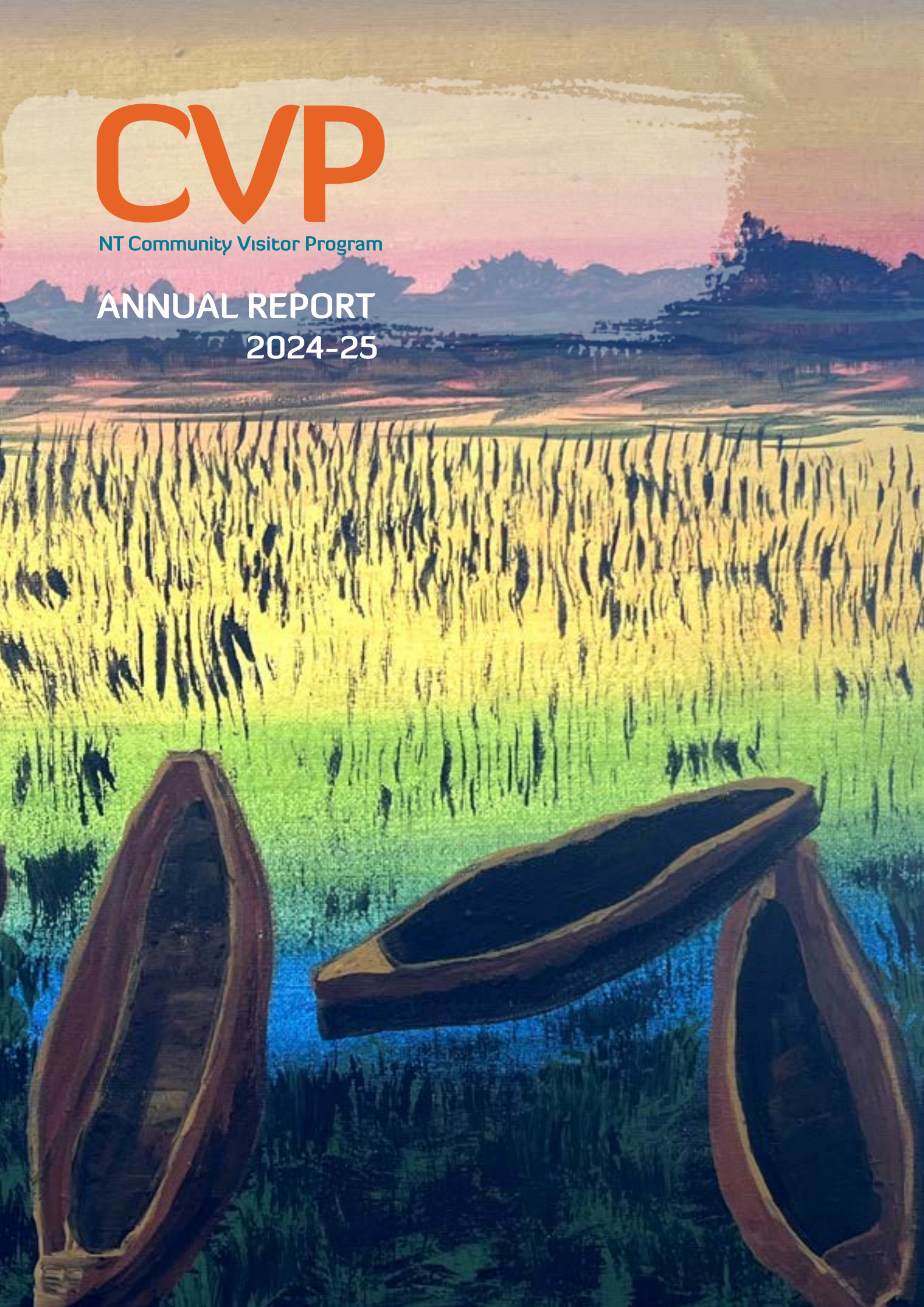
CVP

NT Community Visitor Program

ANNUAL REPORT 2024-25



Artwork in the MHU outdoor space

FRONT COVER DESCRIPTION;

'Sunset with canoes' by L. Gordon

The artworks throughout this Annual Report were generously shared by;

- Persons who have engaged with the Community Visitor Program (CVP)
- Persons from the Forensic Disability Unit
- Persons from the Inpatient Unit, Royal Darwin Hospital
- Persons from the Mental Health Unit, Alice Springs Hospital
- Persons from the Sub Acute Facility, Central Australia

The CVP thanks all the artists for allowing us to feature their beautiful artworks in this year's Annual Report

September 2025

The Hon Steven Edgington MLA,

Minister for Health,

Minster for Mental Health

Parliament House

State Square

Darwin 0800

Dear Minister Edgington,

I am pleased to present the Annual Report on the activities of the Community Visitor Program for the period of 1 July 2024 to 30 June 2025.

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

Jeswynn Yogaratnam

Principal Community Visitor

Acknowledgement of Country

The CVP acknowledges the traditional owners and custodians of the country on which we work and live. We also acknowledge all Aboriginal and Torres Strait Islander persons who have engaged with the CVP and generously shared their stories and suggestions to improve services and outcomes.

Top End Sunsets: Photo taken at Dundee Beach

Contents

Darwin skyline taken from East Point Reserve

Acknowledgements

The CVP would like to acknowledge and thank all persons who have engaged with the CVP and generously shared their stories and concerns. The active engagement with, and input from persons with lived experience is essential to improve outcomes for all people accessing Northern Territory Government (NTG) run Mental Health and Forensic Disability Services. The CVP has the privilege to be placed in a position of trust by the people and their families and carers who engage with us – thank you.

Additionally, it is important to recognise the work of all staff and clinicians who work in these services, which are often resource poor and regularly at, or over capacity. We acknowledge and appreciate the work you do. We continue to emphasise the importance of the respectful relationships we have maintained with service providers – these have regularly assisted us to reach low level resolutions for our clients.

Emus in Central Australia, painting by person in MHU

Message from the Principal Community Visitor - A year in Reflection

The 2024–25 year has been one of consolidation, reform, and sustained advocacy for the rights, wellbeing, and cultural safety of people engaging with Northern Territory Government mental health and forensic disability services.

Strengthening Foundations

We reviewed CVP processes and procedures to align with our legislated duties, operational capacity, and budget. This work shaped the 2025–2028 CVP Strategic Plan. These refinements have ensured sustainable, rights-based oversight and focused our resources where impact is greatest, for example increasing awareness of the CVP for service users, ensure visit schedules include NTG Community based mental health facilities.

Legislative Reform and Policy Influence

The CVP has contributed to multiple reform processes, including the Disability Royal Commission, the Youth Mental Health Roadmap to Reform, the Commonwealth Youth Strategy Review, and the development of the Mental Health Bill 2024 Exposure Draft. The Draft Bill proposes a modernised legislative framework for mental health care, with clearer principles for supported decision-making, strengthened human rights protections, and more defined safeguards for involuntary treatment. We welcome these advances but remain concerned that without dedicated resources, oversight, and forensic mental health infrastructure, legislative intent will not translate into lived safety and dignity.

Forensic Mental Health – Closing the Gap

The Northern Territory (NT) remains the only jurisdiction without a dedicated Forensic Mental Health Unit. People found unfit to plead continue to be held in correctional facilities alongside sentenced prisoners, a breach of rights and a failure to meet anti-discrimination obligations. We are calling for the transfer of the Complex Behaviour Unit (CBU) to NT Health's Forensic Services and equitable, trauma-informed care for supervised women.

National Preventive Mechanism and Cultural Safety

As part of Australia's Optional Protocol to the Convention against Torture (OPCAT) National Preventative Mechanism (NPM), the CVP has brought NT-specific realities to national discussions on watchhouses as detention sites, bail laws, and deaths in custody. Cultural safety remains our anchor whereby care must be safe as defined by the person receiving it, addressing power imbalances and embedding First Nations leadership, interpreter services, and trauma-informed practices.

Resource Realities and Targeted Impact

With an annual budget of only $530,000 to deliver our legislative functions across the NT, our outreach is necessarily targeted but when we do engage, our oversight is highly effective, producing measurable rights protections and systemic improvements with the hope of an expanded budget to meet the demands of the community.

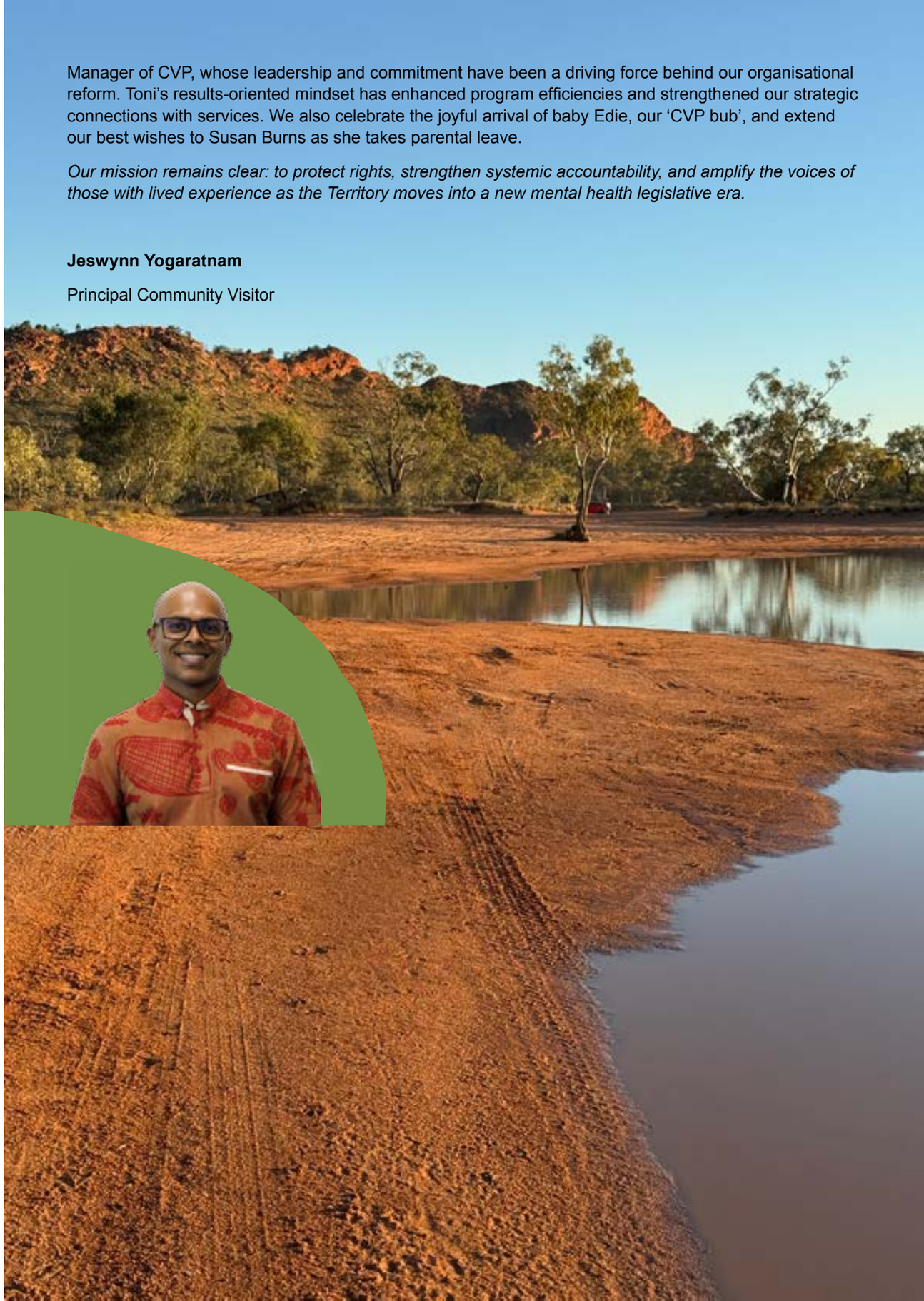
Acknowledgements

The achievements of the past year reflect the dedication of the CVP team, Community Visitors (CV's), Panel members as well as the continued cooperation of service providers and clinicians who work with us to improve systems and safeguard dignity. In particular, I would like to acknowledge Toni Amiet, Acting Manager of CVP, whose leadership and commitment have been a driving force behind our organisational reform. Toni's results-oriented mindset has enhanced program efficiencies and strengthened our strategic connections with services. We also celebrate the joyful arrival of baby Edie, our 'CVP bub', and extend our best wishes to Susan Burns as she takes parental leave.

Our mission remains clear: to protect rights, strengthen systemic accountability, and amplify the voices of those with lived experience as the Territory moves into a new mental health legislative era.

Jeswynn Yogaratnam

Principal Community Visitor



CVP Strategic Plan 2025-2028

December 2024 marked the starting point for the development of CVP's Strategic Plan 2025-2028. During the planning phase, the team considered CVP's mission and values alongside our legislated functions and allocated budget.

Strategic Planning via TEAMS demonstrating a productive hybrid work environment. L>R: Steve, Nicki and Toni

With a focus on working effectively within our allocated budget, whilst also ensuring program sustainability, the team reviewed all operational functions, inclusive of visiting and reporting schedules. Additionally, the team undertook a review of our database, with subsequent amendments to better reflect our responsibilities under the relevant sections of the *Mental Health and Related Services Act* (MHRSA) and *Disability Services Act* (DSA).

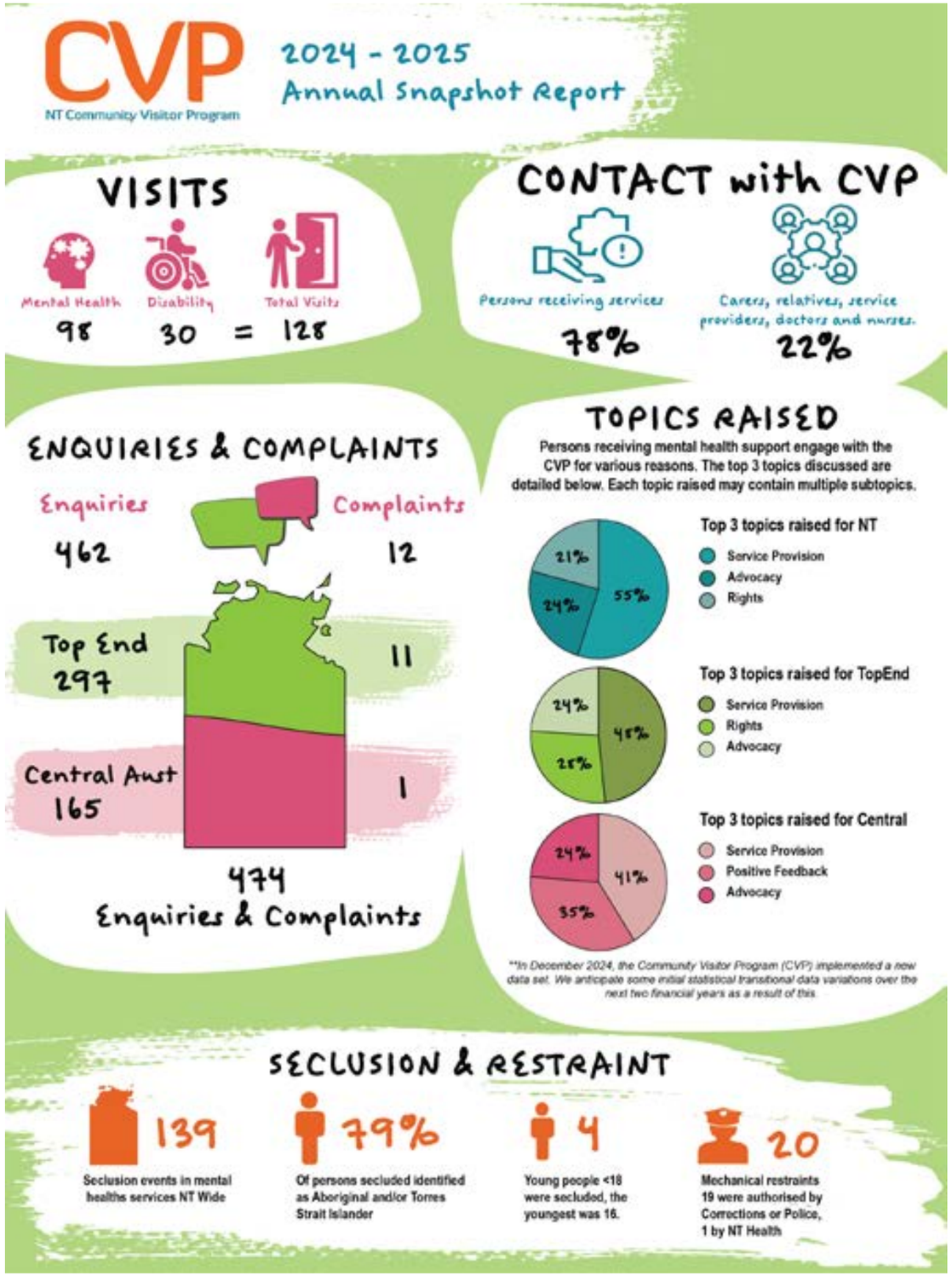
The Strategic Plan along with the Action Plan was finalised in April 2025 and can be found on our website at cvp.nt.gov.au/__data/assets/pdf_file/0011/1547516/2025-2028-CVP-Strategic-Plan.pdf

CVP's Strategic Objectives for 2025-2028

	OBJECTIVE	DESCRIPTION
1.	SUSTAINABILITY	*Ensure service delivery aligns with the allocated budget and current 2.6 FTE structure.*
2.	MONITORING IMPROVEMENT	*Maintain quality oversight while increasing geographic reach within the NT.*
3.	STAKEHOLDER RECOGNITION	*Enhance public and sector awareness of CVP's role and impact.*
4.	REPORTING EFFICIENCY	*Streamline templates and consolidate reports (from 168 to less than 100).*
5.	DATABASE OPTIMISATION	*Enhance functionality to improve tracking and legislative compliance.*

CVP Action Plan for 2025-2028

CHANGE AREA	ACTION	LEAD	IMPLEMENTATION	REVIEW START	ONGOING REVIEW
DATABASE REVIEW	*Finalise functionality changes*	*CVP Team*	*Dec 2024*	*Mar - Dec 2025*	*Annual to Dec 2028*
VISIT/INSPECTION SCHEDULE	*Communicate changes to sites and staff*	*CVP Team*	*Feb - Mar 2025*	*May 2025*	*Annual to Dec 2028*
STAKEHOLDER ENGAGEMENT	*Develop materials and begin information sessions*	*CVP Team*	*June - July 2025*	*Aug 2025 - Jan 2026*	*Annual to Dec 2028*
POLICY REVIEW	*Update procedures, review resources*	*CVP Manager*	*July 2025 - July 2026*	*July 2026*	*Final: July 2027*
FTE STRUCTURE	*Implement realignment*	*CVP Manager*	*Feb 2025*	*Aug 2025*	*Annual to Dec 2028*



The Community Visitor Program – who are we?

The NT CVP is an independent statutory service which is located within the ADC to preserve its independence. The CVP was initially established under the MHRSA and expanded in 2012 after the DSA was enacted. During 2013-2017, NT CVP had additional monitoring and inspection duties under the then Alcohol Mandatory Treatment Act. In broad terms, the CVP has advocacy, monitoring, inspection, and complaint handling functions, working from a rights based, person-centred approach which focuses on the least restrictive alternative to care.

The CVP's allocated budget allows for a staffing profile of 2.6 full-time equivalent (FTE). Of this 2FTE is located in Darwin and 0.6 FTE in Alice Springs, with the ADC generously providing administrative support. The PCV, who is also the NT Anti-Discrimination Commissioner, is available to the CVP on a 0.2 FTE basis.

Our functions under the MHRSA include monitoring and inspection of Approved Treatment Facilities (ATF), i.e. Alice Springs Hospital - Mental Health Ward (MHU) and Royal Darwin Hospital - Inpatient Unit (IPU) and Approved Treatment Agencies (ATA) i.e. NT Health's community based mental health teams operated by Top End Mental Health Alcohol and Other Drugs (TEMHAODS) and Mental Health and Other Drugs Central Australia Region (MHAOD CAR). Additionally, the NT CVP is a member of the Approved Procedures and Quality Assurance Committee (APQAC) which is a statutory committee established under part 17 of the MHRSA.

The DSA provides the legislative framework to enable the operation of three listed residential facility types (Secure Care, Appropriate Place[1], NTG run residential facilities) for people with disabilities in the NT, with the CVP playing a role in monitoring these. As Secure Care and NTG run residential facilities are no longer in operation, the CVP's role relates to visiting persons with a complex cognitive disability, who are subject to custodial and non-custodial supervision orders

CVP Team L>R Jeswynn, Toni and Nicki

under the NT Criminal Code Act 1983, living in an Appropriate Place (AP). CV also visit the Cottages, also an AP, which is located at the DCP. The Cottages, operated by NT Health's FDU provide supervised accommodation and support and is a transition point for persons moving from the care of Corrections at CBU to FDU.

The NT CVP is a member of The OPCAT and the national CVP/CVS (Community Visitor Scheme) working group. Currently, the NT CVP is actively engaged in the Commonwealth funded project to develop nationally consistent approaches to CV Schemes across the country. This was a recommendation from the Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC). Whilst the NT CVP and CV Schemes around Australia are in support of this, there is an agreeance that each jurisdiction has its own nuances and therefore a 'cookie cutter' approach to a national CV Schemes is not appropriate.

1 *Appropriate Place in DSA is a place defined by s43ZA(1)(a)(ii) of the Criminal Code*

‘A day in the life of a Community Visitor’

The day in the life of a CV is varied and rarely the same. Overall, the role encompasses both successful resolutions and the reality that not every concern can be addressed to a client’s desired outcome. This balance between advocacy success and the limitations of systemic change represents the transparent approach CV’s bring to their work, striving to support clients while working within the existing frameworks and processes. Through this varied daily experience, CV’s serve as a bridge between individuals and the systems designed and legislated to support them, ensuring accountability, advocacy, and client connection. The graphic below demonstrates the various tasks a CV may need to do on a typical working day (any names referenced in thought bubbles are fictitious):

In Focus

7.1 Forensic Mental Health and Disability in the NT

Unlike all other states and territories in Australia, the NT has no dedicated Forensic Mental Health Unit for persons with mental ill health or disability who are engaged in the criminal justice system[2].

This is despite the NT having one of the highest incarceration rates per capita in Australia[3]. As such, people found 'unfit to plead' by the courts are detained in NT Correctional Service (NTCS) facilities alongside convicted prisoners. In effect, persons who are not legally classified as prisoners are detained in the same facilities as those who are.

Bugs' by L.Gordon

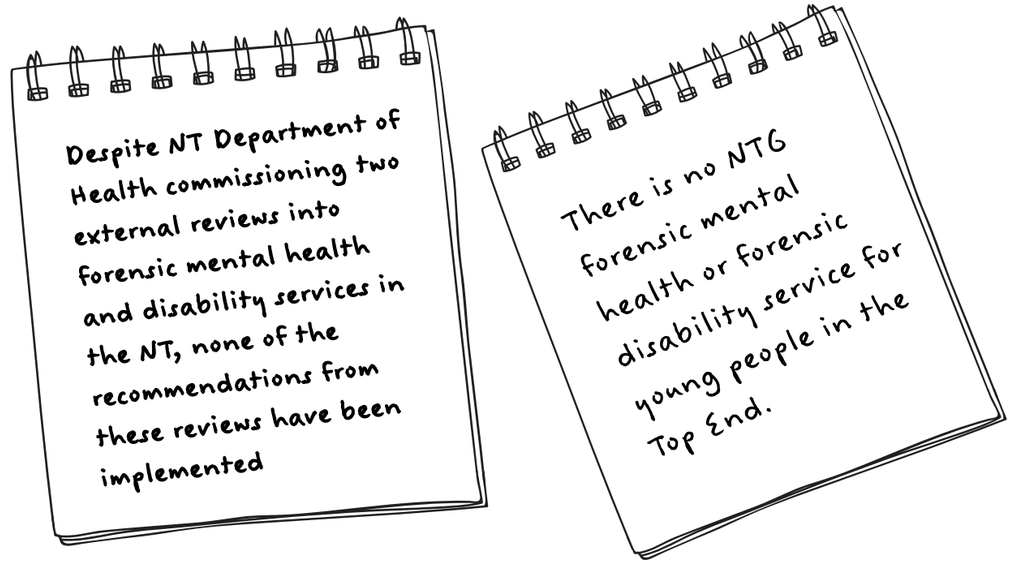
2 *Ogloff, J. R. P., Doherty, A., Eason, M., & Shields, R. (2021). Complex Behavioural Unit Feasibility Study: Final Report. Report prepared for the Northern Territory Department of Health*

3 *David McGrath Consulting, (2019), Report on the review of Forensic Mental health and Disability Services within the Northern Territory.*

A report commissioned by NT Health in 2021[2], identified the need for a forensic mental health hospital in the NT and stated that the purpose built CBU at DCP was 'fit for purpose', identifying that with the "appropriate clinical forensic model of care and staffing the CBU could be transitioned to a forensic mental health hospital". To date, CBU, whilst being gazetted as an ATF[4], is managed and staffed by NTCS, with a lack of focus on the delivery of therapeutic support to persons with complex cognitive and forensic mental health issues who are not convicted of any crime due to being 'unfit to plead'.

Further concern is that, as a result of the increased prison population, some of the general population prisoners, who should be housed in 'protection' areas of the DCP (e.g. sex offenders), have been moved to CBU. As such, these prisoners are accommodated in the same areas as persons with cognitive impairments and/or mental ill health who are not sentenced prisoners. As the CBU has no dedicated area for females, women on Supervision Orders are detained within the general prison population area.

These concerns were highlighted in media releases in January and May 2025. The CVP continues to hold concerns about the rights of persons who have been deemed 'unfit to plead' being held in Correctional facilities.



Artworks above: Completed by persons in Cowdy Ward,Top End

4 *An ATF is a facility designated for treatment under the MHRSA*

7.2 Built environment and services

7.2.1 Hospital based

The CVP welcomes the removal of the word ‘physical’, when referring to wellbeing in the Mental Health Bill 2024 (the Bill), with s339(1)(b) of the Bill stating the CVP can inquire and make recommendations on “the standard and appropriateness of facilities for the accommodation and wellbeing of persons receiving treatment and care at approved mental health facilities or from approved mental health services”.

There is strong evidence that the built environment directly influences mental health outcomes. International research shows that evidence-based design in mental health wards can reduce patient stress, improve therapeutic engagement, lower incidents of aggression, shorten inpatient stays, and enhance recovery. The Rodríguez-Labajos et al. (2024)[5] review found key environmental factors such as access to natural light, outdoor spaces, privacy, homelike features, and opportunities for meaningful activity are not aesthetic luxuries but core therapeutic interventions in mental health care. Similarly, research by Faerden et al. (2022) found that whilst staff engagement with patients is important, the environment and design in mental health wards has a significant impact on patients which in turn can affect their wellbeing and recovery[6].

The CVP remains concerned about the impact of the built environment in the Joan Ridley Unit (JRU) and Youth Inpatient (YIP) wards at Royal Darwin Hospital, where the ‘prison-like’ design and limited access to outdoor garden areas and activities are frequently raised by persons. These conditions run counter to design principles that recommend environments be non-institutional, offer autonomy, sensory variety and provide regular outdoor access to promote dignity, calm and recovery.

The ‘new build’ mental health facility adjacent to the IPU at RDH

5 *Rodríguez-Labajos L, Kinloch J, Grant S, O’Brien G. The Role of the Built Environment as a Therapeutic Intervention in Mental Health Facilities: A Systematic Literature Review. HERD: Health Environments Research & Design Journal. 2024;17(2):281-308. doi:10.1177/19375867231219031*

6 *Faerden A, Rosenqvist C, Håkansson M, et al. Environmental Transformations Enhancing Dignity in an Acute Psychiatric Ward: Outcome of a User-Driven Service Design Project. HERD: Health Environments Research & Design Journal. 2022; 16(2):55-72. doi:10.1177/19375867221136558*

While the CVP notes that the new mental health unit at RDH will address some of these concerns, JRU and YIP will continue to operate with no known plans for environmental improvement. The recent initiative by IPU management to implement daily outdoor access in JRU has already demonstrated the immediate positive effect of environmental change: during one visit, a patient stepped outside and exclaimed “FREEDOM” later explaining that the sun on his back and grass under his feet made him feel human again. This aligns with evidence that even small, regular connections to nature can improve mood, reduce agitation, and foster a sense of personal agency in inpatient settings.

The impact of a few cushions and a rug made a significant impact on the JRU outdoor space for persons on the ward

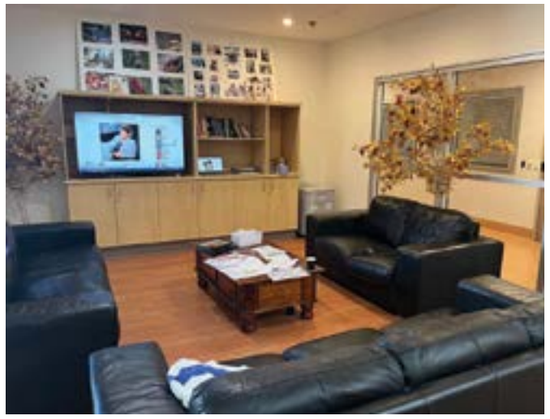
The built environment of the MHU at Alice Springs Hospital, a newer facility compared to RDH’s IPU, provides more natural light. However, regular feedback from persons on the ward relates to resource issues which continue to impact the amount of access to outdoor courtyard areas.

Similarly, the ‘sensory rooms’ in JRU and YIP appear worn and tired and do not serve their intended purpose, whilst the MHU lacks a sensory room altogether.

The CVP strongly advocates for these spaces to be revamped, and encourages the service to seek input from the Lived Experience cohort.

The JRU outdoor space for persons on the ward

Cushions and a rug made a significant impact on the JRU space for persons on the ward



Lounge area in the Lower Dependency Unit (LDU) in the MHU

Outdoor courtyard areas, including a vegetable garden which has been created by staff members in the MHU

7.2.2 Community based

CVP with MHU Social worker Ronald during a routine visit

Section 3(b)(ii) of the Bill relates to persons receiving care in a way that "promotes their recovery and full participation in the community, without the need for compulsory treatment", whilst a recent release by The Royal Australian and New Zealand College of Psychiatrists (RANZCP) highlighted the deterioration of community mental health services over the past 20 years[7].

In the NT, the only NTG run step up/step down residential mental health facility is the Sub Acute facility (SAF) in Alice Springs which supports adults facing mental health challenges who engage with the service voluntarily. While some Non-Government Organisations (NGO) are funded to offer this option, they are insufficient to address the need, with the subsequent result that persons may be admitted to hospital for treatment which could be better managed in a community space.

There are no step up/down residential facilities for adults in the forensic mental health space in the NT.

In February 2025, the CVP conducted an inspection of the SAF. Residents told the CV's about the positive impact SAF had on them, including one young woman who stated "I wouldn't be here if it wasn't for this place and for the staff working here and in the MHU". The SAF environment is homely, with outdoor spaces that include a garden, vegetable patch and a dedicated space for yarning circles.

Views from the entrance of the Sub-Acute Facility in Alice Springs, including the vegetable garden and lemon trees..

Whilst acknowledging the positive impact of community based care, to date the CVP's observations of NTG run mental health community services and facilities include:

- Inadequate resourcing
- Recruitment challenges
- Clinically focussed staffing profiles which are not always inclusive of a team of Aboriginal Mental Health Workers and Aboriginal Health Practitioners
- No dedicated lived experience team

7 *https://www.ranzcp.org/news-analysis/an-unacceptable-mental-health-system*

The CVP advocates for ongoing investment of community mental health spaces which offer holistic, recovery focussed and culturally sensitive care for the persons engaging with them.

Yarning Circle area at SAF

Staff and clients by lemon trees in SAF garden

Staff and clients in the dining area of the SAF

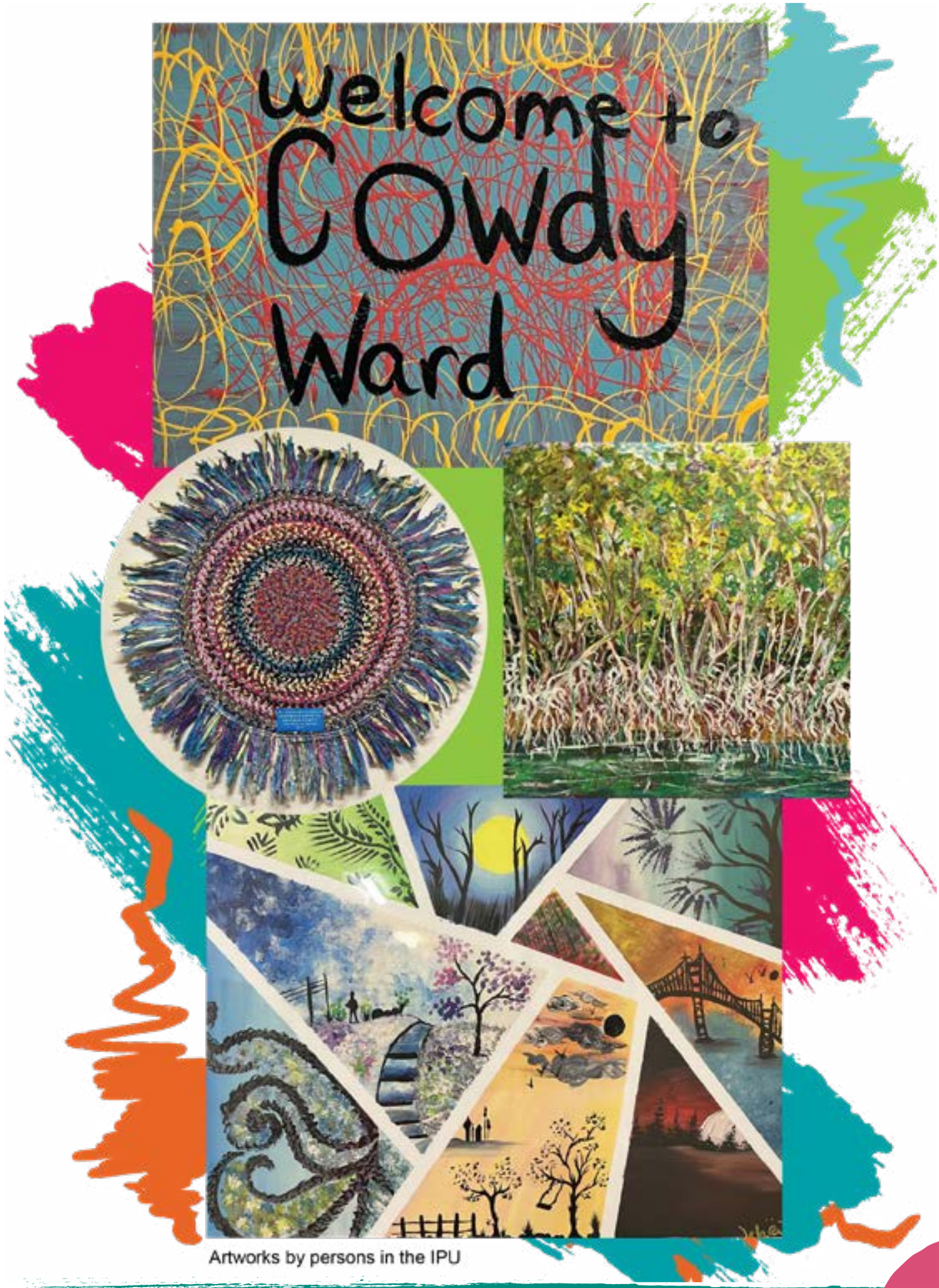
In the forensic disability space, the Cottages continues to be a significant transition point for persons leaving the CBU at DCP. Despite the Cottages location, the garden space and person centred approach implemented by the Forensic Disability Unit, has a positive impact on persons residing there. Whilst the Department of Corrections determines the timing of transition from the CBU to the Cottages, the CVP understands that FDU regularly advocates for persons with complex cognitive disabilities on Supervision Orders to receive specialised care at the Cottages.

FDU staff hosted the 2025 Forensic Disability Unit Art Auction, which was held at the Cottages. This wonderful event showcased artwork by FDU clients, some of which is included in this report. Access to 'The Cottages Art Program' is available to all persons under FDU oversight, regardless of whether they are living at the Cottages or in the community. This program has supported artistic growth, whilst also unveiling amazing talents amongst its participants. An example of talent discovery was evident at the Auction, where some of the sold artwork had been painted by a client who only been involved with the program for a year. All funds raised at the auction go directly to the artists.

2025 Naidoc Day celebrations at The Cottages.

FDU and CVP staff at the 2025 FDU Art Auction held at The Cottages

Claudine and Jeswynn at the 2024 'Rights on Show' Art Awards and Exhibition featuring art by FDU clients



Artworks by persons in the IPU

7.3 Discharge challenges

The CVP note that NTG's mental health and forensic disability services continue to face challenges providing safe discharge destinations for service users. The CVP acknowledges that these challenges are largely systemic in nature and thus not a direct issue related to the services, rather a gap in the interface between services. We therefore continue to support strong collaboration and alliances between all agencies.

During the 2024/25 period, the CVP were informed of occasions where staff felt pressured to discharge persons due to the ongoing demand for beds in the mental health wards of the hospital.

In the Top End, the time spent in the IPU ranged between eight weeks to 260 days, with a 20 year old Aboriginal man from a remote community spending 260 days in the IPU due to NDIS related issues. Similarly, delays in the Guardian approval process of NDIS accommodation for a 43 year old Aboriginal man, also from a remote community, impacted his discharge, resulting in a 176 day admission in the IPU. Whilst a 58 year old non-Aboriginal man, who is in the custody of Department of Corrections, was admitted to the JRU in the IPU, remaining there for 204 days due to the lack of a NT Health run mental health facility at the DCP.

Whilst there are a number of discharge challenges, below is a brief overview of challenges that the CVP was made aware of in 2024/25:

a. Limited step up/step down residential facilities and community based care options:

As outlined in 6.2.1 there is a dire need for an increase in community based mental health services in addition to accommodation options for persons transitioning from tertiary mental health or forensic non-custodial supervision orders (NCSO) back into the community. An increase in mental health community based care translates into decreased bed pressure for inpatient units and an increased ability for persons to receive care within their community whilst remaining close to family and/or their support networks. These are important components of recovery focussed care.

b. National Disability Insurance Scheme (NDIS) interface:

For persons with disability who are admitted to hospital without an existing NDIS package, the process to secure NDIS services is significantly challenging and time consuming, resulting in extended stays in the hospital environment. While the role of the NDIS Health Liaison Officer (HLO) does assist in the process, it does not address the extensive NDIS requirements for reports and consultations prior to a person to obtaining an NDIS package, resulting in extended stays, particularly for persons from remote locations.

c. Housing:

Housing availability and affordability continue to pose challenges to the safe discharge of persons from the services. At times the CVP were informed that, despite the services exhausting all housing and discharge options, suitable short and/or long term affordable accommodation could not be found. Affordable housing remains a significant factor contributing to the social determinants of wellbeing.

d. Clozapine administration:

During the 2024/25 period, the CVP were advised that the final transition for some FDU clients had been impacted due to the requirement for ongoing Clozapine management.

As Clozapine requires a 4-weekly blood test, with subsequent review by a medical team, the CVP understands that this poses as a challenge for discharge or transition of persons on NCSO from remote areas due to the limited capacity of medical teams to manage this remotely. The CVP understands that the service is currently reviewing ways in which this can be facilitated.

Artwork by person in MHU

8. CVP Impact

Over the years, the CVP has played a critical role in improving the experiences of people receiving care under the MHRSA and DSA. Whilst, at times, our advocacy has led to meaningful change, we acknowledge that we are not always able to deliver the outcomes requested from the persons we engage with.

Below are some direct quotes from people who have entrusted us with their stories:

A 13 year old girl described the Youth Inpatient Ward (YIP) as “dead silent or scary noises”.

“The CVP makes a difference just by showing someone actually cares…. A little tragic that such treatment is hard to come by, but thanks so much! I really appreciate your genuine care and concern”. (Person in the community, supported by CVP to raise a formal complaint regarding their admission)

“For us Aboriginals, being here, it’s like walking between two worlds. The two worlds are really different”.

“The CVP has supported me through some of my darkest times. When I have felt my most vulnerable, they have stood by me as strong advocates. Their support made me feel heard, valued and empowered. With their help, I’ve witnessed real change in the system and have been able to advocate effectively for both myself and others.” (A person the CVP has supported during their admissions and with raising a formal complaint).

Artwork by person in MHU

During 2024/25 a number of key changes were made by the services, many of these have been advocated for by the CVP. Notable changes include:

i. **Mental Health Tribunal Coordinator in Top End:** designed to support patients in the Inpatient Unit to navigate the mental health tribunal process.

ii. **Daily access to JRU’s outdoor space:** implemented in June 2025, the outdoor garden space has outdoor bean bags and a picnic rug, with JRU patients provided access to this space twice daily.

iii. **Extended visiting hours in the Top End:** the pre-Covid IPU visiting hours of 3pm to 8pm Monday to Friday, and 10am to 8pm weekends and public holidays have been re-installed. This change, advocated for by the CVP since 2022, means families and friends can spend more meaningful time with their loved ones, strengthening support networks that are so vital to recovery.

iv. **Youth access to the Recovery Hub in the IPU:** Children and young people in YIP are now able to access the Recovery Hub. The CVP regularly raised concern related to the YIP environment and lack of access to therapeutic recovery focused interventions. The activities and the sentiment of the Recovery Hub are strongly aligned with recovery orientated models of care and the CVP continues to support resources allocated to this space.

v. **Corrections staff:** There has been successful negotiation between Central’s Mental Health Unit and Corrections which resulted in Corrections Officers not wearing uniforms in the Unit. Currently, the Top End is discussing this same arrangement for Corrections Officers in JRU, something that CVP has advocated for since 2022.

vi. **Occupational Therapists (OT):** In Central, the MHU successfully recruited a dedicated OT to their ward, whilst in the Top End a second OT was recently employed. The increase of Allied Health staff is something that CVP has been advocating for since 2022.

vii. **Ngangkari in MHU:** The CVP congratulates the MHU on the successful integration of cultural healing practices through the regular engagement of a Ngangkari who provides weekly visits to the MHU. This initiative has been further enhanced by families bringing their own selected Ngangkari to support their loved ones healing journey.

viii. **Media Statements:** the ongoing concern about persons with cognitive disabilities who are deemed unfit to plead being held in the same facilities as the general population was raised with Ministers for Health and Corrections along with media statements alerting the public to these issues

ix. **Lack of NT health run forensic mental health and forensic disability facilities in the NT:** As the only jurisdiction in Australia, this issue is of ongoing concern and was central to CVP advocacy in 2024/25. Whilst there is a purpose built facility CBU within DCP, it remains under the operational management of Corrections.

Artwork by person at the SAF

Entry to Central MHU

9. CVP's Wishlist

The CVP team imagined a time where there was an endless supply of resources for all services prior to creating the wishlist below. We hope you enjoy reviewing them and can envisage a future when there is a ✔ next to each item.

- ☐ The new NT 2024 Mental Health Bill is passed in 2025
- ☐ Improved access and availability of Interpreters across the services
- ☐ Increased resources for community mental health services (including Aboriginal Controlled Health Organisations and Non-Government Organisations) leading to improved access to mental health support in the community for all ages, resulting in a reduction in presentations to ED and admissions to inpatient settings.
- ☐ Increased resourcing and availability for services to implement full allied health teams in the MH space i.e. inclusion of Occupational Therapists, Social Workers, Aboriginal Mental Health Workers (AMHW), Aboriginal Health Practitioners (AHP), Psychologists and Youth workers.
- ☐ The FTE allocation of Aboriginal Mental Health Workers (AMHW) and Aboriginal Health Practitioners (AHP) is reflective of the number of First Nations persons accessing the services.
- ☐ Lived Experience teams are included in staffing profiles in Community and Inpatient Mental Health settings.
- ☐ Improved access to NDIS supports reduces the interface gaps in disability and mental health, facilitating a reduction of long stays in hospital for people who have no safe discharge destination.
- ☐ Increased services providing step up/step down residential accommodation
- ☐ A dedicated Forensic Mental Health facility is built in the NT and is fully staffed and operated by NT Health and/or CBU is managed and staffed by NT Health with delivery of therapeutic, trauma informed care to persons with complex cognitive disability.
- ☐ A focus on 'grow your own' in the upskilling and training of people in remote areas that is appropriately funded, thus improving and growing staffing pools of mental health and disability support workers in remote regions.
- ☐ Overall improvement of patients journey through the mental health system due to a reduction of gaps in service delivery
- ☐ OPCAT funding is delegated to all NPM's
- ☐ A CV Scheme, which considers the uniqueness of each state and territory, is implemented and appropriately funded in line with DRC recommendations.
- ☐ Sensory rooms are revamped resulting in a fit for purpose space in the IPU and MHU
- ☐ In the NT, the CVP is appropriately funded to increase its area of oversight to include Supported Independent Living (SIL), in line with the DRC recommendation.
- ☐ The NT CVP funding aligns with its legislated responsibilities

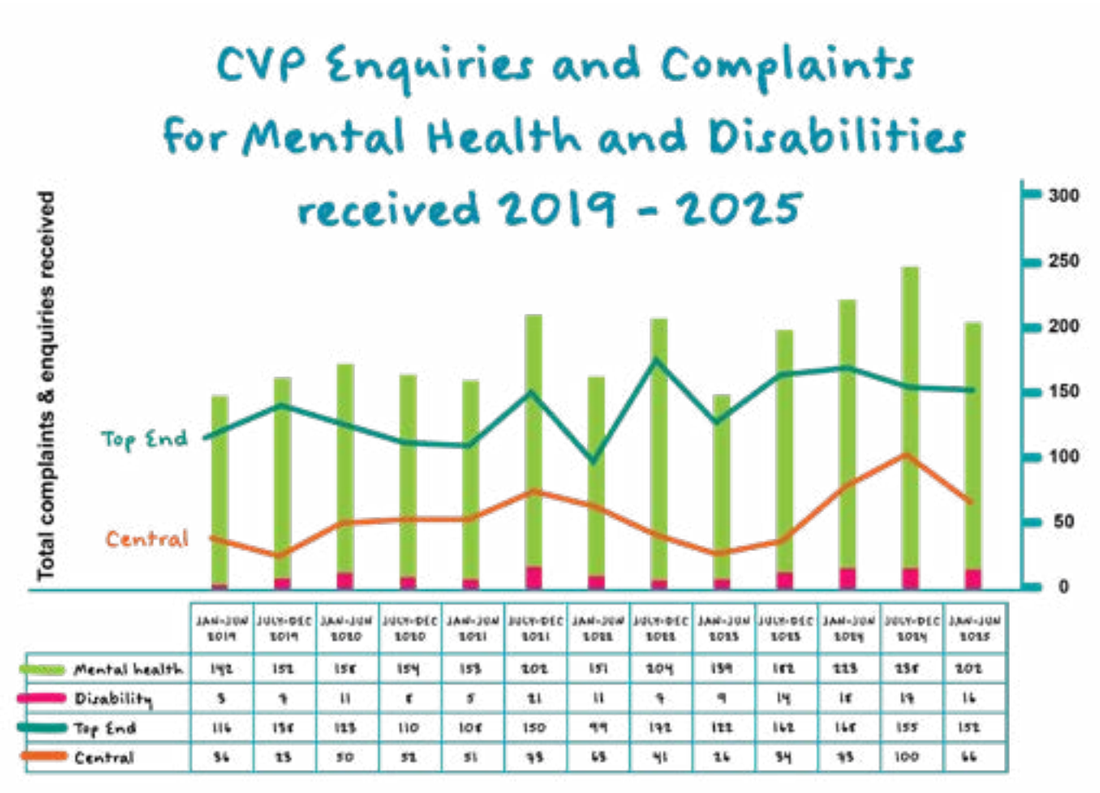
Financials

The CVP's allocated budget of $530K per annum is provided by the Department of Health. There has been no increase in the CVP budget since 2014 despite an increase in enquiries and complaints (see graph 1 below).

The CVP budget is allocated as below:

Budget	Allocation	Details
1. **Personal**	**$438,464 (83%)**	• 2.6 FTE • 0.2 Principal Community Visitor
2. **Operational**	**$91,536 (17%)**	Divided into non-discretionary and discretionary costs
a) ***Non-discretionary***	*$ 39,312 (43% of operational budget)*	This includes: ● Electricity ● Rental of NTG IT equipment ● Fees to draft ministerial appointment instruments ● PCV vehicle costs ● Panel and Sessional CV sitting fees: • The CVP Panel (the Panel) and Sessional's (casual CV's) are established as Board members of the CVP (as per NTG requirement). Their remuneration follows the NTG guidelines for Board Members. • The two legislated CVP Panels are independent to the CVP permanent staff and are responsible for undertaking the legislated Panel inspections of ATF's. • The cost of these inspections vary from $8-$12k per inspection, which is paid for from the CVP budget. • Approximately $20 - $24k per year is paid to the CVP Panel for it to conduct legislated activities. • Sessional CV's are called upon as needed to assist the permanent staff with visits and inspections. There was a reduction of Sessional use in the 2024/25 due to ongoing budget constraints of the program
b) ***Discretionary***	*$52,224 (57% of operational budget)*	84% is utilised for travel, however CVP is mandated to only use NTG supported suppliers

During 2024/25, the CVP introduced a number of operational changes aimed at improving program sustainability whilst focusing on the alignment of our budget to our legislated duties. Whilst ensuring the rights of persons receiving treatment under the MHRSA and DSA are upheld continues to be a focus point of the CVP, during this financial year the team trialled ways to maintain this focus, whilst also attempting to fulfil CVP's legislated duties within our allocated budget. This work will continue in 2025/26, in line with our Strategic Plan.



	JAN-JUN 2019	JULY-DEC 2019	JAN-JUN 2020	JULY-DEC 2020	JAN-JUN 2021	JULY-DEC 2021	JAN-JUN 2022	JULY-DEC 2022	JAN-JUN 2023	JULY-DEC 2023	JAN-JUN 2024	JULY-DEC 2024	JAN-JUN 2025
Mental health	192	152	156	154	155	202	151	204	159	182	223	256	202
Dizability	5	9	11	8	5	21	11	9	9	14	18	19	14
Top End	116	156	123	110	104	150	99	192	122	162	166	155	152
Central	56	25	50	52	51	93	63	41	24	54	93	100	66

Graph 1: CVP enquiries and complaints received 2019-2025, with no change to funding. Enquiries which are outside of the CVP remit are not demonstrated in this graph.

L to R: Nicki (Top End Coordinator), Jeswynn (PCV), Marg (Admin), Steve (Sessional CV), Toni (A/Manager)

Appendix

Please visit the CVP Website at Publications | Community Visitor Program Northern Territory to view :

i. Acronyms

ii. Additional raw data

iii. Recommendations

Back cover: Windmill by L. Gordon