

Community Visitor Program

2024-25 Annual Report Appendix



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1. Acronyms

ADC	Anti-Discrimination Commission
AIS	Aboriginal Interpreter Service
AHP	Aboriginal Health Practitioner
AMHW	Aboriginal Mental Health Worker
AP	Appropriate Place
APP	Approved Psychiatric Practitioner
APQAC	Approved Procedures and Quality Assurance Committee
ASH	Alice Springs Hospital
ATA	Approved Treatment Agency
ATF	Approved Treatment Facility
MHS-CAR	Mental Health Service – Central Australian Region
CBU	Complex Behaviour Unit
CEO	Chief Executive Officer
CSO	Custodial Service Order
CNM	Clinical Nurse Manager
CV	Community Visitor
CVP	Community Visitor Program
DCP	Darwin Correctional Precinct

DRC	Disability Royal Commission
DSA	<i>Disability Services Act</i>
ED	Emergency Department
FDU	Forensic Disability Unit
IPU	In-Patient Unit (Mental Health Unit at Royal Darwin Hospital)
JRU	Joan Ridley Unit, Royal Darwin Hospital
MHAOD-CAR	Mental Health and Other Drugs – Central Australian Region
MHRSA	<i>Mental Health and Related Services Act</i>
MHS	Mental Health Service, Northern Territory Government
MHRT	Mental Health Review Tribunal
MHU	Mental Health Unit (Alice Springs Hospital)
NDIS	National Disability Insurance Scheme
NGANGKARI	Tradition healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) lands in the remote western desert of Central Australia.
NGO	Non-Government Organisation
NCSO	Non-Custodial Service Order
NTCS	Northern Territory Correctional Service
NPM	National Preventative Mechanism
NT	Northern Territory
NTG	Northern Territory Government
NTCAT	Northern Territory Civil and Administrative Tribunal
NTCS	Northern Territory Correctional Services
NLAC	Northern Territory Legal Aid Commission

OPCAT	Optional Protocol to the Convention against Torture
OPG	Office of the Public Guardian
PCV	Principal Community Visitor
PBSP	Positive Behavior Support Plan
PIC	Person In Charge (of Mental Health Service)
RDH	Royal Darwin Hospital
SAF	Sub Acute Facility (in Alice Springs)
SIL	Supported Independent Living
TEMHAODS	Top End Mental Health Alcohol and Other Drugs Service
YIP	Youth Inpatient Program (in the IPU at Royal Darwin Hospital)

2. Seclusion and Restraint Data for Mental Health Services

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

Seclusion	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
Total Seclusion Events	39	11	23	4	6	8	27	16	18	16	16	10	6
Number of persons experiencing seclusion	13	7	9	3	6	6	6	9	12	9	8	5	6
Aboriginal	11	7	8	2	5	6	27	15	17	13	7	8	5
CALD¹	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Aboriginal	2	0	1	1	1	0	0	1	1	3	9	2	1
Male	10	6	4	2	3	6	5	6	8	7	6	3	4
Female	3	1	5	1	3	2	1	3	4	2	2	2	2
Person 18 - 24 years	3	3	3	1	1	3	3	3	2	5	3	4	3
< 18 years	1	2	1	0	0	0	0	0	2	1	0	0	2
Seclusions 4-6 hours	4	0	2	1	0	0	1	3	4	0	1	0	2
Seclusions > 6 hours	3	2	2	0	1	0	3	2	2	2	0	0	1

¹ No CALD data marker on data sheets provided

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

Seclusion	2025	2024		2023		2022		2021		2020		2019	
	Jan-Jun	Jul-Dec	Jan-Jun ²	Jul-Dec	Jan-Jun	Jul - Dec	Jan-Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun
Total Seclusion Events	55	34	60	58	38	31	35	70	56	98	70	67	85
<ul style="list-style-type: none"> • Aboriginal • CALD • Non Aboriginal 	43 0 12	27 0 7	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
Number of persons experiencing seclusion	29	21	30	26	21	31	19	23	27	32	26	26	35
Male	20	17	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	4	9	11	6								
Unknown³	0	0	1	0	1								
Number of Aboriginal persons experiencing seclusion	23	17	22	18	17	11	12	21	18	29	20	19	23
Person 18-24 Years Secluded	10	3	12	8	8	5	7	41	9	14	10	7	13
<18 yrs old Secluded	1	0	1	0	0	1	1	0	4	5	2	1	3
Seclusion<4 Hours	25	8	32	28	9	4	8	20	9	9	6	7	13
Seclusion 4-6 Hours	3	7	6	11	9	0	3	4	5	4	3	5	7
Total seclusion time not recorded	6	2	0	2	7	4	This data has not been reported on previously.						

² 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.

³ Unknown has been allocated where gender was not documented

iii. Mental Health Service Mechanical Restraint - Central Australia Region (Alice Springs Hospital)

	2025	2024		2023		2022		2021		2020		2019	
Mechanical Restraint	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 Mechanical Restraint Events	10	2	6	12	11	8	3	5	2	0	0	0	1
Aboriginal	8	2	5	8	10	8	3	5	Not Previously Reported by CVP				
CALD	0	0	0	0	0	0	0	0					
Non-Aboriginal	2	0	1	2	1	0	0	0					
Male	5	1	4	6	10	6	2	4					
Female	5	1	1	2	1	2	1	1					
Unknown	0	0	0	0	0	0	0	0					
18-24 year old	0	0	1	0	0	1	2	1					
15-17 year old	0	0	0	0	2	0	0	0					
Restraint by Corrections	8	2	6	8	9	Not Previously Reported by CVP							
Restraint by Youth Justice	0	0	0	0	1								
Restraint by Police	2	0	0	2	1								
Restraint by Hospital/MHU Staff	0	0	0	0	0								

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

Mechanical Restraint	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
Total Mechanical Restraint Events	7	3	7	9	5	Data not captured	7	13	8	1	45	30	8
Aboriginal	6	2	6	8	3		6	12	4	1	45	Not previously reported	
CALD	0	1	0	0	0		0	0	1	0	0		
Non-Aboriginal	0	0	1	1	2		1	1	3	0	0		
Number of persons mechanically restrained	6	3	7	9	5		6	6	6	1	8	Not previously reported	
Aboriginal persons Mechanically Restrained	6	2	6	8	3		5	5	3	1	8	Not previously reported	
Male	4	2	7	8	2		Not previously reported						
Female	2	1	0	1	3		Not previously reported						
18-24 year old	1	0	1	3	2		0	2	3	1	4	Not previously reported	
15 -18 year old	2	2	6	0	1		2	0	0	0	0	0	
<15 years old	0	0	6	1	0	This age specific range not previously reported							
Time not recorded	6	2	5	0	1	Not previously reported							
Restraint by RDH staff	2	0	1 ⁴	1	Not previously reported								
Restraint by Corrections	3	2	3	6	Not previously reported								
By Youth Justice	2	1	3	1	Not previously reported								
Restraint by Police	0	0	0	1	Not previously reported								

3. Recommendations

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

The CVP acknowledge that at times services face barriers and difficulties addressing recommendations for various 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.

CVP acknowledges that due to resourcing issues, there has been a delay in the program’s inspection of all NTG mental health community teams. As such, CVP recommendations for community mental health team recommendations made prior to December 2023 have not been included in this appendix.

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 (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. REWORDED MAY 2025 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 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
CV	MH TEHS Approved Treatment Facility	The CVP requests access to the outcome of reviews conducted by the Seclusion Working Group specific to the seclusion and restraint of females.	Dec- 23

CV	MH TEHS Approved Treatment Agency (MHAT)	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)	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)	Culturally and Linguistically Diverse (CALD) specific data is captured	Mar -24
CV	MH TEHS Approved Treatment Agency (MHAT)	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)	TEMHAODS review the Service Impact Report provided by MHAT management in 2023	Mar -24
CV	MH TEHS Approved Treatment Agency (MHAT)	MHAT develop and implement a governance process to ensure consistency and quality of clinical notes is maintained.	Mar -24
CV	MH TEHS Approved Treatment Agency (Child & Adolescent Mental Health Team)	That CAMHT include dedicated Aboriginal Mental Health Worker (AMHW) or Aboriginal Health Practitioner (AHP) positions in its staffing profile.	Nov-24
PANEL	MH TEHS Approved Treatment Facility	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

ii. Central Australia

Raised by	Team	Recommendation	Date opened
PANEL	MH CAHS Approved Treatment Facility	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	<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 have contributed to their seclusion. 	Jan-22