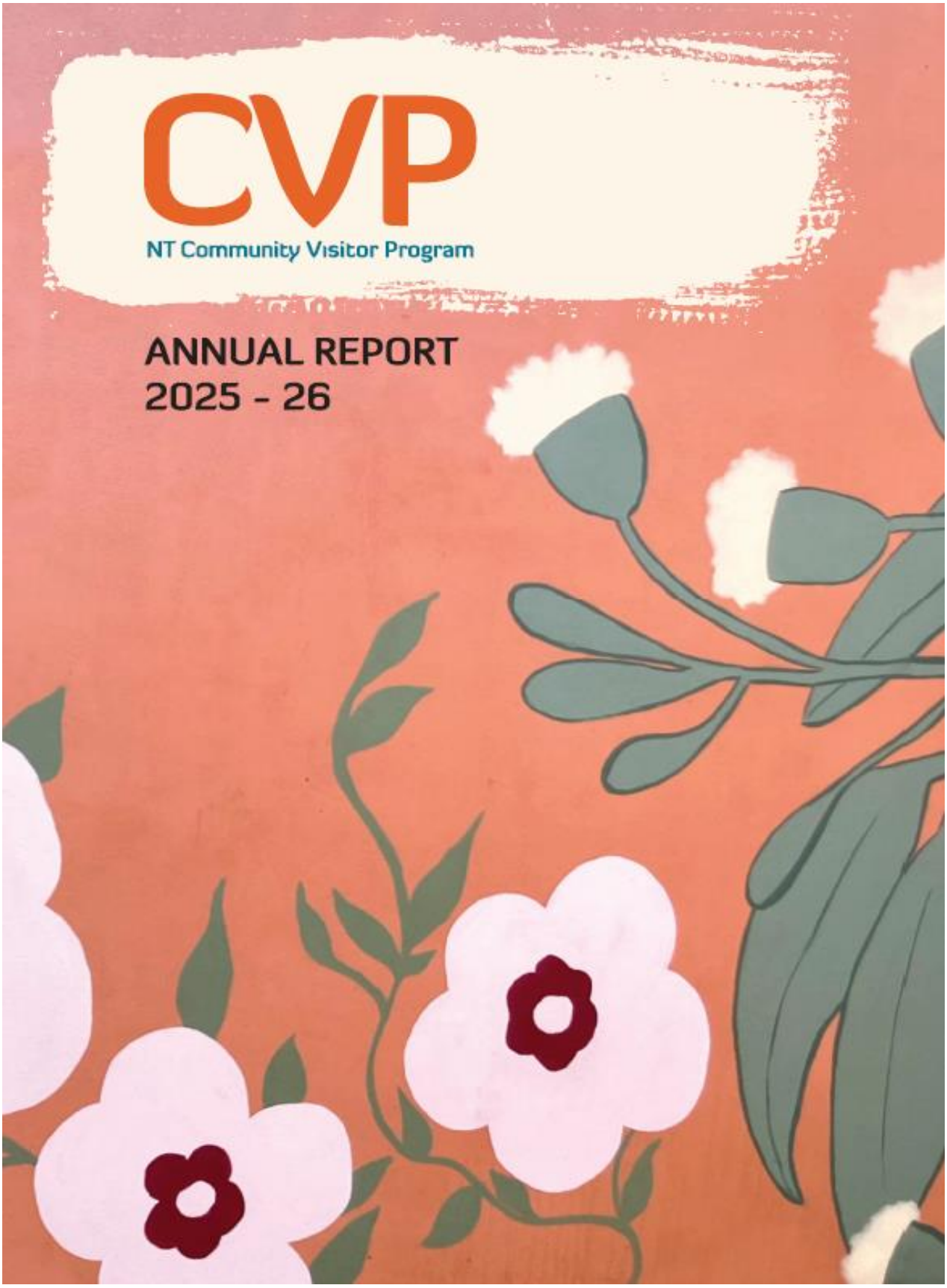
Community Visitor Program

2025-26 Annual Report Appendix



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1. Seclusion Data for Mental Health Services

i. Mental Health Service Seclusions - Central Australia Region (Alice Springs Hospital)

Seclusion	2026	2025		2024		2023		2022		2021		2020	
	Jan-Jun	Jul-Dec	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	**26**[1]	**8**	**39**	**11**	**23**	**4**	**6**	**8**	**27**	**16**	**17**	**16**	**16**
Number of persons experiencing seclusion	11	6	13	7	9	3	6	6	6	9	12	9	8
Aboriginal	9	6	11	7	8	2	5	6	27	15	17	13	7
CALD	1	0	0	0	0	0	0	0	0	0	0	0	0
Non-Aboriginal	1	0	2	0	1	1	1	0	0	1	1	3	9
Male	4	5	10	6	4	2	3	6	5	6	8	7	6
Female	7	1	3	1	5	1	3	2	1	3	4	2	2
Person 18 - 24 years	3	1	3	3	3	1	1	3	3	3	2	5	3
< 18 years	0	2[2]	1	2	1	0	0	0	0	0	2	1	0
Seclusions 4-6 hours	-[3]	0	4	0	2	1	0	0	1	3	4	0	1
Seclusions > 6 hours	1[4]	0	3	2	2	0	1	0	3	2	2	2	0

Alice Springs Hospital, MHU Seclusions _ September 2026.

[1] Seclusion data provided to the CVP at the time of publishing the Annual Report was incomplete. This table provides updated data collected in September 2026.
[2] 15-year-old experienced 2 seclusions.
[3] Unable to accurately determine the duration of seclusion due to the inconsistencies and gaps in the available documentation.
[4] Unable to accurately determine the duration of seclusion due to the inconsistencies and gaps in the available documentation.

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

Seclusion	2026	2025		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	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun
Total Seclusion Events	**78**	**54**	**55**	**34**	**60**	**58**	**38**	**31**	**35**	**70**	**56**	**98**	**70**	**67**	**85**
Total number of Persons experiencing seclusion	46	31	29	21	30	26	21	31	19	23	27	32	26	26	35
Aboriginal	34	22	23	17	22	18	17	11	12	21	18	29	20	19	23
CALD	0	0	0	0	3	1	0	1	1	0	2	11	0	0	2
Non-Aboriginal	12	13	12	7	6	17	13	0	16	7	13	2	9	22	25
Male	31	18	20	17	20	14	14	This data relates to the gender of the unique individuals impacted by a seclusion during this reported period. This data has not been reported on previously.							
Female	15	13	9	4	9	11	6								
Unknown	0	0	0	0	1	0	1								
Person 18 - 24 Years	14	7	10	3	12	8	8	5	7	41	9	14	10	7	13
<18 Years	1	0	1	0	1	0	0	1	1	0	4	5	2	1	3
Seclusion 4-6 Hours	20	14	3	7	6	11	9	0	3	4	5	4	3	5	7
Seclusion <4 hours	40	29	25	8	32	28	9	4	8	20	9	9	6	7	13
Total seclusion time not recorded	5	9	6	2	0	2	7	4	This data has not been reported on previously						

Royal Darwin Hospital Seclusions _ September 2026.

2. Recommendations

Recommendations for service improvement are a component of CVP reporting processes.

The CVP acknowledge that at times services face barriers and difficulties addressing recommendations for various reasons, including the resource issues. Many of the long-standing recommendations are systemic, process or environmental and rely on intergovernmental and cross sector/service cooperation.

The CVP acknowledges that due to resourcing issues, there has been a delay in the program's inspection of NTG mental health community teams.

MENTAL HEALTH

i. Top End

Raised by	Team	Reference	Recommendation	Date opened
PANEL	MH TEHS Approved Treatment Facility	**REC/26/0000023**	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 The Panel's 2025 inspection maintained this recommendation, highlighting the need for the service to collate data on interpreter access challenges.
CV	MH TEHS Approved Treatment Agency (Child Adolescent Mental Health Service)	**REC/26/0000024**	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 Reviewed at Mar- 24 inspection
CV	MH TEHS Approved Treatment Agency (Forensic Mental Health Team)	**REC/26/0000008**	That TEMHAODS urgently prioritise implementing comprehensive mental health assessments and care as part of integrated models of youth specific mental health service delivery for young people involved with NTCS.	May-19 – REWORDED May 2025
CV	MH TEHS Approved Treatment Agency (Adult Community Teams- Darwin & Palmerston)	**REC/26/0000018**	**REWORDED May 2025:** That TEMHAODS urgently implement Aboriginal Mental Health Worker / Aboriginal Health Practitioner roles within both Adult Community Mental Health Teams.	Aug-20 Reviewed and reworded at May-25 inspection

CV	MH TEHS Approved Treatment Agency (Adult Community Teams- Darwin & Palmerston)	**REC/26/0000019**	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 Reviewed at May-25 inspection
CV	MH TEHS Approved Treatment Facility	**REC/26/0000010**	**REWORDED Dec 2025:** That TEMHAODS implement and evidence Aboriginal-led training specific to reducing restrictive practices, including seclusion and restraint, with training co-designed and co-delivered by Aboriginal people with lived experience. Given the significant overrepresentation of Aboriginal persons within the IPU and in restrictive practice data, culturally informed training should be embedded across all initiatives aimed at reducing restrictive practices.	Jan-21 – REWORDED Dec 2025
CV	MH TEHS Approved Treatment Facility	**REC/26/0000011**	TEMHAODS provide the CVP the current, TEMHAODS and Department of Corrections memorandum of understanding, along with the policy, protocols and guidelines that underpin the admission of a forensic client to the Joan Ridley uni	Jun-21 Reviewed Dec 2025
CV	MH TEHS Approved Treatment Agency (Adult Community Teams- Darwin & Palmerston)	**REC/26/0000017**	**REWORDED Jan 2026:** TEMHAODS Darwin and Palmerston Adult Community Mental Health Teams improve their use of interpreters, ensuring that data pertaining to requests for interpreters and interpreter availability are captured.	Aug-21 Reviewed and reworded at Jan-26 inspection
CV	MH TEHS Approved Treatment Facility	**REC/26/0000015**	The CVP understands that RDH Security Staff are involved in the restraint & seclusion of some mental health consumers in addition to escorting them to the IPU. Whilst the CVP understands that TEMHS does not make decisions related to Security staff training, as they are involved in interactions with mental health consumers, we are interested to know if they receive any of the following training: • Safewards training • Maybo training • Trauma-informed training • De-escalation techniques and regular upskilling in this area • Any training specific to working with people presenting with mental ill-health	Dec-23 Reviewed Dec 25
CV	MH TEHS Approved Treatment Facility	**REC/26/0000016**	The CVP recommends that a dimmer switch is installed in the seclusion room in JRU.	Dec-23 Reviewed Dec 25
CV	MH TEHS Approved Treatment Agency (MHAT)	**REC/24/0000001**	TEMHAODS review MHAT funding to support an increase in the Aboriginal and Torres Strait Islander workforce.	Mar -24

CV	MH TEHS Approved Treatment Agency (MHAT)	**REC/24/0000002**	TEMHAOD review funding allocations to MHAT to ensure that the various sub-teams are able to provide support to consumers at the capacity the programs were designed and developed to deliver.	Mar-24
CV	MH TEHS Approved Treatment Agency (MHAT)	**REC/24/0000003**	Culturally and Linguistically Diverse (CALD) specific data is captured	Mar -24
CV	MH TEHS Approved Treatment Agency (MHAT)	**REC/24/0000004**	A review of workspace allocation in ED for the MHET and MH Outlier sub-teams occurs to ensure consumers have access to confidential spaces	Mar -24
CV	MH TEHS Approved Treatment Agency (MHAT)	**REC/24/0000006**	MHAT develop and implement a governance process to ensure consistency and quality of clinical notes is maintained.	Mar -24
MH TEHS Approved Treatment Facility	MH TEHS Approved Treatment Facility	**REC/26/0000012**	The CVP requests TEMHS to create specific data identifiers for capturing information, including: • Aboriginal and Torres Strait Islander • Culturally & Linguistically Diverse (CALD) • LGBTQIASB+ The CVP requests these identifiers to be included on TEMHS data sheets shared with the CVP, as well as in the 'Seclusion Authorisation Form 22' and 'Mechanical Restraint Authorisation Form 21'.	July -24 Reviewed Dec 2025
CV	MH TEHS Approved Treatment Agency (Child & Adolescent Mental Health Team)	**REC/24/0000007**	That CAMHT include dedicated Aboriginal Mental Health Worker (AMHW) or Aboriginal Health Practitioner (AHP) positions in its staffing profile.	Dec-24
PANEL	MH TEHS Approved Treatment Facility	**REC/26/0000025**	That TEMHS provides evidence that the mental health discharge plan is in a form that consumers can understand and is communicated to the person and/or their guardian pursuant to s 89 of the and addresses issues and how they are addressed, care providers in the community, follow up plans and relapse prevention plan	Dec-24
PANEL	MH TEHS Approved Treatment Facility	**REC/26/0000026**	The Panel recommends that the Service review and consider improvements to the current women's space within the JRU to ensure it provides a safe, accessible, and therapeutic environment that meets the needs of women.	July-25

CV	MH TEHS Approved Treatment Agency (Adult Community Teams- Darwin & Palmerston)	**REC/26/0000020**	That TEMHAODS/NT Health review the FTE allocation, including Allied Health and Peer Support staff, for the AMHT and PMHT to support the current and expected population growth rates, thus ensuring that people have access to tertiary level mental health care in the community.	Jan - 26
CV	MH TEHS Approved Treatment Agency (EA MHAOD SEWB)	**REC/26/0000027**	Consistent with the NT Health's 2025 Roadmap to Reform: NT Infant, Child and Adolescent (ICA) mental health system, and the Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment 2024–29, it is recommended that TEMHAODS/NT Health improve access to child and adolescent mental health services for children and young people living in the East Arnhem region and that these services are adequately resourced and funded.	Mar-26
CV	MH TEHS Approved Treatment Agency (EA MHAOD SEWB)	**REC/26/0000028**	That TEMHAODS/NT Health, in line with the Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment 2024–29,with a focus of keeping people in community, implement a stepped model of care that includes step up/down accommodation for persons living with mental ill health in the East Arnhem region.	Mar-26
CV	MH TEHS Approved Treatment Agency (EA MHAOD SEWB)	**REC/26/0000029**	TEMHAODS/NT Health improve resources relating to rights and complaints processes for persons accessing services, including Easy Read format, whilst also ensuring information is provided in a format appropriate for persons from Non-English speaking background	Mar-26

ii. Central Australia

Raised by	Team	Ref #	Recommendation	Date opened
PANEL	MH CAHS Approved Treatment Facility	**REC/26/0000006**	The service improves its use of interpreters to explain rights under the Act to clients on admission (or as soon as they are able to understand them) and on review. As part of this improvement the Panel would like to see the development, implementation and monitoring of a comprehensive interpreter policy to provide guidance to staff, and continued adherence to recently developed practices and procedures to monitor FORM 10 adherence	Dec -20
PANEL	MH CAMHS Approved Treatment Facility	**REC/26/0000007**	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