

Community Visitor Program

2023-24 Annual Report Appendix



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1. List of Acronyms

ADC	Anti-Discrimination Commission
AIS	Aboriginal Interpreter Service
AHP	Aboriginal Health Practitioner
ALO	Aboriginal Liaison Officer
AMHW	Aboriginal Mental Health Worker
APP	Approved Psychiatric Practitioner
ASH	Alice Springs Hospital
ATF	Approved Treatment Facility
CA	Central Australia
CAHS	Central Australia Health Service
MHS-CAR	Mental Health Service – Central Australian Region
CATT	Crisis Assessment and Triage Team
CAU	Contained Assessment Unit, Royal Darwin Hospital
Consumer	(For the purposes of this document) Persons who are receiving clinical treatment, sectioned under the NT <i>Mental Health and Related Services Act</i>
CEO	Chief Executive Officer
CSO	Custodial Service Order
CNM	Clinical Nurse Manager
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
FDU	Forensic Disability Unit
GP	General Practitioner
IPU	In-Patient Unit (Mental Health)
JRU	Joan Ridley Unit, Royal Darwin Hospital
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)
NAAJA	Northern Australian Aboriginal Justice Association
NDIS	National Disability Insurance Scheme
NGANGKARI	Tradition healers of the Anangu, the Aboriginal peoples who live mostly in the Anangu Pitjantjatjara Yankunytatjara of south Australia and western desert region
NGO	Non-Government Organisation
NCSO	Non Custodial Service order
NT	Northern Territory
NTG	Northern Territory Government
NTCAT	Northern Territory Civil and Administrative Tribunal
NTCS	Northern Territory Correctional Services

NTLAC	Northern Territory Legal Aid Commission
OPG	Office of the Public Guardian
PCV	Principal Community Visitor
PBSP	Positive Behavior Support Plan
PIC	Person In Charge (of Mental Health Service)
PRN	Pro re nata (Latin), meaning 'medication that is taken as needed'. It can mean 'chemical restraint' under the <i>Disability Services Act</i> .
Residents	(For the purpose of this document) Persons under Part IIA Forensic Disability of the Criminal Code Act and Disability Services Act.
RDH	Royal Darwin Hospital
SCF	Secure Care Facility (in Alice Springs)
SDA	Specialist Disability Accommodation
TE	Top End
TEHS	Top End Health Service
TEMHS	Top End Mental Health Service
TM	Team Manager

2. Data

CVP Visits	Central	Top End	Total
Mental Health (MH)			
Community Visitor	52	52	104
Inspection	2	4	6
Panel	0	2	2
Total			112
Disability			
Community Visitor	21	21	42
Inspection	0	0	0
Panel	0	0	0
Total			42
MH and Disability			<u>154</u>

Reportable Outcomes			
	Central	Top End	Total
Mental Health			
Resolved	84	246	330
Referred	5	17	22
Disability			
Resolved	9	17	26
Referred	0	3	3

Cases	Central	Top End	Total
Mental Health			
Complaints	3	12	15
Enquiries	117	338	455
Total			470
Disability			
Complaints	0	0	0
Enquiries	9	23	32
Total			32
MH and Disability			<u>502</u>

How contact was made with CVP			
	Central	Top End	Total
Mental Health			
Email	1	32	33
In person	68	170	238
Telephone	24	93	117
Website	1	2	3
Other	5	8	13
Disability			
Email	1	4	5
In person	8	5	13
Telephone	0	0	0
Website	0	0	0
Other	0	7	7

3. Seclusion and Restraint Data for Mental Health Services

i. Mental Health Service Seclusions - Central Australia Region Inpatient Unit

Seclusion	2024	2023		2022		2021		2020		2019	
	Jan - Jun	Jul - Dec	Jan- Jun	Jul-Dec	Jan- Jun	Jul - Dec	Jan- Jun	Jul-Dec	Jan-Jun	Jul- Dec	Jan- Jun
Total Seclusion Events	23	4	6	8	27	16	18	16	16	10	6
Total Seclusion Events on the ward	23	4									
Total Seclusion Events in ED	0	0									
Number of unique individuals secluded	9	3	6	6	6	9	12	9	8	5	6
Demographics											
• Aboriginal	8	2	5	6	27	15	17	13	7	8	5
• CALD	1	0	0	0	0	0	0	0	0	0	0
• Non-Aboriginal	0	1	1	0	0	1	1	3	9	2	1
Male	6	2	3	6	5	6	8	7	6	3	4
Female	3	1	3	2	1	3	4	2	2	2	2
Person 18-24 years	3	1	1	3	3	3	2	5	3	4	3
Child under 18 years	1	0	0	0	0	0	2	1	0	0	2
Seclusions continuing over 4 Hours	2	1	0	0	1	3	4	0	1	0	2
Seclusions continuing over 6 Hours	2	0	1	0	3	2	2	2	0	0	1

ii. Mental Health Service Restraints - Central Australia Region Inpatient Unit

Restraint (physical and mechanical)	Jan – June 2024	July – Dec 2023
Total Restraint Events	41	24
Restraint Events on Mental Health Unit	39	17
Restraint Events in Emergency Department	2	7
Number of persons restrained	17	14
Male	10	7
Female	7	7
Aboriginal	15	9
CALD	1	0
Non-Aboriginal	1	3
Unknown	0	2
Age of persons restrained		
18-24 years	7	1
Child under 18	2	0
Length of restraint		
1 minute or less	22	8
1-5 minutes	13	8
Over 5 minutes	4	1
Not stated/unknown	2	7

iii. Mental Health Service Seclusions - Top End Mental Health Service (Royal Darwin Hospital)

Seclusion	2024	2023		2022		2021		2020		2019	
	Jan-Jun ¹	Jul-Dec	Jan-Jun	Jul - Dec	Jan-Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun
Total Seclusion Events	60	58	38	31	35	70	56	98	70	67	85
<ul style="list-style-type: none"> • Aboriginal • CALD • Non Aboriginal 	51 3 6	40 1 17	25 0 13	31 1 0	18 1 16	63 0 7	41 2 13	85 11 2	61 0 9	45 0 22	58 2 25
Unique number of individuals	30	26	21	31	19	23	27	32	26	26	35
Male	20	14	14	This data relates to the gender of the unique individuals impacted by a seclusion during this reporting period. This data has not been reported on previously.							
Female	9	11	6								
Unknown²	1	0	1								
Unique number of Aboriginal consumers	22	18	17	11	12	21	18	29	20	19	23
Person 18-24 Years Secluded	12	8	8	5	7	41	9	14	10	7	13
<18 yrs old Secluded	1	0	0	1	1	0	4	5	2	1	3
Seclusion<4 Hours	32	28	9	4	8	20	9	9	6	7	13
Seclusion 4-6 Hours	6	11	9	0	3	4	5	4	3	5	7
Total seclusion time not recorded	0	2	7	4	This data has not been reported on previously.						

¹ Seclusion data for the period of May to June 2024 has been calculated by inspection of hardcopy records within seclusion folders provided by IPU staff. TEMHS data sheets for this period were not available due to an error in RiskMan reporting.

² Unknown has been allocated where gender was not documented

iv. Mental Health Service Seclusions - Top End Mental Health Service (Royal Darwin Hospital)

Restraint (physical and mechanical)	2024	2023		2022
	Jan – Jun	Jul-Dec	Jan – Jun	Jul-Dec
Total Restraint Events	92	94	130	77
Unique number of persons restrained	50	52	94	38
Aboriginal	34	38	65	27
CALD	3	2	0	1
Non-Aboriginal	13	12	29	10
Age of persons restrained				
18-24 years	15	10	34	11
Child under 18	10	10	8	4
Gender of persons restrained³				
Male	36	35	56	Not previously reported
Female	13	17	33	
Unknown (not documented)	1	0	5	
Length of restraint				
1 minute or less	10	24	34	27
1-5 minutes	59	45	61	26
Over 5 minutes	5	15	2	4

Table 2: Restraint data for each six month period since Jul-Dec 2022

**There were 18 instances where the time was not recorded within the TEMHS data provided.*

³ Gender of unique individuals impacted by restraint.

4. Recommendations

Open Recommendations

Recommendations for service improvements are an included component of CVP reporting processes.

CVP acknowledge the works of services participating to address recommendations. The CVP also acknowledge that at times services face barriers and difficulties addressing recommendations due to a number of reasons, including the need for assistance from other government agencies or services. Many of the long-standing recommendations are systemic, process or environmental and rely on intergovernmental and cross sector/service cooperation. The CVP acknowledge that works have commenced on many of the recommendations, working towards resolution. As some of the works has not yet been finalised, CVP is unable to close these recommendations.

CVP acknowledge that some recommendations for Agencies may be able to be finalised. The CVP were hoping to focus on all recommendations including Agency recommendations in the 2023-2024 year, however they did not have the capacity to address this. CVP intend to have a focus on reviewing Agency recommendations in the coming year 2024-25 to close off outdated or completed recommendations.

CVP continues to report open recommendations. These recommendations are proposed for the benefit and continuous improvements for the consumers and residents that access services.

a. MENTAL HEALTH

i. Top End

Raised by	Team	Recommendation	Date opened
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 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
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 (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
CV	MH TEHS Approved Treatment Facility	That TEMHS strengthen the policy suite and work practices to ensure that Aboriginal Mental Health Workers are consistently involved in pre and post seclusion interventions where appropriate as a resource in reducing restrictive practices or the impact thereof.	Jul -18
CV	MH TEHS Approved Treatment Agency (Katherine)	KRMHS 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

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
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 - 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	Katherine Mental Health Services Approved Treatment Agency (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
PCV	Katherine Mental Health Services Approved Treatment Agency (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	That training in seclusion reduction and least restrictive practice approaches is co-designed and co-delivered with lived experience, Aboriginal and cultural trainers.	Jan-21
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ii. Central Australia

Raised by	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
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
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; <ul style="list-style-type: none"> (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 CAHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That the innovative inclusion of a child and youth specialist clinician in the CAMHS Crisis Assessment and Triage Team (CATT) be a permanent position in the CATT staffing profile.	Jul-21
CV	MH CAHS Approved Treatment Agency - Child & Adolescent Mental Health Team	That CAMHS consider how young clients detained at the youth detention Centre can be better supported by the service	Jul-21

CV	MH CAHS 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 CAHS 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 CAMHS 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
PANEL	MH CAMHS Approved Treatment Facility	<p>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:</p> <ul style="list-style-type: none"> • 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

CLOSED RECOMMENDATIONS

Raised by	Team	Recommendation	Date opened	Closed date
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	Jan-24
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. Closed but CVP to continue to monitor	May-13	Feb-24
CV	MH TEHS Approved Treatment Facility	The PIC ensure that the mechanical restraint register contains: <ul style="list-style-type: none"> · Form 21 · Form 56 where appropriate · The mechanical restraint observation sheet And a record of: <ul style="list-style-type: none"> · 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	Feb-24
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	Feb-24
CV	MH TEHS Approved Treatment Facility	TEMHS ensure that interpreters are utilised pre and post seclusion and during; - Client debriefing <ul style="list-style-type: none"> - The development of clinical management plan - Seclusion reviews 	Aug-21	Feb-24

b. DISABILITY

Open Recommendations

Raised by	Team	Recommendation	Date Opened
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 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 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 DEC 2023):That FDU explain their process of ensuring the NDIS provider and client guardian refer any PBSP with restrictive practices to the Senior Practitioner when this has not occurred	Dec 2019

Closed Recommendations

Raised by	Team	Recommendation	Date opened	Closed date
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)		Sept -22
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 SSFUDU residents.		Dec-23