multiple applications for the same person until a successful result was achieved. A strengthened collaboration between Mental Health service staff and external services and supports like the NDIS Health Liaison Officer could assist with accelerating transitioning persons out of the wards to community settings. Two hundred plus days in a High Dependency Mental Health Unit is not a therapeutic environment for recovery.



NT Correctional Services

The CVP continues to raise concerns about the level of supervision of prisoners provided by Corrections officers within Mental Health services. In Central Australia the CVP observed that mechanical and other restraint have continued to be applied by Corrections officers on persons admitted as in-patients.

The CVP acknowledges that in the Top End management aims to reduce the number of prisoners admitted to Mental Health services. However Corrections officers' supervision role[7] remains an issue requiring urgent attention, as does Corrections officer engagement with consumers not in custody to ensure the rights of all persons are upheld.

The updated agreement between TEMHS and NT Correctional Services remains unsigned.

[7] C/2022/00179

Legal compliance

Form 10 completions

An involuntary admission to an ATF is a significant restrictions of a person's freedom and is therefore regulated by the MHRSA. The CVP places great emphasis on monitoring that the services comply with the requirements of the Act.

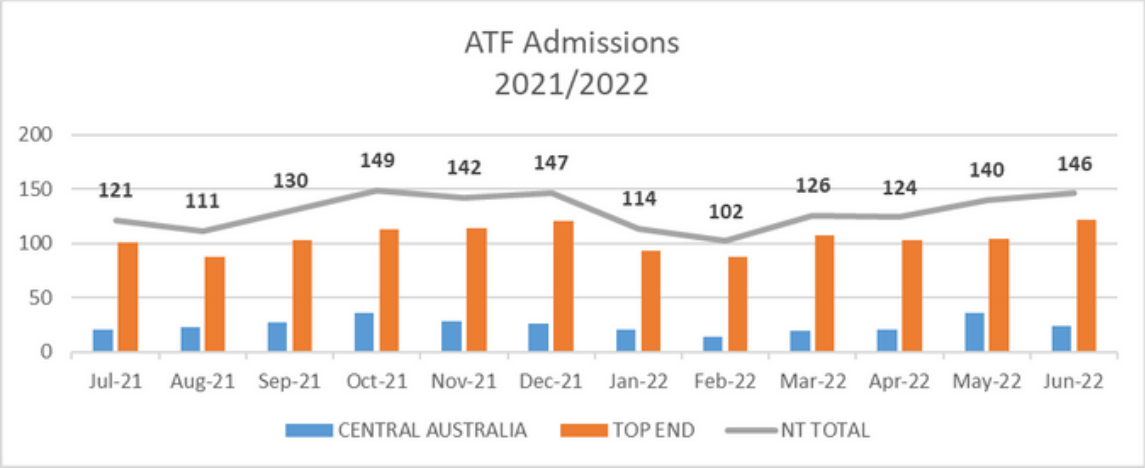
A Form 10 is the Approved Form used by NT Mental Health services to legally authorise and record the detention of a person under MHRSA in the Northern Territory. The form also requires that the service confirm that they have explained the legal status of detainment and the consumer's rights to them.

The Form 10 must be sent to both the Northern Territory Civil and Administrative Tribunal and the PCV.

Both TEMHS and MH-CAR are not fully complying with their legislative obligations for involuntary admissions. The CVP has continuously raised this as evidence that people's rights are not being complied with. However, the CVP acknowledges the significant improvement[8] in the receipt of Form 10 since the implementation of a compliance officer in late 2021.

This year there were 1552 [9] people admitted to the inpatient units in the Top End and Central Australia. The PCV received 959 Form 10, (708 from TEMHS or 56% and 251 or 85% from MH-CAR), in 2021-22.

[8] In 2020/21 Form 10 were received for only 30% of admissions inferring 70% were voluntary or not sent to the PCV.
[9] Admission numbers supplied by TEMHS for 01 July 2021 – 30 June 2022 on 12 August 2022 (1254), Admission numbers supplied by MH-CAHS for 01 July 2020 – 30 June 2021 on 15 August 2022 (295).



Graph 2: Number of admissions to Approved Treatment Facilities

Only 69% of all people were recorded as being told they had the right to an early review of their hospital admission by an independent tribunal.[10]

24% of people in the Top End and 34% of people in Central Australia were not informed of their legal status

One person complained that they had requested an early review but the service did not facilitate her request. An investigation by the CVP found multiple contributing factors including; poor handover procedures, lack of doctor's understanding of consumer rights and how to facilitate them. The doctor apologised to this person, acknowledging the error and allowing for a low level complaint resolution, and continued therapeutic relationship.[11]

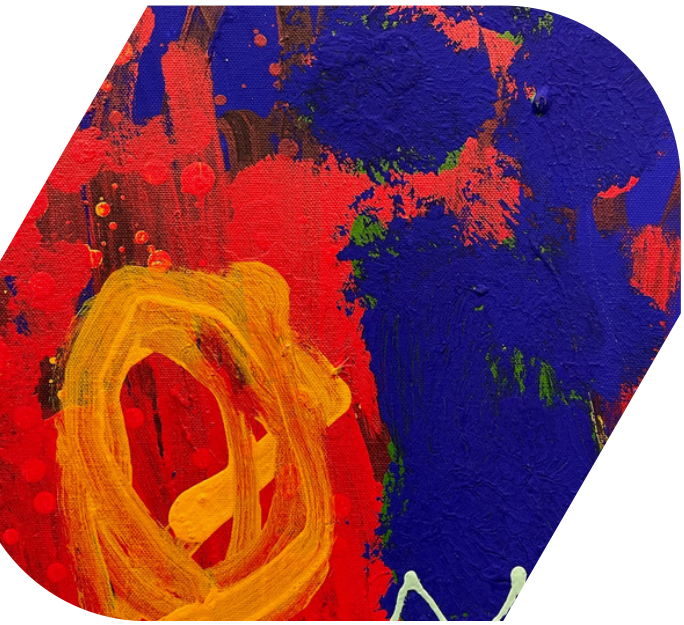
[10] Of the 959 Form 10 received, 664 demonstrated that the person was advised of this right to early review by the Mental Health Review Tribunal.
[11] C/2022/00173

Seventeen people (7%) in Central Australia and ten people (1%) in the Top End were held over the legislated timeframe before their required second psychiatric assessment.

Only 24% of the 71 people identified as requiring an interpreter for assessment had an interpreter present. The CVP consider it highly likely that there are many Aboriginal people not being afforded their right to receive information in their language.

143 Form 10s indicated that a person required an interpreter for their Mental Health Review Tribunal hearing. This is double the number of people identified as requiring an interpreter for assessment. It is unclear to the CVP why psychiatric practitioners would consider interpreter needs differently for these critical events in a person's admission.

The completion of Form 10 is the evidence that the rights of consumers are observed.



DoH KEY ACHIEVEMENTS

01 A 3 bed, female only wing has been added to the high acuity Joan Ridley Unit in the Top End

02 Aboriginal workforce has increased significantly at the inpatient unit in the Top End

03 Longitudinally, seclusion rates are reducing

04 Establishment of the permanent Clinical Nurse Educator in Central Australia

05 Director of Allied Health having NDIS within their portfolio to assist with upskilling Mental Health staff about the NDIS

06 CVP closed 6 open recommendations, 3 in TEMHS, 3 in MH-CAR

07 Opening of a newly developed courtyard in Cowdy Ward, TEMHS

Newly renovated court yard; Cowdy ward – TEMHS

RECOMMENDATIONS

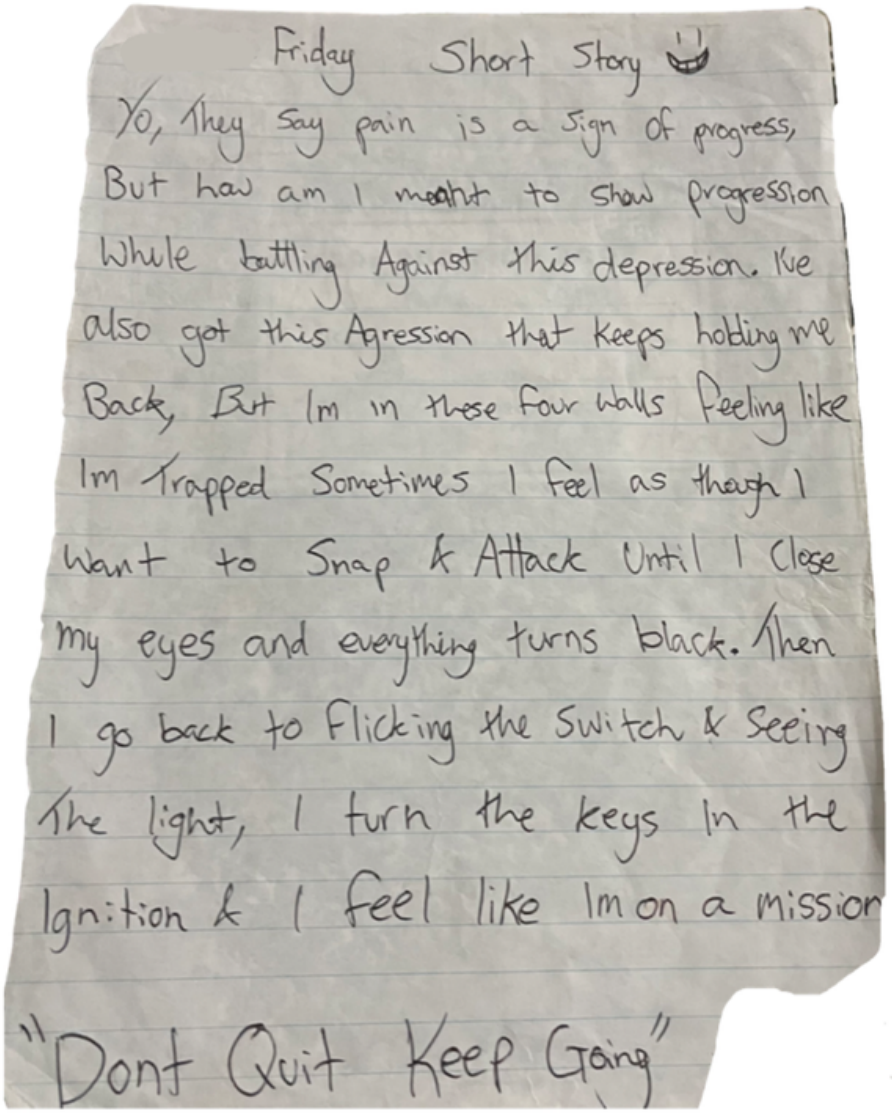
(See appendix for full list of recommendations)

Top End Mental Health Services 31 Open Recommendations	Central Australia Mental Health Services 17 Open Recommendations
Approved Treatment Facility 15 Open Recommendations	Approved Treatment Facility 6 Open Recommendations
Child & Adolescent Mental Health Team 4 Open Recommendations	Child & Youth Mental Health Team 4 Open Recommendations
Katherine Remote Mental Health Team 3 Open Recommendations	Sub Acute Facility 1 Open Recommendation
East Arnhem Community Mental Health Team 4 Open Recommendations	Barkly Mental Health Service 1 Open Recommendations
Forensic Mental Health Team 1 Open Recommendation	Forensic Mental Health Team 4 Open Recommendations
Adult Community Mental Health Teams 4 Open Recommendations	Adult Community Mental Health Team 1 Open Recommendation

Table 2: Mental Health Recommendations

CONSUMER VOICE/STORY 2021-22

> ***'It (JRU) is cold and its dark and it's miserable. It saps all the hope out of you.'***
>
> ***C/2022/00185***

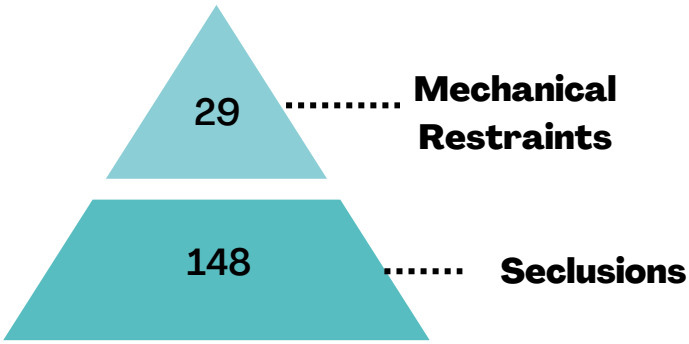


Generously shared by "J" who engaged with the CVP in 2021-22

Restrictive Practices

Any use of restrictive practices is concerning because it can cause both physical and psychological harm. Inappropriate use of restrictive practices can constitute both a breach of the law and of human rights. Reducing, and where possible eliminating, restrictive practices in mental health services is a key national mental health safety and quality priority.[12]

The MHRSA requires that the CVP closely examine the use of restrictive practices that occur in Approved Treatment Facilities (ATFs) in the Northern Territory. The CVP inspects the ATF's seclusion and mechanical restraint registers every six months.



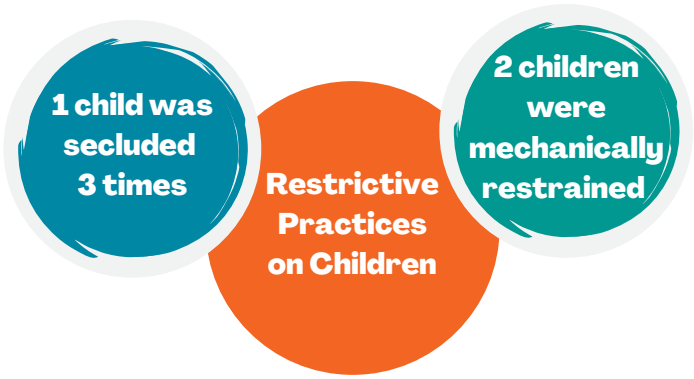
Restrictive practices on children

The use of restrictive practices on children is prohibited with the exception of limited circumstances authorised by the MHRSA. It is the CVP's position that the use of restrictive practices on children needs to be eliminated. This is to protect children from harm, uphold their legal and human rights and ensure they receive optimal, evidence based care and treatment in a therapeutic environment.

The CVP is pleased to report that the number of children secluded in the Northern Territory mental health facilities has significantly reduced.

[12] National Mental Health Commission, Reducing Restrictive Practices, Australian Government.

In 2020/21, 15% of all seclusions that occurred in the Northern Territory involved children aged under 18, in 2021/22 this has reduced to 2%.

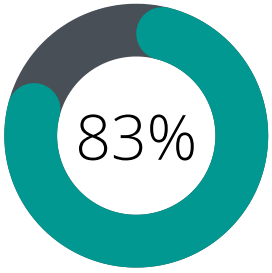


Seclusion

A patient may be kept in seclusion for four specific reasons which are clearly articulated in the MHRSA. Often persons who are secluded satisfy more than one of the criteria.

MHRSA - Grounds for Seclusion s62(3)(a-d)
For the purpose of the medical treatment of the patient
To prevent the patient from causing injury to himself or herself or any other person
To prevent the patient from persistently destroying property
To prevent the patient from absconding from the facility

Table 3: MHRSA - Grounds for Seclusion



Of 148 Seclusions 83% were of Aboriginal people

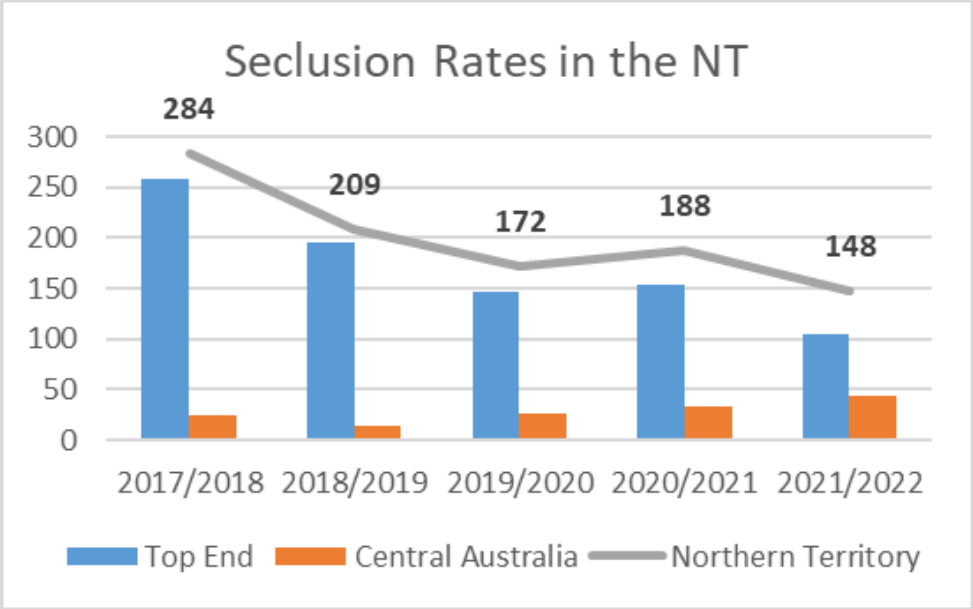
The CVP has observed that the annual rate of seclusion in the Northern Territory for 2021-22 is significantly lower than any previously recorded period in the past five years.

While the Territory wide longitudinal data is positive, caution must be observed as an upward trend is evident in seclusion data for Central Australia since 2018-19.

From the Top End Panel Report: Seclusion reduction

In the Top End there has been a significant and continuous reduction in seclusion. To understand if it is sustainable, the CVP Panel asked about the reasons for the reduction: On JRU there is now stable leadership in the clinical nurse consultant, who also has a mentoring role for an experienced and stable team of clinical staff. JRU consumer numbers have been maintained at the lower level of eight, which helps sustain a low stimulus environment.

It is expected that the consumer numbers will increase soon, but there will also be an increase in staff numbers. Clinical led care is also supported by the replacement of security staff by Personal Care Assistants, who have access to relevant training. Forensic consumers are allocated bedrooms at the end of the corridor in JRU. This means that while these consumers can access most areas of the ward (excluding the outdoor courtyard), the accompanying NT Corrections officers will not be so prominent in the common areas. This helps to create a less 'prison like' environment in JRU. An Occupational Therapist has been appointed to improve appropriate activities for consumers.



Graph 3: Seclusion Rates in the NT

Cultural safety and seclusions

The CVP identifies potential impediments to de-escalate behaviours including confusion and distress arising from communication and language barriers. This also contributes to an increased level of restriction. The use of interpreters prior to seclusion and for debrief needs to be increased.

A file review was conducted for an Aboriginal man who was secluded on 16 occasions. His medical file noted that his preferred language was an Aboriginal language. The consumer had multiple admissions during this reporting period, some of which were long. The records of the service evidenced that an interpreter was requested on 21 occasions, but confirmed only on 7 occasions.

As discussed above, the impact of subjecting consumers to restrictive practices can be harmful and distressing. To minimize the impact, the services should apply a variety of pre and post intervention strategies. Strategies after a seclusion or restraint event include providing assurance and a debriefing for the consumer. Both pre and post intervention strategies are to be recorded on the relevant form and in client files.

With a significant over-representation of Aboriginal and Torres Strait Islander consumers experiencing restrictive practices, language and

cultural barriers are likely to contribute to this.

In its review of the seclusion registers, the CVP identified that in both Top End and Central Australia there is little evidence that interpreters or AMHW's have been used in interventions to prevent or provide assurance after seclusions.

In 2022 in Central Australia's MHU, all consumers in seclusion were Aboriginal. Half of them were recorded as requiring an interpreter. In the same period in the Top End, 63% of people secluded were Aboriginal. Less than half of the Aboriginal people secluded were afforded debriefing. As stated above, the services in the Top End have already implemented changes that have assisted in reducing the overall numbers of seclusions. However, a range of interventions and changes in service delivery are required across the NT to address the ongoing impact on Aboriginal and Torres Strait Islander consumers.

Mechanical restraint

As required by the MHRSA[13] TEMHS and MH-CAR continue to record the use of mechanical restraint. According to the registers there has been a decrease of mechanical restraint across the NT. However the CVP are not confident that all instances of mechanical restraint are being recorded in the registers.[14]

Although significant work was undertaken by Mental Health services in 2020-21 to improve the procedures related to mechanical restraint [15] registers in the Top End and Central Australia continue to be inadequate and do not contain the minimum required information. The CVP has raised concerns that the Northern Territory Mental Health services currently do not meet their legislative obligations to record mechanical restraint.

[13] S61(12)
[14] Jan 2022 – June 2022 Seclusion and Mechanical Restraint Report (Top End)
[15] Mechanical Restraint TEHS Procedure, Version 1.0, Approved 01/07/2021

Forensic Disability

100% of residents are Aboriginal / Torres Strait Islander men

CVP Overview in Forensic Disability

The Community Visitor Program is a statutory oversight body that safeguards the rights of people on Supreme Court supervision orders, living in residence under the *Disability Services Act 1993* (DSA). These orders require a person to live indefinitely at a disability facility operated by the NT Government. This is a serious restriction of a person's freedoms. All residents have complex cognitive impairments.

The CVP provides oversight through visits to residential facilities. Visits are conducted by both Community Visitors (CV's) and the CVP Disability Panel. The DSA sets out clear timeframes for CVP visits and inspections. The Secure Care Facility (SCF) in Alice Springs must be visited on a monthly basis. Visits to residents at Appropriate Places are to occur quarterly. The CVP Disability Panel is required to visit the SCF every six months. The CVP acknowledges it did not complete a Panel visit in the first six months of 2022. Due to delays in recruitment of the Legal Panel Member position, only one Panel visit occurred in 2021-22. At the time of writing, a new Legal Panel Member has been recruited and a visit to the SCF has been scheduled for August 2022.

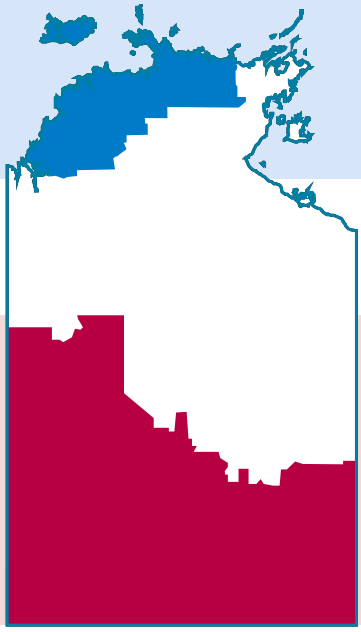
During visits the CVP engages directly with residents to establish if there are any concerns or complaints to raise. The CVP independently monitors the overall standard of care and treatment, including behaviour support plans and the use and documentation of restrictive practices.

During this period, the CVP had oversight of eight residents as advised at the time by the Forensic Disability Unit (FDU) and conducted the majority of disability visits in Central Australia. This is due to the majority of residents residing in Central Australia and the more frequent visits that the DSA requires for the SCF.

The CVP requested information about several other people to determine the CVP's obligations to visit under the DSA. The service failed in its responsibility to respond to these requests and to notify the CVP of all people under Part IIA Supervision Orders in residence covered by the DSA. Poor response times create a gap in information and a denial of advocacy support and regulatory oversight.

FORENSIC DISABILITY CASES RAISED

	Enquiries	Complaints
Top End	3	0
Central Australia	29	1



33

CASES RAISED

57

INDIVIDUAL ISSUES

TERRITORY-WIDE OVERVIEW

01 The CVP has made positive observations in relation to residents' care and treatment during this period and has welcomed progress made in a number of areas, including cultural safety.

02 The CVP holds serious concerns about the lack of response by the service to information requests, enquiries and issues raised by the CVP during this period, and notes the legislative requirement of the service to provide reasonable assistance as per s65 of the DSA.

03 Significant issues have been identified in areas such as record keeping and integrity of records, critical incident management, visits to country and independent review of restrictive practices.

04 The CVP notes ongoing advice that a Behaviour Support Review Panel is to be established soon, however stresses that the absence of this safeguard remains a breach of Section 40 of the DSA.

COVID-19 pandemic

An additional challenge during this period was the COVID-19 pandemic, which has impacted on FDU staffing and opportunities for residents, including community access, contact with family and visits to country.

The CVP has noted positively the efforts of the FDU to support ongoing contact between residents and their families through technology, where face to face visits have not been possible. In Central Australia, innovation was observed in the FDU's response to staffing issues caused by COVID-19: rather than utilising agency staff, preference was given to an NDIS provider that was working on the transition of a resident. This provided an

opportunity for learnings both ways, due to the cultural expertise of the NDIS provider and the specialist forensic practice expertise of the FDU.

Overall, the CVP commends the FDU on its response to the challenges and risks of COVID-19 and the efforts that were made to protect the wellbeing of residents, many of whom present with a range of complex co-morbidities. The CVP will continue to monitor any additional restrictions for residents as a result of COVID-19, based on the principle that any restrictions should be necessary, reasonable, temporary and proportionate.

Top End

The appointment of an Aboriginal Liaison Officer has been welcomed for the improved cultural safety this provides to residents. Based on resident feedback and care plans reviewed, the CVP observed that "support for residents to maintain contact with family and community and engage in activities that are respectful of their cultural obligations was evident."[16] FDU clients in the Top End have appeared to be happy with the care and treatment they receive and gave feedback indicating that they feel they are treated with respect.

The Cottages had no air-conditioning, which became uncomfortable for the residents during the hotter and humid months. This issue was raised in a number of reports to the service. During a visit in May 2022 the CV noted plans that air-conditioning would be installed in each residents' kitchen and bedroom. This will improve the living conditions of residents at the facility. The CVP commends staff for their continued advocacy on this issue.[17]

To assess and document incidences, the FDU uses the Incident Severity Rating (ISR) system. In reviews of FDU documentation the CVP observed inconsistent categorisations of incidents. This compromises the utility of the data in terms of informing practice, planning and risk management.

[16] CVP Quarterly Visit Report (The Narrows and The Cottages), 25/5/2022
[17] CVP Quarterly Visit Report (The Narrows and The Cottages), 25/5/2022

Central Australia

The CVP has noted positively the development of policy documents that support quality and culturally informed care (including FDU Critical Incident Procedure, Aboriginal Cultural Security Framework, and policies concerning the use and booking of AIS Interpreters).

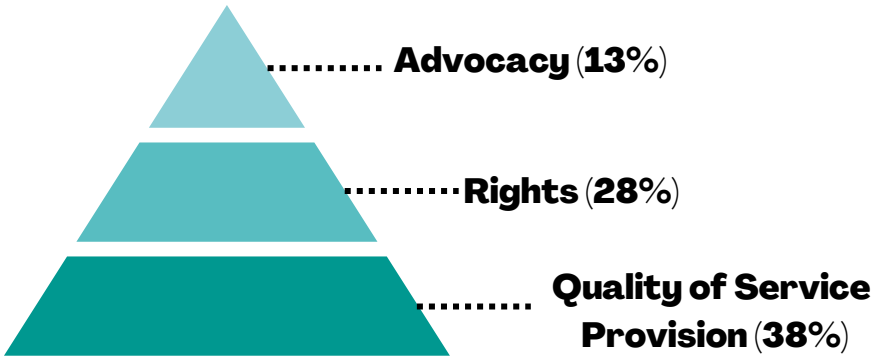
During their visit to the SCF, the Panel was pleased to see numerous signs displayed around the facility with words in Aboriginal language and their English translations, and noted the efforts of staff to learn words in Aboriginal language. This effort was also supported by the Aboriginal Liaison Officer (ALO).[18]

Residents have clearly benefitted from the support of the ALO. The demeanour of one resident in particular has been transformed by his regular contact with Aboriginal staff who are employed through a local NDIS provider.

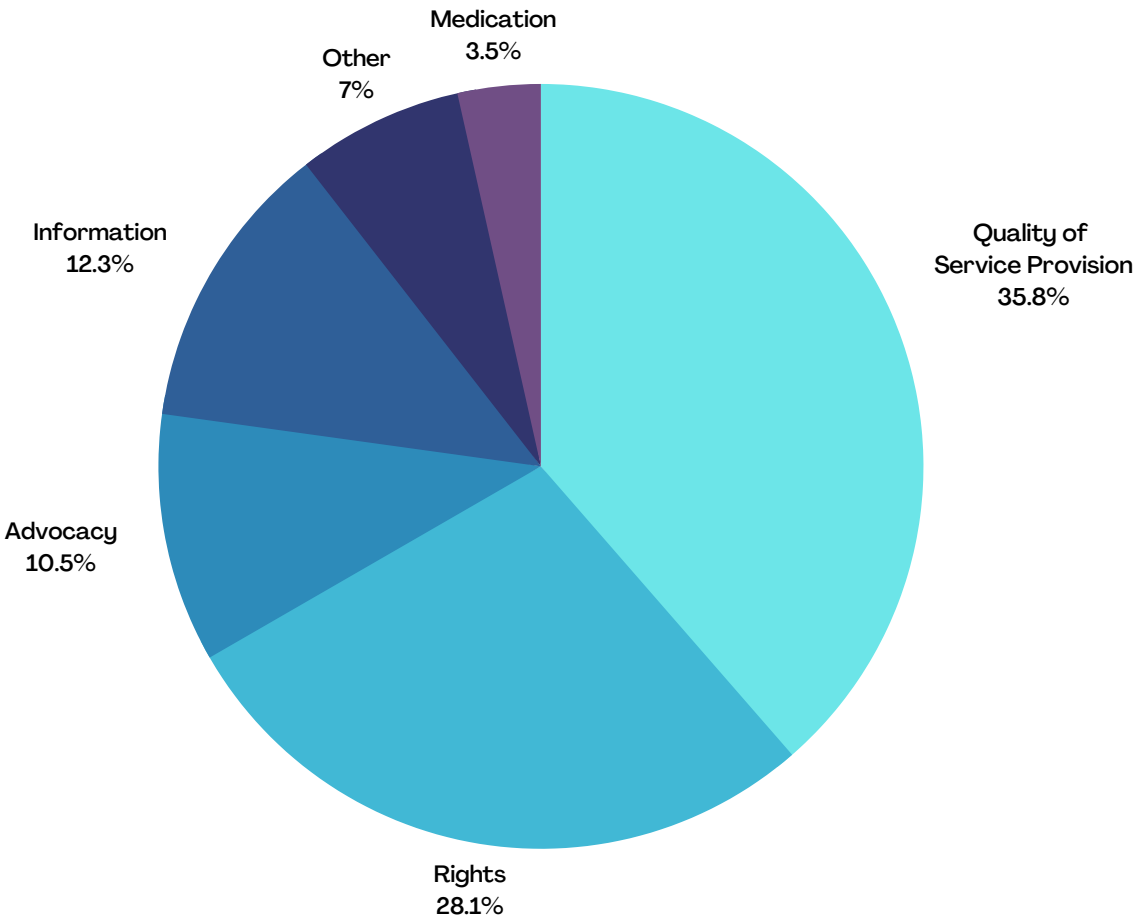
Issues still remain in relation to resident access to independent interpreters.

Top 3 issues

The top 3 issues raised by consumers were:



[18] CVP Panel Report, 29/11/2021



Graph 4: Disability related issues raised with CVP in 2021/22

Quality of Service Provision: Critical incident management and record keeping

Accurate record keeping and incident reporting is a crucial process that enables FDU management to be kept appraised of serious incidents and issues, and ensure an appropriate response and follow-up by the service.

Residents and guardians consistently raised concerns about critical incident management, record keeping, and integrity of records.

This included inconsistency between documents pertaining to the same incident, incomplete documentation,[19] concerns that restrictive practices

[19] CVP Panel Report, 29/11/2021

may have been used but were not documented, [20] and two serious incidents concerning assault allegations against staff that were not immediately reported to the Police.

The CVP noted a significant delay in the reporting of a serious incident involving an alleged violent altercation between a resident and staff member; it was not written up as an incident report for four months.[21]

CVP is concerned that recording and reporting anomalies compromise the ability of the FDU to manage critical incidents. This is to the detriment of both residents and frontline staff and poses significant risks to the safety of both.

Rights: Family and country

The CVP has received numerous enquiries from resident who stated that they miss family and their country and wanted to visit them.[22] Some residents appear isolated from their family.

The CVP sought information from the service about the frequency of visits. The CVP acknowledges the barriers that at times have been posed by COVID-19 restrictions to remote travel. Given the lifting of travel restrictions and biosecurity zones, the CVP repeatedly raised the importance of visits to families and country as an essential component of cultural safety, and family and community connection and eventually transition to less restrictive options.

[20] CVP Own Motion Enquiry C/2022/00102
[21] CVP Enquiry C/2022/00039
22] CVP Enquiries C/2022/00165, C/2022/00111

Advocacy

Residents have sought CVP assistance in advocating to the service in relation to a variety of issues. Examples include a residents' concerns about their living environment, such as the location of a person's room and proximity to noise and disturbance, and requests to transition to a less restrictive residential setting.[23]
On other occasions advocacy related to residents' requests to travel to see family or attend a funeral, and obtaining contact details for family members who live in remote areas.[24]

Top 3 Systemic Issues

- **Cultural Safety**
- **Service Responsiveness:** Record keeping and responding to enquiries
- **Legal Compliance:** Behavioural Support Review Panel

Cultural safety

CVP have made some positive observations about cultural safety being improved with the employment of Aboriginal Liaison Officers (ALO) in each region.

Notwithstanding this, the CVP raised the need for "significantly more opportunities for residents (who are all Aboriginal males) to be provided care and treatment by other Aboriginal people, preferably with Aboriginal language skills," and for strategies to increase the recruitment and retention of Aboriginal staff, not only in the capacity of an Aboriginal Liaison Officer to be developed and implemented.[25]

[23] C/2021/00212, C/2022/00104
[24] C/2021/00111, C/2022/00165

Service Responsiveness

Record keeping

Numerous concerns have been raised about record keeping and integrity of records. This has included observations by CVs in both regions about how critical incidents are rated and categorised, and issues in Central Australia regarding inconsistent, incomplete or absent documentation.
The CVP notes the importance of incidents being accurately reflected and categorised in a timely manner due to the impact this may have on client data, risk assessments, and the ability of FDU management to appropriately respond to critical incidents. It is also a legislative requirement of the DSA that any use of restrictive practice is recorded. Concerns were raised following one Panel visit about incomplete restraint intervention documentation and one instance where the critical incident report did not contain sufficient evidence to justify the use of chemical restraint on the resident.[26]

Responsiveness to CVP enquiries

As per the protocol between the CVP and Office of Disability, the CVP must be provided with prompt notification of people who are to be monitored by the CVP under the DSA. This enables the access of new residents to the CVP's advocacy, monitoring and inspection.

The CVP notes the repeated requests for updates on current information for residents and the lack of timely notification and responses by the FDU. This means that some residents on supervision orders were not afforded the protections of CV visits, monitoring and advocacy for significant portions of 2021-22. It is essential that the CVP is provided with the information required to fulfil its role.

[25] CVP Quarterly Visit Report (The Narrows and The Cottages), 25/5/2022
[26] CVP Panel Report, 29/11/2021

The CVP also holds serious concerns about the lack of response by the FDU to some enquiries and issues raised by the CVP during this period. The lack of response to some issues clearly raised, including serious matters and potential offences, does not comply with the legislative obligation of the service to provide reasonable assistance and cooperation to the CVP under the DSA.

Legal Compliance

Behaviour Support Plan Review Panel

Section 40 of the DSA requires the establishment of a Behaviour Support Plan Review Panel (Review Panel). Its purpose is to provide residents access to an independent review and authorisation process for restrictive practices in Behaviour Support Plans (BSP). Residents' BSPs are not covered by legislated safeguarding provisions of the *National Disability Insurance Scheme Act 2013*. This means FDU residents are not provided the same quality and safe-guarding mechanisms that are provided to people with a disability who are NDIS participants.

This year the CVP again highlight the lack of a Review Panel and despite a written assurance from the Minister that it would be in place in the first quarter of 2022, it is not in place.

The absence of this protection is an ongoing breach of the DSA.

RESIDENT STORY/VOICE 2021-22

During this period the CVP has been pleased to observe progress on the transition of a long term resident. The NDIS supported transition currently involves the resident accessing the community supported by an NDIS provider. Plans for the transition are staged and include culture, family, communication, skill development and community access. The transitional program includes choice, control and family engagement delivered by predominantly Aboriginal staff. The NDIS provider and FDU management have told the CV they are working well together in a respectful and collaborative manner with a shared goal of full community transition and relocation. The CVP looks forward to further positive progress in the transition of this resident into a less restrictive environment.

The CVP initiated an own motion enquiry after inspecting documentation detailing two assault allegations that had been made by a resident against staff. Despite the seriousness of the allegations, the matters had not been immediately reported to NT Police. The CVP advocated to the service that these matters be reported to NT Police to ensure an impartial and external investigation of the allegations. The service was responsive to this request and reported the matters accordingly.[27]

[27] CVP Own Motion Enquiry C/2022/00044

RECOMMENDATIONS

(See appendix for full list of recommendations)

FDU Services 13 Recommendations 2021-22
7 Remaing Open Recommendations
5 Closed Recommendations

Table 4: FDU Service Recommendations

Acknowledgement and thanks must go to

Consumers and residents, their family members and guardians

Most importantly the CVP thanks all the people who have taken the time and had the courage to share their stories, concerns and worries with the CVP. Working to improve their own wellbeing and treatment, often with the motivation that this does not happen to others and to achieve improvements in the services. Thank you.

CVP Panel Members

The CVP is fortunate to have three CVP Panels who review Approved Treatment Facilities and the Secure Care Facility. Panel members are highly skilled in medical, legal and community service governance. The Panel members are generous with their time, information and support to improve services. The Panels have been instrumental in instigating and regulating change for better outcomes for consumers in the Mental Health Services in the NT and residents under the Forensic Disability Unit. We thank all our wonderful Panel members for their time and support.

CVP staff and sessional members

The CVP team, along with sessional CVs have responded to a 25% increase in issues raised in 2021-22, whilst maintaining a high level of resolution for enquiries and complaints. This is a credit to the hard work of the team. The impact of this work can take a toll on staff. We thank you all for your commitment and hard work.

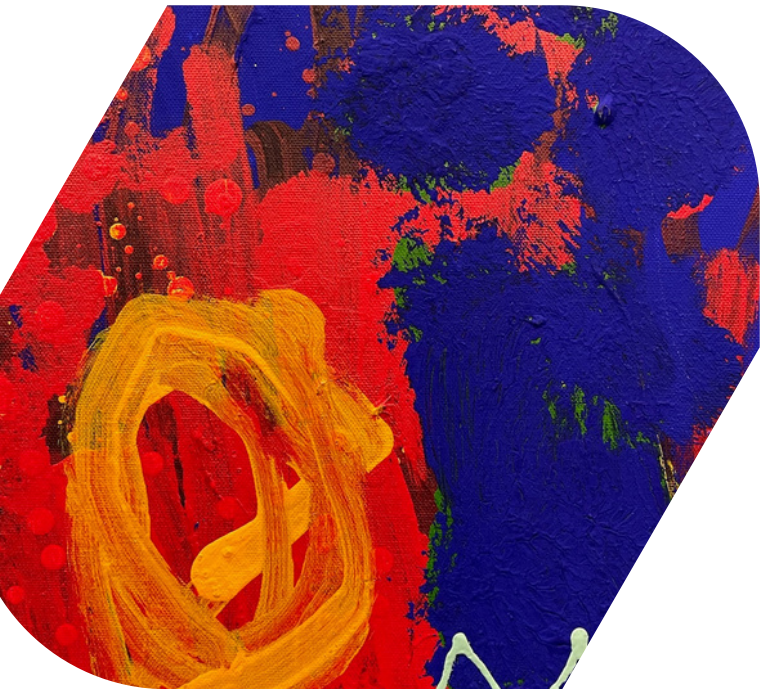
Services

The work of the CVP to resolve enquires and complaints relies on the continuous support and collaboration of services. The CVP would like to thank the services for their ongoing information, support and collaboration to get the best outcomes for consumers and residents. Thanks to

- Top End Mental Health Services
- Mental Health – Central Australia Region
- Forensic Disability Unit
- Department of Health – Mental Health and Alcohol and Other Drugs Branch

Anti-Discrimination Commission (ADC)

Thank you to the team of the ADC for their ongoing program and administrative supports to the CVP. We especially acknowledge staff who assist with intake enquiries, processing of documentation, recruitment and finance. Thank you also to the ADC Equal Opportunity Educator who assists with upskilling our team and who designed this year's annual report!



Appendix A -Recommendations

OPEN RECOMMENDATIONS - MENTAL HEALTH TOP END

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Facility	That TEMHS implement Strategies to ensure the cultural safety of clients with a particular focus on the needs of Indigenous clients in line with Top End Health Service-Mental Health values and objectives.	May-13
CV	MH TEHS Approved Treatment Facility	That TEMHS provide to the CVP the terms of reference/performance indicators how current seclusion reviews and analyses contribute to seclusion reduction, both for individuals and systemically.	Aug-17
CV	MH TEHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That TEMHS improve access to specialist child and adolescent mental health services for children and young people living in rural and remote locations, including the re-introduction of clinics based in these communities.	May-18
CV	MH TEHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That TEMHS in conjunction with other relevant agencies implements the recommendations made within the Royal Commission into the Protection and Detention of Children in the Northern Territory 2017 regarding the provision of initial mental health assessment and ongoing mental health treatment for individuals detained in youth detention.	May-18

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Agency - East Arnhem Community Mental Health Team	That TEMHS improves access of psychiatric review in remote locations through providing regular routine review for all consumers accessing mental health services.	May-18
CV	MH TEHS Approved Treatment Agency - East Arnhem Community Mental Health Team	That TEHS in conjunction with Remote Health Services consider ways to build the capacity of their staff, community members, families and individuals to provide support to those experiencing emotional distress in relation to acute psychosocial issues such as grief and loss, relationship issues and the effects of interpersonal violence and trauma.	May-18
CV	MH TEHS Approved Treatment Agency - East Arnhem Community Mental Health Team	That TEHS conducts a review of its current electronic medical record systems for Remote Health Services and Mental Health Services and consider how to implement an EMR system that can be used for all TEHS.	May-18
CV	MH TEHS Approved Treatment Agency - Katherine Remote Mental Health Team	TEMHS recruit an Aboriginal Mental Health Worker so that it can better provide evidence based, culturally safe, and confidential clinical service delivery to Aboriginal consumers and their families.	Jan-19

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That TEMHS develop a working protocol with the Department of Territory Families that enhances the outcomes for vulnerable children and young people in the joint care and treatment in line with each agency's statutory obligations their human rights of children to safety and quality therapeutic healthcare.	May-19
CV	MH TEHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That TEMHS finalise in conjunction with other relevant agencies and stakeholders (Working Group) a framework and working agreements for the provision of initial mental health assessment and ongoing mental health treatment for individuals detained in youth detention.	May-19
CV	MH TEHS Approved Treatment Agency - Forensic Mental Health Team	That TEHS urgently prioritise implementing 'at risk' procedures, comprehensive mental health assessments and integrated models of service delivery for youth detainees supported by child and adolescent psychiatrists or forensic psychiatrists with adolescent experience.	May-19
CV	MH TEHS Approved Treatment Agency - AMHT(Tamarind)	That TEMHS urgently consider the introduction of a 1.0 FTE position for the recruitment of an Aboriginal Mental Health Worker/ Practitioner to the Adult Mental Health Team.	Aug-20

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Agency - AMHT(Tamarind)	That the Adult Mental Health Team review the current model of care to ensure strategies that engage consumers and carers more extensively in care planning and the delivery of psychosocial interventions are developed and implemented.	Aug-20
CV	MH TEHS Approved Treatment Agency - East Arnhem Community Mental Health Team	That TEMHS improve access to specialist child and adolescent mental health services for children and young people living in remote locations, including the re-introduction of clinics based in these communities.	May-18
PANEL	MH TEHS Approved Treatment Facility	That the service provide evidence that in the process of involuntary admissions that there is adequate explanation of rights to consumers, including legal status on admission, offering of interpreters and early access to the Mental Health Review Tribunal. (Reworded, 2016)	Nov-11
PANEL	MH TEHS Approved Treatment Facility	To improve the care of acutely unwell consumers in the Joan Ridley Unit and ensure safety for all vulnerable JRU consumers especially women it is recommended that the facility be improved to allow the separation of consumers and that safe practices be documented. (Reworded, 2016)	Mar-16

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
PANEL	MH TEHS Approved Treatment Facility	That the Top End Mental Health Service provides evidence of improvement in processes to ensure compliance with the Act in relation to recording information about the seclusion of clients.	Apr-18
PANEL	MH TEHS Approved Treatment Facility	That the Top End Mental Health Service revise forms and practices to ensure that they are consistent with the NT Department of Health Intersex, Differences of Sex Development (DSD) and Transgender NT Health Policy.	Mar-19
PANEL	MH TEHS Approved Treatment Facility	It is recommended that the Mental Health Service ensure that interpreters are present at assessment for all consumers whose first language is not English. It is further recommended that interpreter assistance is then arranged for all further assessments and to assist the consumer at any hearing before the Mental Health Review Tribunal.	May-07
CV	MH TEHS Approved Treatment Facility	That within 60 days, TEMHS will provide the PCV with a comprehensive strategy to address the systemic non-completion of all sections of the Form 10 for every person detained at the ATF.	Dec-20

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Facility	Commencing from 2nd Quarter 2021/2022 TEMHS provide accurate admission numbers to the PCV within 14 days of the end of each quarter. Continuing until there is clear evidence that the PCV is receiving Form 10 for every involuntary admission as per Sections 41(1)(e)(i) and 43(1)(e)(i) of the MHRS Act.	Nov-21
CV	MH TEHS Approved Treatment Agency - AMHT(Palmerston)	That the Palmerston Community Mental Health Team improve access to an Aboriginal Mental Health Workers and use of interpreters.	Aug-21
CV	MH TEHS Approved Treatment Agency - AMHT(Palmerston)	That the Palmerston Community Mental Health Team ensure that Individual Care Plans and Risk Assessments are updated and completed in line with current requirements.	Aug-21
PCV	MH TEHS Approved Treatment Agency - AMHT(Katherine)	TEMHS (with a focus on Katherine) prioritise the development and implementation of a strategy and pathways to increase and retain Aboriginal mental health workers and Aboriginal Health workers in the Big Rivers Region within the next 12 months	May-21

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
PCV	MH TEHS Approved Treatment Agency - AMHT (Katherine)	All KMHS staff under take AIS interpreter training, and; KMHS develop and implement a strategy to increase qualified, appropriate interpreter use by all staff including liaising with the Aboriginal Interpreter Service.	May-21
CV	MH TEHS Approved Treatment Facility	The PIC ensure that the mechanical restraint register contains: • Form 21 • Form 56 where appropriate • The mechanical restraint observation sheet And a record of: • the form of mechanical restraint applied; and • the reasons why mechanical restraint was applied; and • the name of the person who approved the mechanical restraint being applied; and • the name of the person who applied the mechanical restraint; and • the period of time the mechanical restraint was applied. For every instance of mechanical restraint under s61 MHRSA at the ATF.	Mar-21
CV	MH TEHS Approved Treatment Facility	The PIC urgently implement procedures for recording seclusions occurring in the ATF, (outside the IPU), and ensure that all seclusions occurring under s62 MHRS Act are recorded in a seclusion register maintained and monitored by the Legislative and Reporting Compliance Officer.	Aug-21

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Facility	TEMHS ensure that Aboriginal Mental Health Workers are available outside of business hours and on weekends.	Aug–21
CV	MH TEHS Approved Treatment Facility	TEMHS ensure that interpreters are utilised pre and post seclusion and during; • Client debriefing • The development of clinical management plans • Seclusion reviews	Aug-21
PANEL	MH TEHS Approved Treatment Facility	It is recommended that TEMHS provides evidence of consumer and carer input into all stages of discharge planning policy and practice including but not limited to policy development, practice and incident reviews, forms, notes, clinic and case meetings.	Jun-22
CV	MH TEHS Approved Treatment Facility	That training in seclusion reduction and least restrictive practice approaches is co-designed and co-delivered with lived experience, Aboriginal and cultural trainers.	Jan-22

Table 5: Open Recommendations - MENTAL HEALTH TOP END

OPEN RECOMMENDATIONS - MENTAL HEALTH CENTRAL AUSTRALIA

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH CAMHS Approved Treatment Agency - Forensic Mental Health Team	That significant efforts are made to recruit to the Aboriginal Mental Health Worker position within the Forensic Mental Health Team, including any development required to upskill a suitable applicant.	Aug-14
CV	MH CAMHS Approved Treatment Agency - Forensic Mental Health Team	That CAHS and TEHS urgently provide integrated mental health services to youth detainees in the Northern Territory, supported by child and adolescent psychiatrists or forensic psychiatrists with adolescent experience.	Dec-16
CV	MH CAMHS Approved Treatment Agency - Forensic Mental Health Team	That the Central Australia and Top End mental health services urgently resolve resourcing issues affecting inequitable medical support for forensic mental health clients of Central Australia. (Reworded March 2019)	Dec-16
CV	MH CAHS Approved Treatment Agency - Child and Youth team	That the service establish with other key stakeholders a case management mechanism to improve coordination and case management of youth clients with complex high needs who are accessing youth mental health services. In the case of Territory families the shared work also includes a significant level of Mandatory reporting. (REWORDED JULY 2021)	Dec-17

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH CAMHS Approved Treatment Agency - Sub-Acute Facility	That the Central Australia Mental Health Service address the need for more long-term supported accommodation and care for consumers requiring sub-acute mental health services.	Jul-18
CV	MH CAHS Approved Treatment Agency - Barkley Mental health Service	That the BMHS work with the CAMHS cultural consultant to develop strategies to improve access to accredited interpreter services and access AIS training for all staff.	Jun-19
CV	MH CAMHS Approved Treatment Facility	That MH-CAHS evidence the offer and request for interpreters for the provision of information about legal rights on admission and in reviews to consumers who do not have English as their first language.	Jun-19
CV	MH CAMHS Approved Treatment Facility	That CAMHS proactively identify strategies to avoid inappropriate in-patient admission for clients with cognitive impairments and/or behaviours of concern presenting for mental health assessment, including through protocols with key agencies such as NDIA	Jun-19
CV	MH CAMHS Approved Treatment Agency - Community Mental Health Team	That Community Mental Health Team improve the access and use of accredited interpreters.	Jun-19

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH CAHS Approved Treatment Facility	That MH-CAHS urgently address ongoing systemic issues in relation to completion of Form 10s to ensure compliance with sections 38, 41, 42, 43 and 55 of the MHRSA.	May-20
PANEL	MH CAMHS Approved Treatment Facility	That the service provides evidence that staff explain rights under the Act to clients on admission or as soon as they are able to understand them and in a manner that they can understand and in a language that they are used to communicating in. In particular; (i) The service implement practices and procedures to ensure that Form 10 are completed in their entirety for each involuntary consumer. (ii) The service amend the Client Information Agreement (yellow form) to include if consumer requires an interpreter and if the information contained in the form has been provided to the consumer with the assistance of an interpreter.	Jun-20
CV	MH CAR Approved Treatment Agency - Child & Adolescent Mental Health Team	That the innovative inclusion of a child and youth specialist clinician in the Crisis Assessment and Triage Team (CATT) be a permanent position in the CATT staffing profile.	Jul-21
CV	MH CAR Approved Treatment Agency - Child & Adolescent Mental Health Team	That MH-CAR consider how young clients detained at the youth detention Centre can be better supported by the service	Jul-21

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH CAR Approved Treatment Agency - Child & Adolescent Mental Health Team	The Child and Youth services recommence providing services to consumers in remote areas.	Jul-21
CV	MH CAR Approved Treatment Agency - Forensic Mental Health Team	That the NT Health Services develop a clear pathway for forensic mental health clients to transition to least restrictive community-based placements with appropriate supervision on transition.	Jul-21
CV	MH CAR Approved Treatment Facility	That MH-CAR review the admission details of consumers identified by the CVP in the current Trimester Report as potentially having been held for longer than the prescribed legislated period. That such review determine whether this has occurred, any contributing factors, and how these can be addressed.	Apr-22

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
PANEL	MH CAMHS Approved Treatment Facility	Facility management take steps to better understand what is causing the increase in seclusion of young Aboriginal males in the facility and reduce the number of Aboriginal people secluded, including by • Considering commissioning research on this issue • Utilising culturally appropriate de-escalation strategies including the use of male Aboriginal Mental Health Worker • Ensuring evidence be included in the seclusion register of a debrief with every Aboriginal or Torres Strait Islander secluded in the Alice Springs Mental Health Unit, and that this be available for inspection by the Community Visitor Panel or Community Visitor • Ensuring reviews of seclusion events include consideration of any unmet cultural needs of the patient which may might have contributed to their seclusion.	Jan-22
CV	MH CAMHS Approved Treatment Facility	That MH-CAHS ensure staff are knowledgeable and compliant with provisions of the *Mental Health and Related Services Act 1998*, Approved Procedures and policies for: • clients under adult guardianship; • carer/consumer involvement; and • rights of voluntary patients to discharge in a timely way.	Apr-22

Table 6: Open Recommendations - MENTAL HEALTH CENTRAL AUSTRALIA

CLOSED RECCOMENDATIONS - MENTAL HEALTH

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED	DATE CLOSED
CV	MH CAR Approved Treatment Facility	That MH-CAR provide information as to any specific procedures that may exist in relation to the management of minors admitted to the MHU. Specifically any procedures to ensure that the rights of young consumers are upheld; that their particular needs and vulnerabilities are responded to; and to assist staff in meeting the challenges that may arise in the rare event that there is a minor admitted to the ward.	Apr-21	Aug-21
CV	MH CAR Approved Treatment Facility	That Mental Health CAR review processes to improve effectiveness of the internal complaints process. (Reworded)	Jun-17	Aug-21
CV	MH CARS Approved Treatment Facility	That existing seclusion policies and procedures include detailed strategies to reduce the use and impact of seclusion on children and young people. (Reworded)	Jul-17	Nov-21

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED	DATE CLOSED
CV	MH TEHS Approved Treatment Agency - Katherine Remote Mental Health Team	TEMHS conduct a risk assessment in relation to the administration of intramuscular medications in the absence of both a resuscitation trolley / equipment and staff knowledge as to the whereabouts of a defibrillator.	Jan-19	Mar-22
CV	MH TEHS Approved Treatment Facility	That the Top End Mental Health Service provide advice to the CVP on current trauma informed care work practices that have been implemented across the service and are currently being used by staff to improve trauma-informed care and decrease the potential for re-traumatising clients. (Reworded, 2019)	Jul-17	Aug-22
Panel	MH TEHS Approved Treatment Facility	That TEMHS endeavour to improve access to housing by partnering with NGO's who provide housing and formalise relationships and procedures for referral, discharge planning and access to staff training.	Nov-19	Jan-22

Table 7: CLOSED RECCOMENDATIONS - MENTAL HEALTH

OPEN RECOMMENDATIONS - DISABILITY

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
PANEL	Specialist Support and Forensic Disability Unit	That the Secure Care facility ensure accredited interpreters are used in line with a systemic approach to cultural safety for Aboriginal and Torres Strait Islander residents (Reworded)	Oct 2014
PANEL	Specialist Support and Forensic Disability Unit	That the Secure Care Facility establish a Behaviour Support Plan Review panel as required by the *Disability Services Act* (reworded)	Nov 2017
PANEL	Specialist Support and Forensic Disability Unit	That the Secure care Facility provides evidence of a systemic approach to ensure that cultural safety is given primacy when providing services to Aboriginal & Torres Strait Islander residents	Jul 2020
PANEL	Specialist Support and Forensic Disability Unit	That the Secure Care Facility establish and implement an effective complaints procedure in accordance with Part 5 of the *Disability Service Act.* (reworded)	Nov 2017
CV	Specialist Support and Forensic Disability Unit	That the Forensic Disability Unit as appropriate, ensure that PBSP are submitted to the Senior Practitioner and/or NDIS National Quality and Safety Commission to enable the resident's rights to independent restrictive practice review occurs. (REWORDED FEB 20)	Dec 2019

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	Specialist Support and Forensic Disability Unit	That the Office of Disability develop a Memorandum of Understanding with the Department of Corrections to ensure a collaborative and 'least restrictive' approach to shared clients.	May 2018
CV	Specialist Support and Forensic Disability Unit	That the service provide the CVP advice of how protections and rights can be accommodated in a manner that is equivalent to NDIS participants under the NDIS Quality & Safety Commission Framework for SSFDU residents.	Aug 2020

Table 8: Open Recommendations - DISABILITY

CLOSED RECCOMENDATIONS - DISABILITY

WHO RAISED	TEAM	RECOMMENDATION	DATE CLOSED
PANEL	SFDU	That a clear individualised transition plan be established for each resident at the facility upon admission, showing steps achieved towards exit. (Reworded)	Nov-21
PANEL	SFDU	That to ensure proper consideration of biological and/or psychiatric causes of significant difficult behaviour incidents, a clear procedure should be developed for notifying the General Practitioner and psychiatrists of such incidents and of subsequent actions taken by both.	Nov-21
PANEL	SFDU	That the Office of Disability ensure that all disability support workers receive required training to safely monitor and respond to the needs of residents who receive PRN medication (including medical restraint).	Nov-21
PANEL	SFDU	That the Office of Disability ensure prompt review by a General Practitioner or psychiatrist when a deterioration in behaviour occurs as documented by frequent PRN usage.	Nov-21
CV	SFDU	That the Office of Disability provide evidence of the systemic implementation of strategies described in the Positive behaviour Support Plan (PBSP) and evidence-based changes to PBSP's.	Aug-21

Table 9: Closed Recommendations - DISABILITY

APPENDIX B - LIST OF ACRONYMS AND GLOSSARY

ADC	**Anti-Discrimination Commission**
AIS	**Aboriginal Interpreter Service**
ALO	**Aboriginal Liaison Officer**
AMHW	**Aboriginal Mental Health Worker**
APP	**Approved Psychiatric Practitioner**
ASCC	**Alice Springs Correctional Centre**
ASH	**Alice Springs Hospital**
CA	**Central Australia**
CAAC	**Central Australian Aboriginal Congress**
CAALAS	**Central Australian Aboriginal Legal Aid Service**
CALD	**Culturally and Linguistically Diverse**
MH-CAR	**Mental Health – Central Australian Region**
CAU	**Contained Assessment Unit, Royal Darwin Hospital**

CEO	**Chief Executive Officer**
CNM	**Clinical Nurse Manager**
Complaint	**An escalated enquiry that requires a formal response from the service**
CV	**Community Visitor**
CVP	**Community Visitor Program**
DCC	**Darwin Correctional Centre**
DoH	**Department of Health, Northern Territory Government**
DVO	**Domestic Violence Order**
DSA	***Disability Services Act***
ECT	**Electro-Convulsive Therapy**
ED	**Emergency Department**
Enquiry	**Sharing of information about a concern, issue or circumstance that requests supports for lowest level resolution**
Form 10	**Form 10 is the Approved Form used by NT Mental Health Services to legally authorise and record the detention of a person under MHRSA in the Northern Territory**

F/T	**Full-time**
GP	**General Practitioner**
Inspection	**Described in s107 MHRSA**
IPRs	**Individual Performance Reviews**
IPU	**In-Patient Unit (Mental Health)**
Issue	**A circumstance or situation that has been raised as a concern. Enquiries and complaints may contain more than one issue.**
JRU	**Joan Ridley Unit, Royal Darwin Hospital**
MHAT	**Mental Health Assessment Team**
MHET	**Mental Health Emergency Team**
MHACA	**Mental Health Association of Central Australia**
MHRSA	***Mental Health and Related Services Act***
MHS	**Mental Health Service, Northern Territory Government**
MHRT	**Mental Health Review Tribunal**
MHU	**Mental Health Unit, Alice Springs Hospital**

MIFANT	**Mental Illness Fellowship Australia NT**
NAAJA	**North Australian Aboriginal Justice Agency**
Ngangkari	**Ngangkari are the traditional healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) lands in the remote western desert of Central Australia**
NGO	**Non-Government Organisation**
NT	**Northern Territory**
NTCAT	**Northern Territory Civil and Administrative Tribunal**
NTLAC	**Northern Territory Legal Aid Commission**
OPG	**Office of the Public Guardian**
Outlier	**'Outliers' are consumers who are detained under the MHRSA but who have not (yet) been admitted to a Mental Health ward**
PCV	**Principal Community Visitor**
BSP	**Behaviour Support Plan**
PRN	**Pro re nata (Latin), meaning 'medication that is taken as needed'. It can mean 'chemical restraint' under the *Disability Services Act 2014*.**

QIC	**Quality Improvement Council**
RDH	**Royal Darwin Hospital**
SCF	**Secure Care Facility, Alice Springs**
SDA	**Service Delivery Agreement**
TE	**Top End**
TEHS	**Top End Health Service**
TEMHS	**Top End Mental Health Service**
TM	**Team Manager**

Table 10: List of Acronyms and Glossary

APPENDIX C - DATA

	Mental Health			Disability			
	CAHS	TEHS	Total	CENTRAL	TOP END	Total	TOTAL
VISITS	**52**	**57**	**109**	**26**	**8**	**34**	**143**
Community Visitor	50	50	100	24	8	32	132
Inspection	0	5	5	0	n/a	0	5
CV Panel	2	2	4	2	0	2	6
CASES	**116**	**252**	**368**	**30**	**3**	**33**	**401**
Complaints	12	32	44	1	0	1	45
Enquiries	104	220	324	29	3	32	356
CASES – RAISED BY							
Person receiving treatment	109	180	289	15	0	15	304
Carer	1	13	14	1	0	1	15
Case Manager	2	0	2	4	0	4	6
Service Provider	1	20	21	10	3	13	34
Doctor	0	8	8	0	0	0	8
Nurse	2	10	12	0	0	0	12
Guardian	1	0	1	0	0	0	1
Relative	0	21	21	0	0	0	21
CASE OUTCOMES							
Resolved	72	178	250	17	1	18	268
Ongoing Monitoring	24	29	53	8	2	10	63
Not Resolved	6	2	8	0	0	0	8
Referred	2	14	16	0	0	0	16
Lapsed	3	12	15	0	0	0	15
Withdrawn	4	5	9	0	0	0	9
Substantiated	0	6	6	0	0	0	6
Other	5	0	5	0	0	0	5
Not accepted	0	6	6	0	0	0	6
Blank	0	0	0	5	0	5	5
ISSUES RAISED	**219**	**582**	**801**	**46**	**11**	**57**	**858**
QUALITY OF SERVICE PROVISION	**81**	**203**	**284**	**16**	**6**	**22**	**306**
Assessment & Treatment	16	29	45	0	0	0	45
Cultural Safety	7	14	21	4	0	4	25
Management Plan	0	11	11	2	3	2	13
Facilities	4	15	19	0	0	0	19
Discharge Planning	15	18	33	0	0	0	33
Relationship with Staff	19	36	55	3	0	3	58
Food	2	8	10	0	0	0	10
Health – Mental/Emotional	0	8	8	0	0	0	8
Health – Physical	4	13	17	2	0	2	19
Procedures	2	29	31	3	2	3	34
Consultation Carers/Consumers	4	7	11	1	1	1	12
Activities	5	9	14	0	0	0	14
Aftercare	0	2	2	0	0	0	2
Other	3	4	7	1	0	1	8

	Mental Health			Disability			
	CAHS	TEHS	Total	CENTRAL	TOP END	Total	TOTAL
Rights	56	186	242	11	5	16	258
Least Restrictive Alternative	29	45	74	5	2	7	81
Legal	3	40	43	0	3	3	46
CV provides Information on Rights	0	4	4	0	0	0	4
Early Review of Detention	1	9	10	0	0	0	10
Restrictive Practices	1	5	6	1	0	1	7
Respect for Dignity	2	8	10	0	0	0	10
Safety	5	30	35	4	0	4	39
Voluntary/ Involuntary	2	3	5	0	0	0	5
Transport	0	2	2	0	0	0	2
Location of Admission	1	15	16	0	0	0	16
Detention	5	14	19	0	0	0	19
Community Accommodation	0	4	4	0	0	0	4
Forensic	0	0	0	0	0	0	0
ECT	0	2	2	0	0	0	2
Other	7	4	11	1	0	1	12
ADVOCACY	57	76	133	6	0	6	139
Enquiry: Advocacy	51	57	108	4	0	4	112
Family/Friend contact	0	2	2	1	0	1	3
Practical Assistance	6	17	23	1	0	1	24
INFORMATION	14	59	73	7	0	7	80
SMOKING	1	9	10	0	0	0	10
VISIT/SUPPORT	1	5	6	0	0	0	6
OTHER	5	21	26	4	0	4	30
MEDICATION	4	23	27	2	0	2	29
CASE ISSUES - OUTCOMES							
Resolved	154	377	531	22	6	28	559
Ongoing Monitoring	43	78	121	24	5	29	150
Not Resolved	10	19	29	0	0	0	29
Referred	2	41	43	0	0	0	43
Lapsed	1	19	20	0	0	0	20
Withdrawn	6	7	13	0	0	0	13
Substantiated	0	29	29	0	0	0	29
Other	2	0	2	0	0	0	2
Dismissed	0	2	2	0	0	0	2
Not accepted	0	11	11	0	0	0	11
TOTAL ISSUES RAISED							858

Table 11: Data Summary 2021/22

COMMUNICATION CONDUIT

HOW WAS CONTACT WITH THE CVP MADE – COMMUNICATION CONDUIT					
	Central Australia	Top End	Central Australia	Top End	TOTAL
Email	4	19	4	0	27
In person	60	88	17	0	165
Telephone	33	129	1	0	163
Website	0	1	0	0	1
Visit	10	10	5	3	28
BLANK	0	0	2	0	2
TOTAL CONTACTS RECIEVED					386

Table 12: Communication conduit

SECLUSION RATES IN CENTRAL AUSTRALIA

Seclusion Information	Jan – June 2022	Jul – Dec 2021	Jan – June 2021	Jul – Dec 2020	Jan – June 2020	Jul – Dec 2019	Jan – June 2019
TOTAL SECLUSION EVENTS	27	16	18	16	16	10	6
Aboriginal	27	15	17	13	7	8	5
CALD	0	0	0	0	0	0	0
Other	0	1	1	3	9	2	1
Number of individuals secluded	6	9	12	9	8	5	6
DEMOGRAPHICS							
Male	5	6	8	7	6	3	4
Female	1	3	4	2	2	2	2
Aboriginal Person	6	8	12	8	4	4	5
Person 18-24 Years	3	3	2	5	3	4	3
Child (under 18 years)	0	0	2	1	0	0	2
Seclusions continuing over 4 hours	1	3	4	0	1	0	2
Seclusions continuing over 6hours	3	2	2	2	0	0	1

Table 13: Seclusion data for Central Australia Jan - June 2022

MECHANICAL RESTRAINT IN CENTRAL AUSTRALIA

Mechanical Restraint Information	Jan – June 2022	Jul – Dec 2021	Jan – June 2021	Jul – Dec 2020	Jan – Jun 2020	Jul – Dec 2019	Jan - Jun 2019
Incidences of mechanical restraint recorded in register	2	5	2	0	0	0	1
Incidences of mechanical restraint NOT recorded in register	0	0	0	0	0	0	5

Table 14: Mechanical Restraint data for Central Australia Jan - June 2022

SECLUSION RATES IN THE TOP END

SECLUSION	2022	2021		2020		2019		2018	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun
TOTAL SECLUSION EVENTS	**35**	**70**	**56**	**98**	**70**	**67**	**85**	**110**	**151**
Aboriginal	18	63	41	85	61	45	58	101	138
CALD	1	0	2	11	0	0	2	4	2
Other	16	7	13	2	9	22	25	5	11
NUMBER OF INDIVIDUALS SECLUDED	**19**	**23**	**27**	**32**	**26**	**26**	**35**	**37**	**39**
Aboriginal Persons	12	21	18	29	20	19	23	27	30
Persons 18-24 Years	7	41	9	14	10	7	13	11	18
Child (under 18 years)	1	0	4	5	2	1	3	3	2
Seclusions continuing over 4 hours[28]	8	20	9	9	6	7	13	26	32
Seclusions continuing over 6 hours[29]	3	4	5	4	3	5	7	13	-

Table 15: Seclusion data for the Top End Jan - June 2022

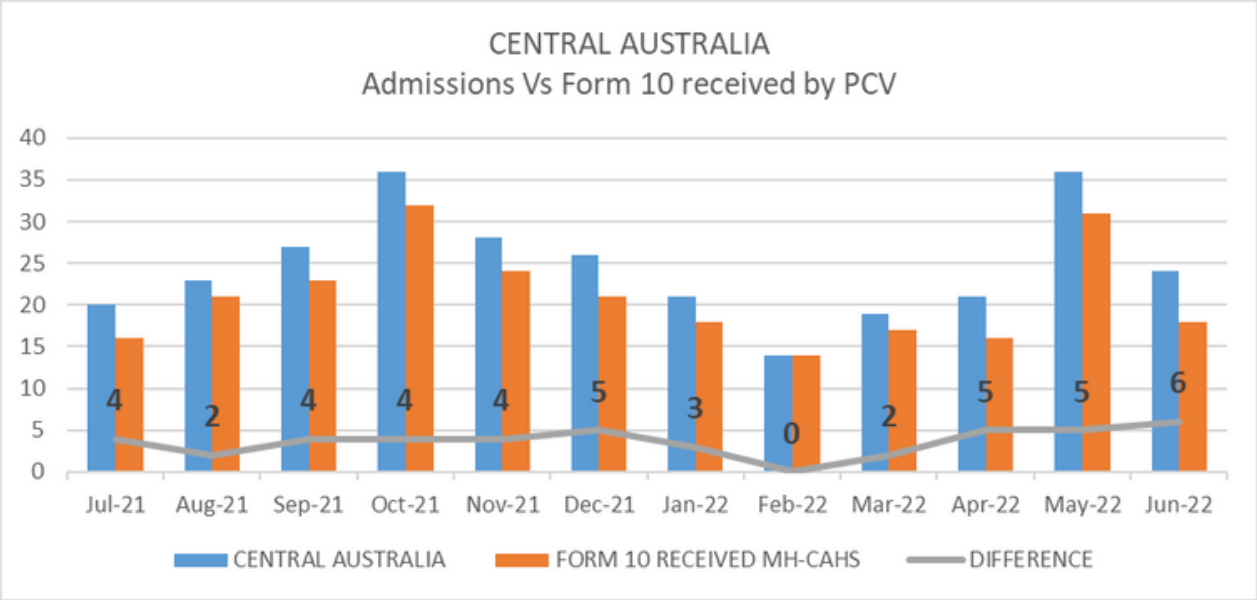
[28] Due to missing documentation the CV was unable to determine the length of two seclusions therefor this number may be higher.
[29] Due to missing documentation the CV was unable to determine the length of two seclusions therefor this number may be higher.

MECHANICAL RESTRAINT IN THE TOP END

MECHANICAL RESTRAINT	Jan - Jun 2021	Jul - Dec 2021	Jan - Jun 2021	Jul - Dec 2020	Jan - Jun 2020	Jul - Dec 2019	Jan - Jun 2019	Jul - Dec 2018
TOTAL MECHANICAL RESTRAINT EVENTS	**7[30]**	**13**	**8**	**1**	**45**	**30**	**8**	**3**
Aboriginal	6	12	4	1	45	Not previously reported		
CALD	0	0	1	0	0	Not previously reported		
Other	1	1	3	0	0	Not previously reported		
NUMBER OF UNIQUE INDIVIDUALS RESTRAINED	**6**	**6**	**6**	**1**	**8**	**Not previously reported**		
Aboriginal Person Mechanically Restrained	5	5	3	1	8	Not previously reported		
Persons 18-24 Years Mechanically Restrained	0	2	3	1	4	Not previously reported		
Child (Aged Under 18 years) Mechanically Restrained	2	0	0	0	0	0		

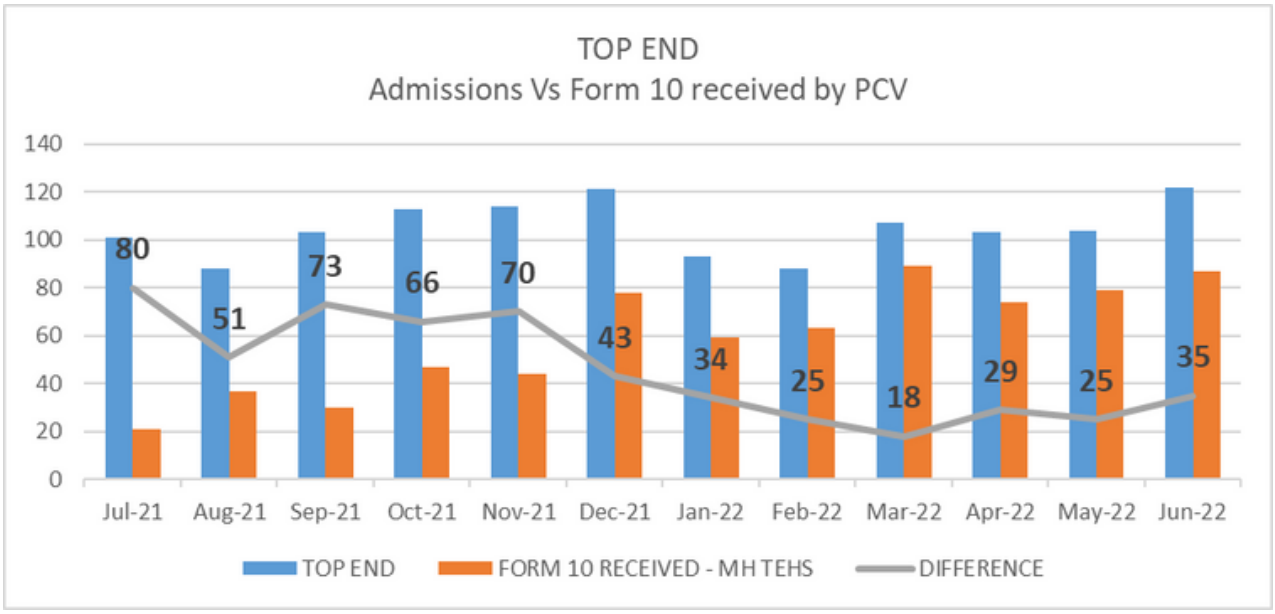
Table 16: Mechanical Restraint data for the Top End Jan - June 2022

FORM 10 DATA

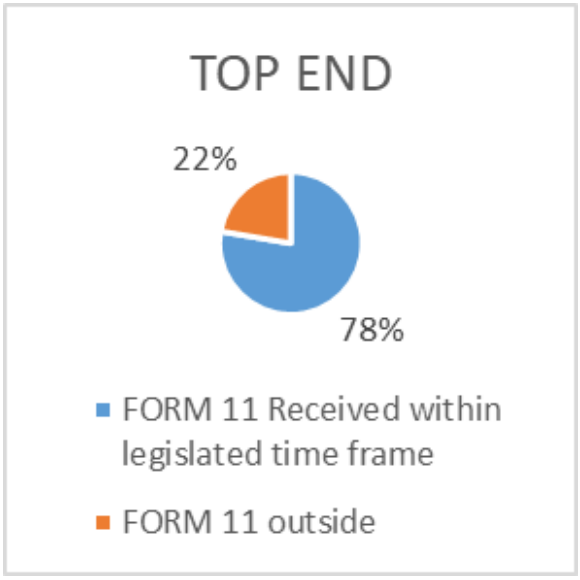


Graph 5: Form 10 Data Central Australia

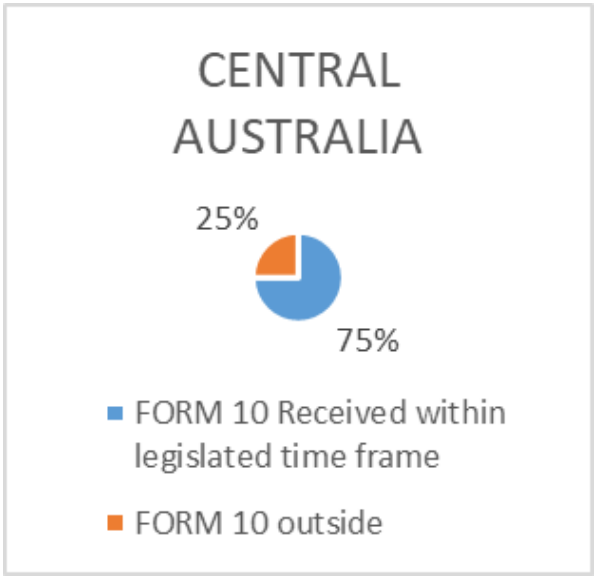
[30] A further two mechanical restraint incidents were reported to have occurred but were not in the register at the time of inspection. This brings the total to 9 mechanical restraints.



Graph 6: Form 10 Data Top End



Graph 7: Form 11 Data Top End



Graph 8: Form 11 Data Central Australia