



**COMMUNITY VISITOR PROGRAM  
NORTHERN TERRITORY**

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**Annual Report 2001 - 2002**

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## Agency Access

The Community Visitor Program is located in the offices of the Anti-Discrimination Commission.

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## Overview

The Community Visitor Program (CVP) aims to safeguard the rights and health of community members whose mental health problems limit their capacity to access existing complaint mechanisms. The program is established pursuant to Part 14 of the *Mental Health and Related Services Act* (NT) 1998 (the Act).

The Department with responsibility for mental health services is the Department of Health and Community Services.

The jurisdiction of the Northern Territory community visitor program includes all treatment facilities and treatment agencies approved under the *Mental Health and Related Services Act 1998*.

The Minister has approved both the Royal Darwin Hospital and the Alice Springs Hospital as approved treatment facilities under subsection 20(1)(a) of the Act. These hospitals are considered to have conditions and staffing levels sufficient to provide an appropriate standard of treatment and care to people admitted as involuntary patients under the Act. Both hospitals have in-patient facilities.

Other treatment facilities and agencies under the jurisdiction of the CVP are those provided through two major entities: Top End Mental Health Services; and Central Australian Mental Health Services. The Top End Mental Health Services (TEMHS) covers the geographical area north of Elliott and the Central Australian Mental Health Services (CAMHS) covers the area from Elliott to the SA border. TEMHS and CAMHS provide mental health services directly to consumers through government facilities and agencies in their regions and also provide funding to community agencies.

### Principal Community Visitor

The Role of the Principal Community Visitor is outlined in Part 14 of Division 3 of the Northern Territory *Mental Health and Related Services Act* 1998. Tom Stodulka, Commissioner of the Anti-Discrimination Commission was appointed by the Minister for Health to the role of Principal Community Visitor on 29 July 2001.

### Duties of the Principal Community Visitor

The Principal Community Visitor has overall responsibility for the program and has a range of responsibilities under the legislation. These include establishing standards, principles and protocols for the program, disseminating information, overseeing the program, referring matters to other organisations and reporting on the activities of the program to the Minister for Health. The Principal Community Visitor's role is primarily a management role and the Principal Community Visitor is not required to personally undertake any visits to facilities, agencies or consumers.

### Community Visitor Panels

The Role of the Community Visitors Panel is outlined in Part 14 of Division 3 of the Northern Territory *Mental Health and Related Services Act* 1998. The Act provides for the establishment of a Community Visitor Panel. One Panel, to be selected for the Top End and one for Central Australia. The Panels will monitor each approved treatment facility and agency in their respective area and will consist of three (3) members: a Medical Practitioner, a Legal Practitioner and a member who represents the interests of consumer organisations. Expressions of interest were called for Panel Members in December 2001, and from the applications received, a Panel for the Top End and Central Australia were selected.

One of the members of each panel will be appointed chairperson of the panel by the principal community visitor. The position of chairperson is not restricted to one member and could be varied from visit to visit.

### Duties of a Community Visitor Panel

The Panel Members are required as a group to visit the facility or agency in respect of which they have been appointed not less than once every 6 months. On these visits they *must* inquire into:

- the adequacy of opportunities and facilities for the recreation, communication with other persons, occupation, education, training and rehabilitation of persons receiving treatment or care at the facility or from the agency;
- the extent to which persons receive treatment and care at the facility or from the agency in conditions that provide the least restrictive and the least intrusive environment enabling the treatment and care to be effectively given;
- the adequacy of services for assessing, treating and caring for persons at the facility or by the agency;
- the appropriateness and standards of facilities for the accommodation, physical well being and welfare of persons receiving treatment and care at the facility or from the agency;
- the adequacy of information provided by the facility or agency about the complaints procedures and other rights under this Act;
- the accessibility and effectiveness of internal complaints procedures of the facility or agency;
- any failures of persons employed by the facility or agency to comply with this Act;
- any other matter that the panel consider appropriate having regard to the principles and objectives of this Act; and
- any other matter that is referred to it by the Minister or the Principal Community Visitor.



**Additional duties of a Community Visitor Panel**

In addition, the Community Visitors Panel *may*:

- inspect any part of the facility or the premises;
- visit any person who is being treated or cared for at the facility or by the agency;
- inquire into the admission, detention, care, treatment and control of persons being treated or cared for at the facility or by the agency;
- inspect documents or medical records relating to persons being treated or cared for at the facility or by the agency; and
- inspect any other records or registers required to be kept by or under this Act at the facility or by the agency

After every visit to a facility or agency, the chairperson of the panel must forward a report of the visit to the principal community visitor.

**Community Visitors**

The Community Visitors role is outlined in Part 14 of Division 2 of the Northern Territory *Mental Health and Related Services Act 1998*.

The Principal Community Visitor, Tom Stodulka has (pursuant to s. 103 of the Act) appointed the two complaint handling staff of the Anti-Discrimination Commission as Community Visitors. The Community Visitors were selected because of their complaint handling and conciliation expertise. This expertise has been acquired whilst employed within the Anti-Discrimination Commission.

**The role of Community Visitors**

Community Visitors have a distinct role to that of Community Visitor Panels. A Community Visitor's role is to identify consumer problems as a consequence of regular and informal visits to eligible facilities and agencies. By contrast the Community Visitor Panels undertake regular inspections of agencies and facilities. The Panels' role is to examine more systemic administrative and procedural issues.

In broad terms Community Visitors have monitoring, inspection, inquiry and complaint handling functions. The visits of community visitors to the facilities and agencies can be self-initiated, in response to a direction from the Minister and in response to a request from a person.

**A Community Visitor *may* inquire into and make recommendations about:**

- the adequacy of services for assessing and treating persons in approved treatment facilities or by approved treatment agencies;
- the standard and appropriateness of facilities for the accommodation, physical well being and welfare of persons receiving treatment or care at approved treatment facilities or by approved treatment agencies;
- the adequacy of information relating to rights of persons receiving treatment at approved treatment facilities or by approved treatment agencies and the complaint procedures under this Act;
- the accessibility and effectiveness of complaint procedures under Part 13 of the Act;
- the failure of persons employed in approved treatment facilities or by approved treatment agencies to comply with this Act;
- any other matter that a community visitor considers appropriate having regard to the principles and objectives of this Act; and
- any other matter as directed to the principal community visitor by the Minister.

The Community Visitor *must* refer to the Principal Community Visitor any matter that the Community Visitor considers should be investigated by a Community Visitors panel.

**In addition to their general inquiry and inspectorial functions Community Visitors also have a role in:**

- Receiving and resolving complaints from consumers;
- Assisting consumers with using the Mental Health Services internal complaint mechanisms set out in Part 13 of the Act;
- Using the review and appeal mechanisms set out in Part 15 of the Act (Mental Health Review Tribunal).

Community Visitors may take on these roles in the course of a pro-active visit to a facility or agency or after receiving a request from a consumer for a visit under section 108 of the Act.

**In carrying out their duties, Community Visitors have extensive powers under the Act. These include:**

- visiting an approved facility without notice at any time;
- inspecting any part of the facility or premises of the agency;
- visiting persons who are receiving treatment or care at the facility or premises of the agency;
- inspecting documents or medical records relating to persons receiving treatment or care at the facility or from the agency; and
- inspecting any records or registers required to be kept on or under this Act.

After every visit to a facility or agency, the Community Visitor must forward a report of the visit to the principal community visitor.

## Administration and Finance

### Staffing

Sections 103(1) and 110(1) of the Act state that the principal community visitor shall appoint community visitors and community visitor panel members.

For the purposes of reporting the community visitors and administration officer would be considered to be the staff of the CVP.

### Community Visitors

In Darwin the Acting Anti-Discrimination Commissioner Matthew Storey and conciliators of the Anti-Discrimination Commission Jacqui Bourke and Terry Lisson were appointed community visitors.

In Alice Springs John McBride was appointed as a community visitor. Mr McBride is a solicitor and will undertake community visitor program work on an as needed basis. He will undertake the "inspection visits" and will respond to any requests to see a community visitor.

### Administration

Jodi Mather has been appointed as the Project Administrator for the program. Her office is located within the Anti-Discrimination Commission, Darwin.

### Community Visitor Panels

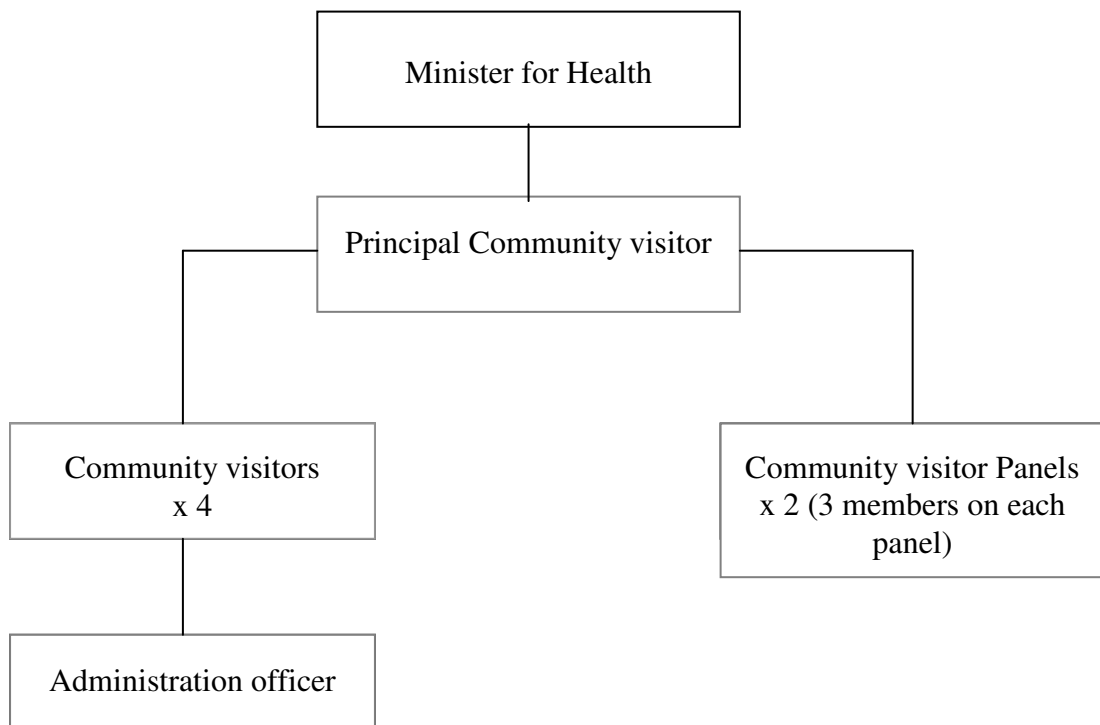
Members of the community visitor panel appointed in Darwin are:

Brydget Barker-Hudson – Solicitor – Legal practitioner member  
Brian Riley – Worker with Tiwi Health board – other member  
Sam Heard – Doctor – medical practitioner member

In Alice Springs the panel was made up of:

Katrina Budrikis – Solicitor – legal practitioner member  
Linda Keane – CEO Yuendumu Government Council – other member  
Chris Wake – doctor – medical practitioner member

Katrina Budrikis has since resigned as a panel member as she is moving interstate.

**CVP ESTABLISHMENT**  
(as at 30 June 2002)**Equal Opportunity Management Plan (EOMP)**

The Anti-Discrimination Commission has a current EOMP, which forms part of the Policy and Procedures Manual. As the staff of the CVP are either staff of the Anti-Discrimination Commission or work within its office it would be considered that the Commission's EOMP would apply to staff of the CVP. Management monitors the internal environment to ensure that all staff are treated fairly and are given equal opportunity in all employment procedures.

**Training and Staff Development**

The principal community visitor is exploring an in-house training program, as well as approving staff attendance at a range of professional development programs which included formal award courses, short courses, seminars and conferences.

**Occupational Health and Safety**

The Anti-Discrimination Commission affords occupational health and safety a high priority. For the reasons stated (refer section Equal Opportunity Management Plan above) this would also apply to staff of the CVP. A formal policy is in place and forms a part of the Commission's Policy and Procedures Manual. Two staff members have been trained as Senior First Aid

**Finance**

The Department of Health and Community Services provided funding totalling \$115,000 to the community visitors program. This was made up of establishment costs and recurrent expenditure for the period 1 February 2002 - 30 June 2002.

**Establishment Costs: November 2001 - April 2002****Personnel**

Admin Officer, AO 4 and Alice Springs agent	5,600
Anti-Discrimination Commission staff	17,000

**Operational**

Documents, IT, Translation, Advertising, Material Production, Web Page, Stationery	20,000
Airfares, Accommodation & TA	27,500
Anti-Discrimination Commission overheads	5,000

<b>Subtotal</b>	<b>85,100</b>
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**Recurrent expenditure: 1 February 2002 - 30 June 2002****Personnel**

Admin, AO 4 at 0.8 time and Alice Springs agent	16,800
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**Operational**

Airfares, Accommodation & TA	4,500
Anti-Discrimination Commission overheads	3,600

<b>Subtotal</b>	<b>29,900</b>
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<b>Total</b>	<b><u>115,000</u></b>
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Anti-Discrimination Commission overheads includes contribution to communication, power, motor vehicle expenses, equipment lease etc

Subsequent to the establishment period, the allocation of the AO 4 to non-CVP duties within the Commission (in addition to CVP administrative functions) releases other Commission staff for CVP activities.

## Publications

There have been 2 information pamphlets produced. One is entitled *Community Visitor Program* and is a doubled sided tri-fold pamphlet explaining what the CVP is and what it does. This gives reasonably comprehensive information about the program and is aimed at service providers, community organisations and workers who may provide referrals.

The second is entitled *What is a community visitor and what do we do?* It gives information aimed at those who may use the program and explains what the program does and how it is done.

This pamphlet is available in the following languages:

- Vietnamese
- Portugese
- Greek
- Filipino
- Chinese

In addition a CD is being completed that will provide information in aboriginal languages. Whilst it is for use in rural and remote communities, it will be relevant to many organisations.

A sticker and a magnet have also been designed. These give the contact details for the program

## Work of the CVP

On the 29<sup>th</sup> July 2001, Stephen Dunham, then Minister for Health, Family and Children's Services, appointed Thomas Stodulka, the Anti-Discrimination Commissioner, to be the principal community visitor. The role of the principal community visitor is to ensure that community visitors and community visitor panels exercise their powers and perform their functions in accordance with the principles, standards and protocols established under the Act.

Following Commissioner Stodulka's appointment there was extensive consultation with officers of the Department of Health and Community Services regarding appropriate mechanisms to implement the program. It was determined that the existing complaint handling staff of the Anti-Discrimination Commission would serve as the community visitors under the program.

The principal community visitor has appointed the three complaint handling staff of the Anti-Discrimination Commission as community visitors. (refer Administration section)

The principal community visitor has convened a number of meetings around the Northern Territory involving various mental health consumers and organisations. These meetings were designed to obtain thoughts and recommendations and provide information regarding the CVP.

There have been initial meetings of the panel in Darwin to discuss the role of the panels and identify training needs. As the Principal Community Visitor (Tom Stodulka) expressed a desire to be a part of the training, this has been delayed due his illness and absence. As the Principal Community Visitor is also the Anti-Discrimination Commissioner, it was decided to await the appointment of a new Anti-Discrimination Commissioner before proceeding with training of the panel. Upon announcement, the panel will be in a position to take up their role and perform their functions as required by the Act.

### **Indicative complaints**

Complainants have generally been from users of the in-patient facilities. This was not unexpected. These units treat more patients than any other and have a high turn over. It is reasonable that a high percentage of complaints would come from this area.

The community visitor has been dealing with complaints since February. The complaints received to date can be categorised as complaints concerning admission procedures, services at facilities or agencies, recreation and rehabilitation services, care or treatment at facilities or agencies and the physical environment of agencies.

The collection of statistical data concerning complaints has presented unforeseen difficulties. It is possible to collate the number of complainants but not necessarily the number of complaints. Experience to date is that a single complainant may have more than one complaint to make, and that they may make a series of complaints during the time they use a facility or agency.

The number of complainants does not generally reflect the amount of work done, nor does the number of complaints. The nature and type of complaints varies widely from something that is particularly easy to deal with and doesn't require much time to complaints that are extremely complex and require many hours of work.

The collection of data is currently being considered in light of the difficulties described above. It is hoped that more accurate data collection will be available and will far more accurately reflect the work of the CVP.

### **Resolution of complaints**

It became clear very early that an informal complaints process would be needed. This was due to the nature of complainants their complaints. This is such that most complaints are of an 'immediate' nature and a quick resolution is needed. Examples would be that drugs are having side effects, that phone calls are limited, or that clients are not allowed to leave the premises.

This meant the resolution of complaints has been by way of telephone and face to face discussions with those within whose responsibility the complaints fall. This is very different from the more formal, written process of the Anti-Discrimination Commission. However, when formality is required and is the most appropriate process this is adopted.

The community visitor program has successfully resolved most of the complaints that are capable of resolution. There are some complaints that cannot be resolved, particularly if the measure of "successful resolution" is that the complaint was resolved to the satisfaction of the complainant. Involuntary detention is a good example. Complainants say they shouldn't be in Cowdy unit. If the proper process has been followed and all legal requirements under the *Mental Health and Related Services Act* have been met then there is no way to resolve the issue or if the Mental Health Review Tribunal has made orders within the processes of the Act such as a limit on the number of telephone calls a patient may make, there is little that can be done for the same reasons.

### **'Inspections'**

The community visitor also has a function to 'inspect' agencies and facilities. To date this has not been carried out as the program was inundated with complaints, and has spent considerable energy establishing working relationships with organisations and developing a framework within which to carry out 'inspections'.

It is envisaged that such inspections will be carried out in August and September 2002. It should be noted however that the community visitor has spent a considerable time in agencies in Darwin has taken the opportunity to carry out informal inspections whilst on the ward. There has been nothing identified that requires and work to be done. The inspections proper may however identify such issues.

### **Development of protocols**

Some of the work of the Community Visitor has included establishing protocols with organisations. The principle organisation in the Top End is Top End Mental Health Services (TEMHS) which has responsibility for the agencies and facilities in Darwin and surrounding area, Katherine, and the East Arnhem area. Currently there are 'working protocols'. These deal with the most appropriate way for the community visitor to investigate and resolve complaints, such as who is the most appropriate person to talk with, who can resolve what complaints at which level, and the interaction



of the internal complaints system and the CVP. To date these 'working' protocols have been successful and it is anticipated the written permanent protocols will be concluded shortly.

There is a major duplication of jurisdiction between the CVP and the Health and Community Complaints Commission. 'Working' protocols have been developed and are being trialed before finally being committed to paper. The protocols essentially involved clearly defining each other's jurisdiction and ways to cross-refer complaints, with complainants agreement.

It is also envisaged that if there is a complaint to both bodies duplication of effort would be pointless and there would be discussions about the most appropriate agency to deal with the complaint. The protocols are designed to avoid duplication, increase efficiency in complaint handling and gaining speedier results for complainants.

Once these protocols are established it will be possible to then trial them in the Alice Springs agencies and facilities. There may be some adjustments required taking into consideration regional differences.

In summary, the initial work of establishing the program has been completed. There has been a comprehensive round of meetings with stakeholders. The required appointments of community visitors and panel members have been carried out. A complaint handling process has been established and is being trialed. Protocols are being developed and will be completed shortly. Complaints are being received and resolved.

The absence of the Principal Community Visitor is not a deterrent and has not affected the day to day complaints handling of the program. The program has appears to have been well received by all those in the mental health area and in fact seems to be a welcome addition.

### **Review of Mental Health and Related Services Act**

A review of the Mental Health & Related Services is currently underway to identify and remedy areas where:

- (i) there have been difficulties in the implementation of the legislation; or
- (ii) unintended consequences have arisen from implementation of the provisions of the Act.

An Issues Paper listing a number of problems identified so far and offering options for amendment will be circulated to interest groups in November/December 2002 in hard copy form and posted on the DHCS Internet site. Following a period of consultation recommendations for amendment will be compiled and submitted for Cabinet's consideration.

### **Approved Procedure - Community Visitor Program**

A draft Approved Procedure, developed in consultation with the CVP and other stakeholders, to guide interactions between DHCS and the CVP has been developed and submitted to the DHCS Approved Procedures and Quality Assurance Committee for consideration. Once endorsed by the CEO of DHCS the Procedure will be implemented across the Territory