CVP ANNUAL REPORT 2022-2023

CVP

NT Community Visitor Program

FRONT COVER DESCRIPTION;

Two magpie geese in flight painted in water colours black orange, brown and white. The painting has a blue green back ground in the bottom half of the painting and a yellow, orange gold background in the top half)

This art work is from an artist who has engaged with the NT Community visitor program. CVP are thankful to them to allow us to use their beautiful artwork for this year's 2022-23 Annual Report. CVP is also thankful for their sharing of information for continuous service improvement.

CVP would like to acknowledge the traditional owners and custodians of the country on which we work and live

NT Community Visitor Program

September 2023

The Hon Natasha Fyles MLA, Minister for Health ,
The Hon Lauren Moss MLA, Minster for Mental Health
and Suicide Prevention ,

Parliament House
State Square
Darwin 0800

Dear Ministers,

I am pleased to present the Annual Report on the activities of the Community Visitor Program for the period of 1 July 2022 to 30 June 2023.

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
A/Principal Community Visitor

Contents

1. Principal Community Visitor Summary

This is my first Community Visitor Program (CVP) Annual report and is delivered as the Acting Principal Community Visitor. I have been involved with the program for a number of years, as a panel member, a sessional and working alongside the team for 14 years in the director role at the Anti-Discrimination Commission. I was in the Acting Commissioner and Acting Principal Community Visitor role since late January 2023.

I would like to acknowledge the Acting Manager of CVP during this reporting period - Hiltrud Kivelitz. She continued to deliver the CVP program during periods of high staff absence, including prolonged periods where she was the only employee in the program. Despite this she maintained a 100% response rate to enquiry requests. Hiltrud worked tirelessly to ensure enquires and complaints were resolved at the lowest possible level with positive outcomes for persons requesting support from the service. Hiltrud has a strong person-centred approach and maintained on going supports for persons accessing the program. I am very appreciative of her commitment and unwavering support during this period.

This year in reporting I would like to highlight some of the good works that have been happening across the Territory, but also ensure there is focus on an ongoing commitment to quality, improvement and meeting the evolving needs of persons accessing Northern Territory Government run Mental Health and Forensic Disability Services.

CVP would like to thank the Mental Health Services in the Top End and Central Australia for continuing to be supportive of the work of CVP. CVP have been thankful for the fast and efficient responses from services, that have resulted in a number of positive outcomes for persons who are, at times, in unfamiliar Mental Health Settings.

Top End Mental Health Services (TEMHS) have continued to grow its 'Recovery Hub' formally known as the Activities Centre. This is a wonderful example of a supported therapeutic environment for consumers on the Mental Health wards to express their feelings and have their wellbeing nurtured in a safe and therapeutic environment. This is a service CVP would like to see replicated across all Mental Health Inpatient services in the NT.

Mental Health Services in the Central Australia Region (MHS- CAR) have demonstrated an example of supporting a more therapeutic environment by encouraging Corrections staff to wear plain clothes on the High Dependency Unit. This has been acknowledged by CVP, staff on the wards and consumers to reduce the 'prison like feeling' that can sometimes occur in High dependency Mental Health Units. This is an action CVP would like to see replicated across all Mental Health Inpatient services in the NT.

Quality of service in both the Mental Health and Forensic Disability Space were highlighted as the number one issue raised by persons accessing the services. Consumers receiving supports on the High Dependency Units commented that it continues to be a "Prison Like" environment. CVP is concerned that placing consumers in non-therapeutic environments for periods of time can have adverse impact for a consumer's recovery journey.

CVP acknowledge that there has been a downward trend in seclusion and restrictive practices over all this year. CVP support the services for works towards this. CVP express concern that sixteen young persons were mechanically restrained in 2022-23. This is a significant increase from 2 persons in 2021-22. CVP also express concern that 81% of persons secluded identify as Aboriginal and or Torres Strait Islander. It was concerning to note that Aboriginal interpreters are not evidenced as being used as either a pre or post seclusion intervention.

The NT Forensic Disability Unit have supported some fantastic outcomes for persons who have transitioned from restricting custodial environments to community settings. There is improvement required to ensure all transitions for residents under Part IIA of the Disability Services Act to NDIS coordinated supports occur smoothly.

2022 -2023 has seen significant staff changes within the CVP. Coordinator positions remained unfilled for some time. The CVP also had a change of managers with an acting manager since September 2022, as well as the Principal Community Visitor (PCV), Sally Sievers finishing in January 2023. Due to staff resources, recruitment processes and capability CVP did not manage to meet all visiting requirements. CVP completed 3 of the 6 panel visits, not being able to meet *section 111 (1 – Duties of a Panel) of the Mental Health Act*. The CVP were also unable to fully maintain the visiting schedule as required. The CVP was unable to visit the Secure Care Facility and 3 appropriate places visits in January 2023. The CVP continues to operate on minimal resources. In such a small team, any staff changes or absences have a significant impact. CVP are thankful for the staff, sessionals and panel members who assisted with visits throughout the year, supporting the voices of persons in need.

Finally I would like to acknowledge the long-standing work, commitment and positive change that Sally Sievers as the Principal Community Visitor achieved. Sally was a fearless leader, with unwavering commitment to the work of the CVP. She is featured later in this report. Thank you Sally for your leadership and actively demonstrating what ethical and effective leadership can achieve.

2. About the Community Visitor Program (CVP)

CVP's Purpose is to protect the rights of persons receiving treatment and care under the:

- *Mental Health and Related Services Act 1998 (MHRSA)*
- *Disability Services Act 1993 (DSA)*

Promoting the rights of people through advocacy, complaints resolution, monitoring, inspection and reporting.

Respect
Empowerment Courage
Independence
& Integrity

CVP Values are	
Respect	We value the voice and opinion of our client group, staff and service providers by respecting knowledge and expertise, acting courteously at all times, respecting others' privacy, being inclusive and ensuring cultural safety.
Empowerment	We walk alongside our clients, seeing the situation from their perspective, appreciating that all points of view are valid, striving to understand their journey and maintaining hope at all times.
Courage	We provide a robust service to our clients by giving frank comment, advocating for them, having the courage to communicate an outcome even if it may not be welcome or well received, and challenging services which are not respectful of the rights of individuals, including their right to high quality treatment and standards of care.
Independence and Integrity	We act ethically, openly, honestly and fairly by identifying and avoiding any conflict of interest, maintaining confidentiality, resolving complaints impartially and fairly and being accountable.

What does the CVP actually do?

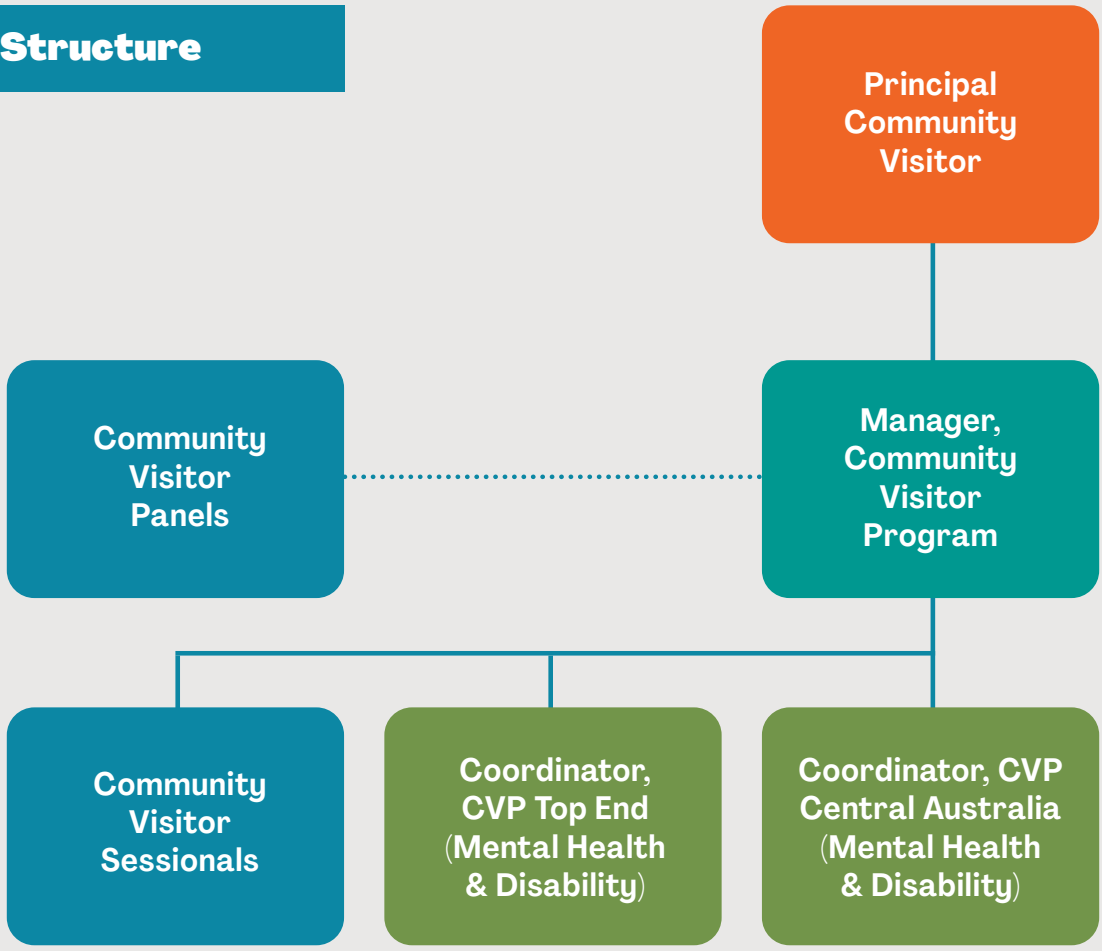
CVP receives enquiries and complaints from people receiving services from the Northern Territory Government (NTG) under the *Mental Health Related Services Act 1998 (MHRSA)* and the *Disability Services Act 1993 (DSA)*. These enquiries and complaints can be received in person, on the phone, via email or letter. Weekly, CVP staff visit the Top End Mental Health Service (TEMHS) – Inpatient Unit (IPU) and the Mental Health Service - Central Australia Region (MHS-CAR) Mental Health Inpatient Unit (IPU).

During visits, the Community Visitor (CV) is available for people to talk to about any concerns or complaints they might have about their treatment or the facilities. CVP staff also visit persons with a disability in forensic settings who are under Part IIA of the Criminal Code Act 1983 and live in residences as defined in the DSA.

CVs are also available for people receiving treatment from any NTG-run Mental Health Service community teams.

CVs work towards the resolution of concerns or complaints, informed by the preference of the person who raised the issue. This might involve speaking with staff on behalf of the person, or supporting the person to self-advocate. If the matter raised with the Community Visitor is a serious complaint, the CV is able to undertake a more formal investigation.

CVP Structure



3. Acknowledgements

Sally Sievers

The Community Visitor Program would like to acknowledge and express gratitude to Sally Sievers for her service, support, commitment and fierce advocacy towards the Community Visitor Program.

Sally was appointed as the NT Principal Community Visitor (PCV) in January 2013. Sally went above and beyond to make change. As an influential advocate, she often worked behind the scenes to make personal and systemic change for persons engaged with CVP. Always approachable and a visible representative for the NT CVP, Sally was well known to often attend community events, community services sector consultations and generously gave her time, energy and supports to Territorians

Sally was instrumental in supporting positive changes to the mental health and disability sectors across the Northern Territory. This included promotion for the importance of a purpose build Youth Inpatient unit in the Top End and women's only section in the Top End High Dependency Unit. These were advocated for and successfully implemented during Sally's tenure.

Sally's leadership assisted the team to focus on the importance of lowest level resolution to ensure quick and effective resolutions for the benefit of persons we serve in the Mental Health and disability sectors.

Sally's collaborative works in the disability sector were recognised at the 2018 NT disability services awards, where a project led by Sally, Project21 and the Anti -Discrimination Team won

Picture of Hiltrud Kivelitz (A CVP Manager 2022-23), Sophie Staughton (CVP sessional) and Sally Sievers (PCV 2013-2023)

- Excellence in Advocacy and Promotion of Human Rights: Building for success with the NDIS project.

We are incredibly thankful for Sally's leadership, mentoring and support to CVP managers, Coordinators, Sessionals and Panel members. Most importantly, we are thankful for Sally's commitment to the persons the CVP serve and her tireless works to promote the voices of persons who request support from the CVP.

Acknowledgements Continued

Consumers and residents, their family members and guardians

CVP thanks people who have taken the time and had the courage to share their stories, concerns, feedback and worries with the CVP. Persons who have engaged with CVP are often working to improve their own wellbeing and treatment, often with the motivation to achieve improvements in the services for other persons. Thank you.

CVP Panel Members

The CVP is fortunate to have three multi-disciplinary CVP Panels who review Approved Treatment Facilities and the Secure Care Facility. Panel members are highly skilled in medical, legal and community service governance. The Panel members are generous with their time, information and support to improve services. The Panels have been instrumental in instigating and regulating change for better outcomes for consumers in the Mental Health Services in the NT and residents under the Forensic Disability Unit. We thank all our wonderful Panel members for their time and support.

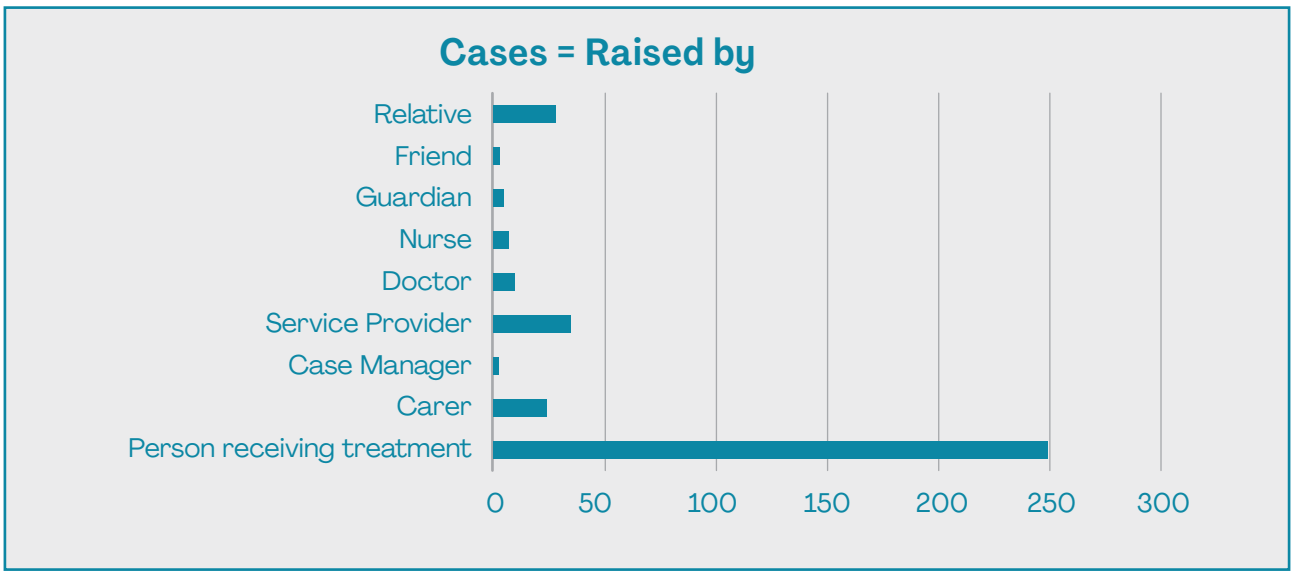
CVP staff and sessional members

The CVP team, along with sessional members have responded to an increase in issues raised in 2022-23, whilst maintaining a high level of resolution for enquiries and complaints. This is a credit to the hard work of the team. The impact of this work can take a toll on staff. The program benefits greatly from the varying skill sets of our team members including data collection, patient advocacy, clinical knowledge and understanding of the NT Mental Health and Disability care systems.

Services

The work of the CVP to resolve enquires and complaints relies on the continuous support and collaboration of services. The CVP would like to thank the services for their ongoing information, support and collaboration to get the best outcomes for consumers and residents. Thank you to;

- Top End Mental Health Services
- Mental Health Services – Central Australia Region
- Forensic Disability Unit
- Department of Health – Mental Health and Alcohol and Other Drugs Branch
- Office of the Chief Psychiatrist



Anti-Discrimination Commission (ADC)

Thank you to the team of the ADC for their ongoing program and administrative supports to the CVP. We especially acknowledge staff who assist with intake enquiries, processing of documentation, recruitment and finance.

4. 2022-2023 CVP Submissions

- National Disability Advocacy Framework
- National Stigma and Discrimination Reduction Strategy
- Review of the National Disability Insurance Scheme Authorisation Act (2019) and role of the NT Senior Practitioner

5. Year in review 2022-2023

CVP
NT Community Visitor Program

2022 – 2023 Annual Report CVP

Visits

112 Mental Health

2 Inspections

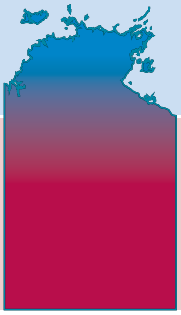
32 Disability

3 Panel Visits

Total Visits; **149** Visits Conducted

Complaints, Enquiries and Issues

	Enquiries	Complaint
Top End	231	55
Central Australia	54	6



363 Complaints and Enquiries received.

Issues raised

One complaint or an enquiry often identifies multiple issues.

This year complaints and enquiries included:

833 Issues

71% Issues raised were resolved, referred or substantiated

Seclusion rates

83 Total Seclusion events for NT wide Mental Health services.

81% Persons who identify as Aboriginal and Torres Strait Islander made up of these seclusion events.

Restraint events of young persons under 18 years old has **increased** from

2 young persons in **2021-22** **to** **16** young persons in **2022-23**

Data collected from 1 July 2022 -30 June 2023
Full data can be found at CVP Annual Report (https://cvp.nt.gov.au/resources/publications)

6. Mental Health

MENTAL HEALTH SECTOR OVERVIEW

- There has been significant works to increase the availability of Aboriginal Mental Health Workers working in Mental Health Services. This has generated positive change for patients and staff.
- The replacement of security staff with Personal Care Attendants (PCA)s positively changes the feel and anecdotally Consumers ' perception of safety on the ward with less uniformed personnel present.
- The number of Consumers in the adult inpatient wards remain high
- The environment and processes in Joan Ridley Unit (JRU) remain challenging for Consumers with regards to restrictions to smoking, access to fresh air, presence of NT Correctional Services (NTCS) officers. Some consumers stating it is a prison-like environment
- Services are not always meeting the notification requirements for involuntary admissions as required by the Mental Health and Related Services Act 1998 (MHRSA) as evidenced by the Form 10's. Authorised Psychiatric Practitioners are failing to consistently and adequately complete the Approved Form (Form 10) for involuntary admissions.
- The attendance of a teacher in Youth Inpatient Ward (YIP) has been intermittent. CVP acknowledge that Top End Mental Health Services collaborates strongly with Department of Education for a teacher in YIP.
- The YIP ward looks worn and unappealing for young consumers.
- Consumers are not routinely advised of their rights to an early hearing by Tribunal or when section 98 of the Act (Restrictions or denial of entitlement) is applied.
- Interpreters are not evidenced as being routinely used or requested to inform consumers, whose first language is not English, of their legal rights at the point of admission.

The artwork 'Same Same' was completed by patients on the Cowdy ward at Top End Mental Health Service Inpatient Unit. They each made turtles which were then put on the mural. The words 'same same' refers to us all being humans i.e. the same, but we are all different. The different turtle shapes, sizes and colours depict this

2022-23 saw a reduced staff capacity for the Community Visitor program and this resulted in many of the weekly section 109 of the MHRSA visits being undertaken by the A/Manager and two sessional CVs. Overall, relationships with the services have remained constructive. The CVP noted a strong willingness from the services to engage at short notice when concerns arose to resolve matters at the lowest possible level and to follow up with thoroughness on serious concerns, such as alleged violence or unreasonable use of force (see also below 'Restrictive practices and allegations of violence in ED and IPU'). This aligned with the ethos of CVP to where possible resolve issues at the lowest possible level.

The CVP shares the widely acknowledged view that peer support work/involvement of people with lived experience is a key ingredient to quality service delivery in mental health to support recovery. The National and NT Mental Health Strategies list the involvement of people with lived experience as priorities. The CVP is aware of progression of the NT Lived Experience Frame work and other initiatives including;

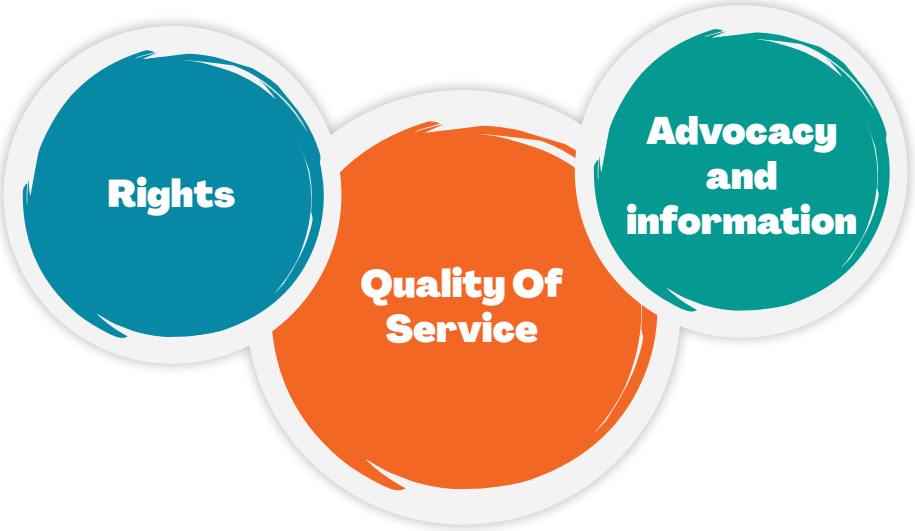
- Persons with lived experience on the Approved Procedures Quality Assurance Committee (APQPAC).
- Engaging with persons with lived experience to sit on the Top End Regional Engagement Group
- Identified positions for an Aboriginal Mental Health worker with Lived Experience in Mental Health Services - Central Australia region

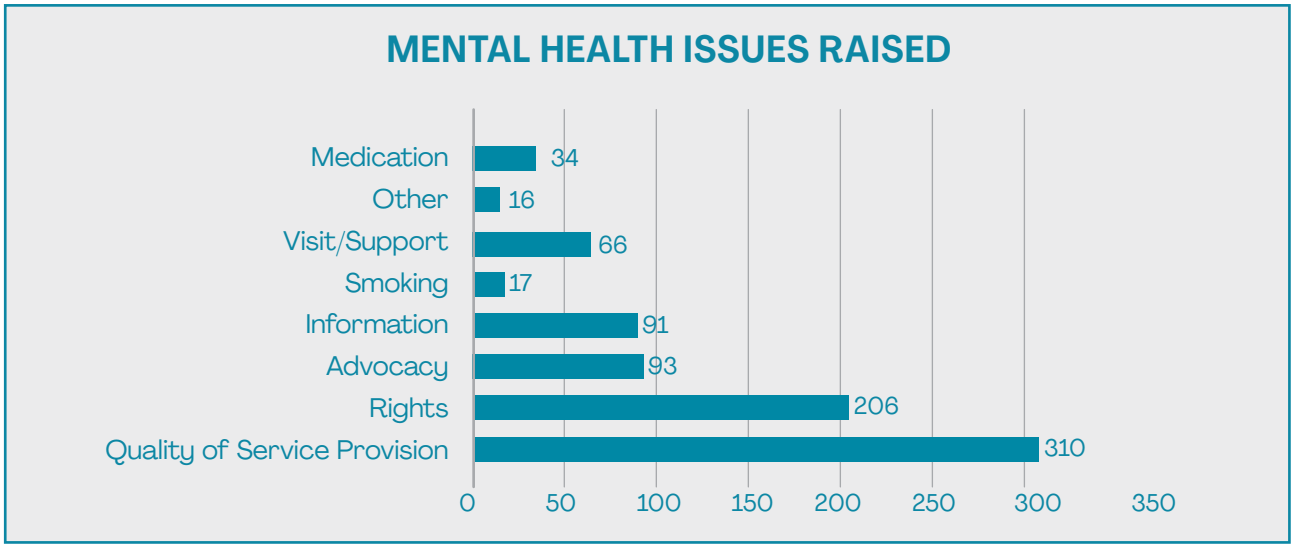
The CVP supports these works, with continued support for an ongoing focus and stronger engagement and involvement of people with lived experience.

The CVP notes that staff shortages are a continued challenge for the services in the Inpatient Units (IPU). The use of agency nurses and staff doing double shifts are common and this clearly increases the risk of staff burn out and impacts of continuity for staff and Consumers. The services are commended for continuing to work towards reducing vacancies when recruitment to all locations across the Northern Territory can be challenging. This is an issue for all health services nationally at present not just the Northern Territory. This was outlined by the Australian college of nursing "The reality is that we can't staff the Australian nursing workforce today, tonight or tomorrow".[2] Despite ongoing workforce challenges, services have continued to provide services across all teams, the CVP also noted the high quality care and professionalism of some agency nurses including some positive feedback from Consumers.

[2] Australian College of Nursing – Media Release 17 March 2023

Top 3 Issues raised by Consumers





Quality Of Service

The highest reported concern from consumers was for Quality of Service. This encompass' a range of areas. Some highlighted below.

Discharge Planning

Discharge planning in consultation with Consumers and pro-active engagement with their support network is a key ingredient for successful discharge planning.

Consumers reported not knowing or not having had a discussion with their treating team about their discharge plan. Aboriginal Consumers in particular said that they were unsure if their doctor had spoken to them about discharge and that they would like to have an interpreter involved to help them in discussions with their treating team.

The CVP received a complaint about inadequate discharge planning which from the consumer's perspective led to a traumatic re-admission to ED within 24 hours. The consumer remained dissatisfied with the service's response. The CVP agreed that

some of the consumer's concerns had not been addressed and the discharge planning did not comply with the expectations set out in the MHRSA and Approved Procedures. The service offered that the client may discuss their concern with a senior clinician.

Relationships with staff

'Relationships with staff' also continues to be raised by persons receiving care and treatment as a significant issue. Consumers identified poor communication, incorrect or lack information and the manner in which they were spoken to as contributing factors to a decline in therapeutic relationships with staff.

Some Consumers reported not feeling 'listened to', 'spoken over' or 'spoken down to' by treating doctors. One person said that they felt that the doctor was 'dismissive' when they were trying to tell their story during review. Others reported a lack of information or frequently changing information about procedures on the ward as issues that impacted on their ability to trust in what they were being told.

> *Consumer Story*
>
> *'Being the only female in there was scary.'*
>
> *'Dining with all men, some were prisoners with prison officers was scary.'*
>
> *'It (JRU) is cold and its dark and it's miserable. It saps all the hope out of you.'*
>
> *'You are in there with prisoners from all levels. Minor things and more serious. We are all treated the same.'*
>
> *'''*
>
> *This lady kept describing herself as a prisoner and when I attempted to reassure her she said, very adamantly...*
>
> *'Over there (JRU) that's definitely a prison.'*
> *'You have no say.'*

Rights

An Authorised Psychiatric Practitioner (APP) may order that a right of a person *under section 95, 96, 97 or 98* of the MHRSA be restricted or denied if the APP reasonably believes that unless the right of the person is restricted or denied there is a serious likelihood of the person suffering serious physical or mental deterioration or that the safety or well-being of other persons, another person or the general community is at risk.[3] The decision to restrict or deny a person an entitlement[4] comes with specific requirements that must be complied with. These include:

- the requirement to review the decision daily
- the requirement to advise the person of their right to apply to the Mental Health Review Tribunal (the Tribunal) for a review of the order
- the requirement to notify the Tribunal, the persons adult guardian and or decision maker (if there is one)
- the requirement to record in the clinical record of the person when an order is made and when the order is reviewed.

[3] *MHRSA Act Section 98(1)*

[4] *Section 98 MHRS Act*

The CVP received a number of concerns when speaking to Consumers that they had not been informed of their right to apply for review. In one example of this, the CVP noted that in the clinical documentation of the daily review often lacked detail with just 's98 to continue' recorded. The Mental Health Service advised the CVP that daily notification had not been received for a person who lodged a complaint. When the CVP contacted the treating doctor they were unaware that this was a requirement.

IPU procedures – Visiting times

The visiting hours to the IPU in Top End remain from 17:00-20:00. The CNM stated that this remains in place due to the COVID restrictions required. The CVP does not have insight into the reasons why the visiting hours have and continue to remain restricted, but notes the excessive timeframe this has now been in place. The CVP is uncertain why TEMHS does not align its visiting hours with other wards of Royal Darwin Hospital, or Mental Health Services – Central Australian Region and suggests this be amended.

Youth Inpatient Ward Program (YIP)

During visits, YIP usually has two or three patients and therefore, it is not operating at full capacity. The feedback from Consumers is overall satisfying, although they often state that they are bored.

The inconsistent attendance of a teacher is an ongoing challenge. The service's response to this concern has not addressed how they resolve the ongoing gap. CVP acknowledge that this is not a Department of Health responsibility and that the Department of Education have jurisdiction over the supply and distribution of teaching staff.

The CVP is of the view that the general lack of engagement in meaningful and enjoyable activities is a missed therapeutic opportunity and that a stronger emphasis on non-clinical interventions is needed in YIP as well as in the adult wards.

Some consumers also note that they miss having access to their phones, especially to stay in contact with family and friends or listening to their own music. The ward has a general policy to not allow young consumers access to their phones. This is comparable to the level of restriction in JRU. The CVP queries the reason for this restriction and how it assists the young consumers to navigate the potential 'flooding of messages' after discharge or how phones can be utilised sensibly and in a way to support their mental health?

Advocacy and information

A range of other procedures issues were raised, including access to ground leave, (particularly for those in JRU), access to personal or day to day items, requests for practical assistance from staff and safety. Typically, people bring up concerns about what they believe to be unfair, overly restrictive or what makes them feel unsafe.

Smoking

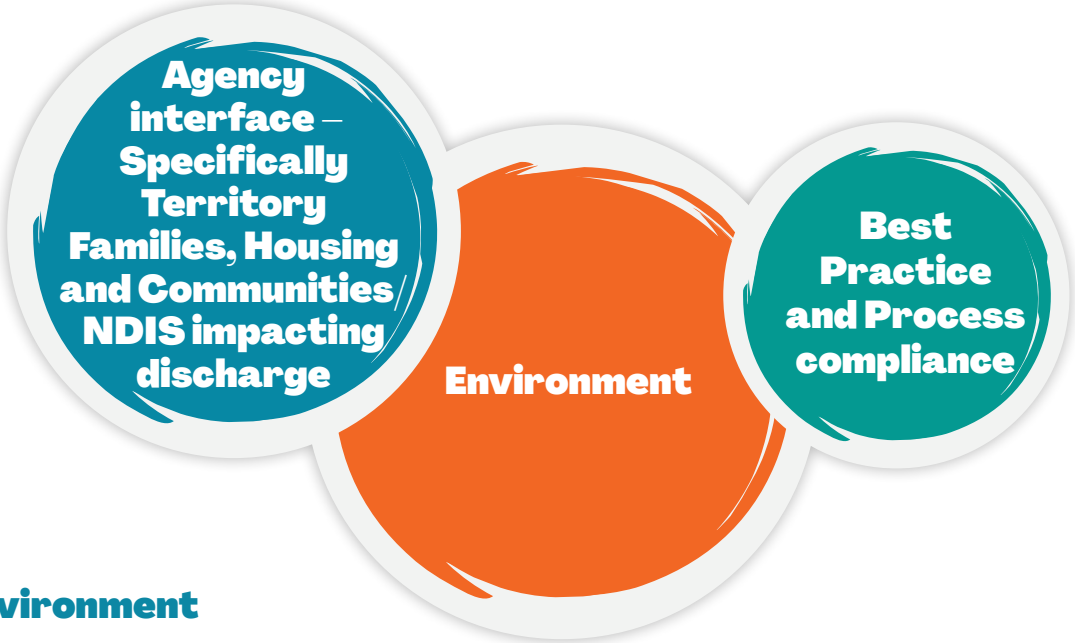
The restricted access to smoking remains a concern for many Consumers. While the CVP has not systematically recorded the number of times this is raised as an issue, anecdotally the CVs report that many, if not most, Consumers in JRU and many in Cowdy mention this as a major stressor. Nicotine Replacement Therapy (NRT) is readily available, but does not appear to satisfy the craving sufficiently.

The CVP notes the service's efforts to allow Cowdy Consumers to smoke several times a day and encourages the service to begin to think more laterally if access to smoking for JRU Consumers can also be facilitated.

Intake Process

CVP have received a number of concerns from persons who have entered the ward on an involuntary order. The concerns expressed is that they do not feel they are being informed about the intake process, their rights to appeal and restriction on smoking and leave with in the first 24 hours of admission. This is often a time of great confusion and stress for someone who has been assessed as needing to be on the ward in an involuntary capacity. CVP have shared these concerns, advocating for greater information to a person's rights and the intake process. CVP does acknowledge that many persons have contacted CVP as they were given information from ward staff about avenues to access advocacy.

Top 3 Systemic Issues

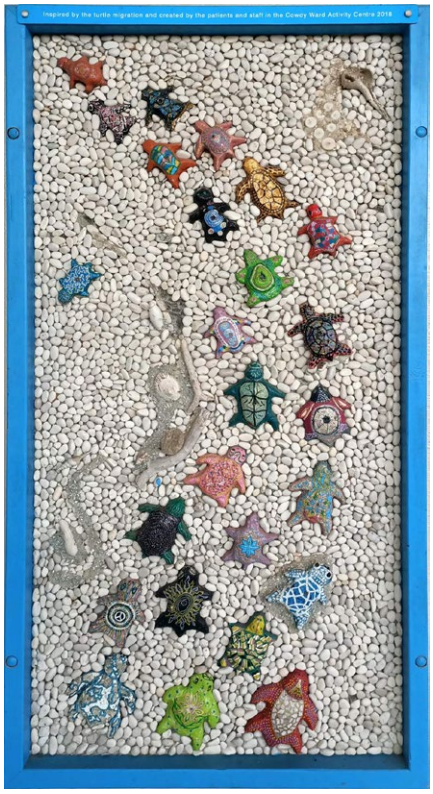


Environment

The CVP considers "The standard and appropriateness of facilities for the accommodation, physical wellbeing and welfare of persons receiving treatment or care at approved treatment facilities or by approved treatment agencies" (Section 104(1)(b) of the Act)."

The CVP continues to have concerns about the impact of the environment and lack of regular access to outdoor spaces and fresh air for patients in Top End's JRU and Central Australia's HDU which continues to project a 'prison-like' and stressful environments. Feedback from patients often relates to the restrictive nature and lack of regular access to outdoor garden areas. This issue remains as an action item for the service to address. One patient who was discharged directly from JRU described his experience as 'scary'. When asked for more details, he related this to safety concerns whilst also feeling trapped inside with no outside access. Another client referred to the environment as 'detrimental to his wellbeing'. However, the CVP also notes that some Consumers say that 'it's ok' or 'not too bad', often followed by acknowledging that staff are doing what they can. This might be a credit to the way staff are interacting with Consumers in a way that 'softens' the impact of the challenges of the physical environment.

In MHS-CAR Inpatient Unit, the Joan Ridley Unit and Youth Inpatient Ward in Top End, there appears to be very little organised or therapeutic activity for consumers. The environment is highly restrictive. YIP does not allow access to personal phones.



The artwork is the 2nd mosaic works of the 'Same Same' piece completed by patients on the Cowdy ward at Top End Mental Health Service Inpatient Unit.

The CVP considers "the extent to which persons receive treatment and care at the facility in conditions that provide the least restrictive and least intrusive environment enabling the treatment and care to be effectively given" (Section 111(2)(b) of the Act).

The CVP have continued to raise concerns about the level of supervision provided by Northern Territory Correction Services (NTCS) officers in JRU for prisoners accessing therapeutic supports. At the time of writing this report, the updated agreement between Department of Health and Corrections remains unsigned. The CVP acknowledges the intention to reduce the number of prisoners admitted, especially noted on JRU, to one at the time, but it appears that this might not be possible. The CVP is of the view that other agreements with NTCS should be prioritised, i.e. clarity around Corrections' officer role and supervision expectations, restricting the number of NTCS officers to 1 per person if more than one prisoner is on the ward or the potential that NTCS officers may be in plain clothes.

The CVP notes that the entrance to the women's area in JRU is usually 'guarded' by either a PCA or security staff to ensure safe passage for women entering or leaving this section.

The CVP has again raised the issue of the lack of access to the JRU outdoors space. Consumers mention the 'longing' of seeing the court yard and not being able to go outside and state that they miss being in the sun and nature. The service's response to our concerns has acknowledged the benefits of access to the open-air courtyard, noted the issue of staff availability (two staff necessary) and provided assurance that consultations are underway to upgrade the fencing. The CVP welcomes these developments and upholds its strong encouragement in the day-to-day running of the wards to prioritise access to the open air courtyard and to drive the upgrading of the fence forward.

NT Corrections in JRU

For periods of time during this reporting period, two forensic consumers were in JRU and – as per Northern Territory Correctional Services (NTCS) protocol- two officers for each consumer were continuously on the ward. This meant that over many weeks there were continuously four uniformed NTCS officers in the already overcrowded ward.

The CVP strongly suggests that the service continues to advocate for changes in NTCS protocols and assert greater influence to ensure that forensic and other consumers in TEMHS's care are not adversely affected. This may include that NTCS officers may be in plain clothes instead of NTCS uniforms and to consider an individual risk assessment to decide if the number of officers can be reduced when there is more than one forensic consumer in JRU. CVP note that MHS- CAR advocated for NTCS staff in Central Australia are in plain clothes following request from the service.

One of the forensic consumers remained in the ward for 8 months and the other for over two months. Due to the NTCS requirement for a more secure fence, both consumers remained without any access to fresh air for extended periods. This is a human rights issue, a health concern and unacceptable.

It is welcome that PCAs and at times nurses sit with consumers in JRU listening to music, even dancing, playing guitar and singing. When these activities occur, the atmosphere of the ward changes positively. As stated above, there are occasional other activities offered by PCAs.

Top End Mental Health Services; Cowdy Ward's Recovery Hub

CVP would like to commend the implementation and ongoing great service that the Recovery Hub (previously called the Activities Centre) continues to provide.

The recovery hub is open most week days and offers a range of therapeutic recreational activities available to consumers on the Cowdy ward. It is a calming, welcoming space, often frequented by consumers on the ward.

Visit to the Recovery Hub (previously called Activity Centre) as noted by CVP Panel visit

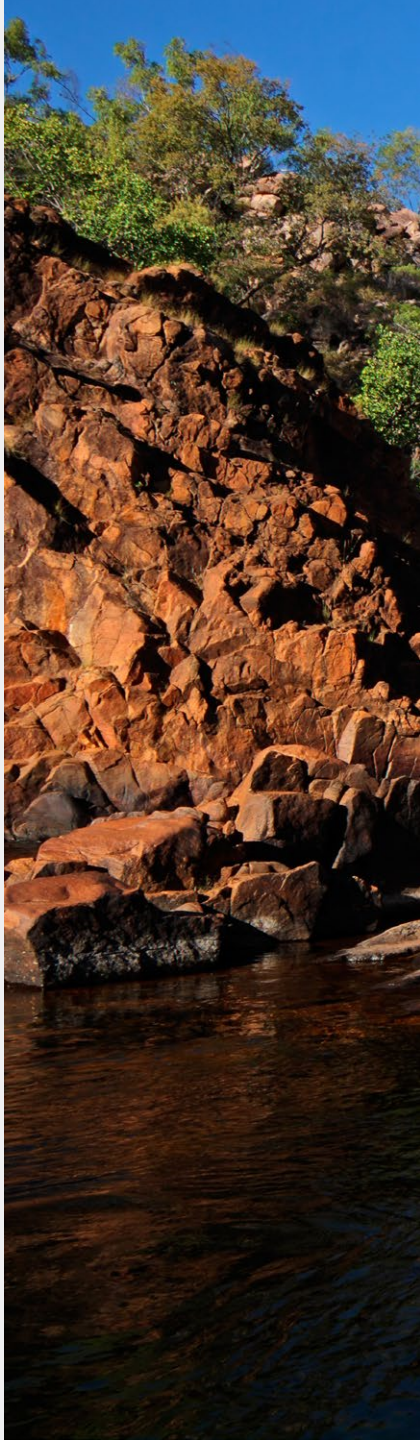
The visit started after morning meeting and in the Recovery Hub, where there were several consumers and staff. The air was full of the smell of freshly baked bread, which Panel members were invited to share. The diversity of available activities, the garden and outdoor access provides significant choice for Cowdy consumers to alleviate boredom but also to promote physical activity, social engagement, and mindful activities. The adjacent YIP outdoor space was being used but it appears that activities for young consumers are limited. In JRU, organised activities continue to be occasional and dependent on staffing.

The Recovery Hub's resources have predominately been funded by staff fundraising, donations and philanthropic gifts. The Recovery hub is a credit to the team who coordinate and facilitate this.

The coordinator of the Recovery hub Esther McAdam was acknowledged for her great works winning the '2023 Charles Darwin University Nurse of the Year' Award. Esther was nominated and awarded for her energy, enthusiasm and passion to assist people on their recovery journey. She was a key driver to the establishment of a therapeutic garden to connect patients to country, and provide a quiet resting space with nature.

> *One client, who has an extensive history of receiving mental health support in New South Wales (NSW) stated*
>
> *'the recovery hub is unlike anything I have ever seen in the NSW Mental health system'] and 'it feels like the space I need to be for my recovery'.*
>
> *This consumer also provided positive feedback on staff members on Cowdy ward.*

[5] NATIONAL SAFE TRANSPORT PRINCIPLES 2008, AND SUPPLEMENTARY SAFE TRANSPORT PRINCIPLES FOR PEOPLE EXPERIENCING MENTAL HEALTH PROBLEMS 2008.



Agency interface – Specifically Territory Families, Housing and Communities/NDIS impacting discharge

CVP became aware of two long stay consumers with complicated discharge planning. This was further exacerbated by the delays of Territory Families, Housing and Communities (TFHC) and/or National Disability Insurance Scheme (NDIS) to provide support with discharge planning and destinations.

- A young consumer has been in YIP for over 4 months. At the time of this report no appropriate discharge destination plan has been identified with TFHC or NDIS.
- In another case, a consumer remains in JRU due to lack of discharge options. The CVP have been advised that a review of his NDIS package has been requested by the service.

The CVP acknowledges that these long stays are not due to issues within the service. Rather, this highlights the gaps in the interfaces between services. The largest impact of these gaps is felt by the consumers who must remain in hospital due to a lack of discharge options. The CVP recommend stronger alliances between these agencies to help reduce this gap in service.

The CVP acknowledge the work of ward staff to raise concerns and advocate for the well-being of consumers in their care. On a number of occasions the service has supported young persons and consumers to contact CVP for advocacy and support. We also acknowledge the complexity when there are multiple agencies involved. This highlights the need for appropriate information-sharing, transparency and a genuine approach to engagement.

Best Practice and Process compliance

A range of other procedures issues were raised, including access to ground leave, (particularly for those in JRU), access to personal or day to day items, requests for practical assistance from staff and safety. Typically, people bring up concerns about what they believe to be unfair, overly restrictive or what makes them feel unsafe.

Intubation

CVP was made aware of the intubation of a person during air transport from a remote region to the ATF for treatment. In line with Safe Transport Guidelines and the MHRSA, a person should 'receive the best care and treatment, with the least restriction of their freedom and the least interference with their rights and dignity.'

Intubation is considered a major medical procedure which carries the risk of an adverse event occurring. The CVP acknowledge that there may be occasions where a medical emergency requires the use of intubation however the use of intubation to manage

behaviour is inconsistent with both the fundamental principle of 'least restrictive' and a person's right to be treated with respect and dignity. Due to the serious nature of a person being intubated for transport and for some time on the wards following transportation the CVP requested that a review was conducted of this case.

The CVP raised serious concern about the lack of adequate documentation and recording, for use of intubation during transport and following the consumer's admission to hospital, with the management of the Mental Health Service. Consistent with National Safe Transport Guidelines, the CVP hold the view that very clear and comprehensive interagency protocols/agreements must be in place. The service response stated that there is no specific agreement or protocol and associated ones can be reviewed by CVP on request. However, the CVP is of the view that the service should collect and analyse data and review the upstream factors and pathways leading to intubation.

The CVP did not have the capacity to further investigate this matter during the year. We acknowledge the information provided by the service, including that a Root Cause Analysis has been undertaken by the Department of Health, but the report is currently embargoed. The CVP looks forward to the release of this report. The CVP will await the outcome of this report and reconsider the program's view on the matter.

The CVP acknowledge further works by the Office of the Chief Psychiatrist around;

- working with services to create a quarterly meeting to review intubation with the key clinical bodies
- escalation policy of prolonged intubation
- recognising that the model of care for the new IPU needs to be contemporary, efficient and improves bed flow.

Form 10s

The issue of compliance with legislative obligations has been raise in previous reports. There has been improvement in the number of Form 10's being sent to the PCV however many of these notifications (21%) continue to exceed the 'one day' requirement as per the MHRSA. Frequently these are the Form 10 for 'outliers'.

There were occasions where the CVP had to approach a Mental Health Service and request Form 10's for people located outside of the IPU. If these people had not contacted the CVP their admission would not have been known to the PCV. Again, the CVP raises the serious concern that Form 10's for 'outliers' are not being sent to the PCV as per the requirements of the MHRSA.

The CVP is aware that the compliance officer is following up non-completion with APP's however the retrospective completion of legal documents is not acceptable and APP's must ensure they are completing all sections of the Form 10 at the time of admission. Our recommendation regarding the non-completion of Form 10 remains open and urgently requires attention

Mental Health Act Review

CVP has continued to raise our concerns with the Office of the Chief Psychiatrist about the delay in the Review of the Mental Health and Related Services Act. The Review and stakeholder consultation was commenced in early 2021 and the first draft of the revised legislation had been expected in late 2021. Despite repeated requests, the whole draft legislation has not yet been provided. The review of the MHRSA is a key part of ensuring people who are detained in NT mental health facilities are receiving culturally safe, evidenced based therapeutic treatment and we continue to raise our concern about the significant delay. At the time of writing this report, CVP have been informed of plans for sector consultation and review in Nov 2023. CVP will report on this in next year's annual report.

Positive Acknowledgments

CVP has a role to advocate, monitor, inspect and manage enquires and complaints. CVP also likes to acknowledge the positive works and commitment the services invest in for continuous improvement for consumers accessing their services. This year, CVP would like the following positive acknowledgements noted;

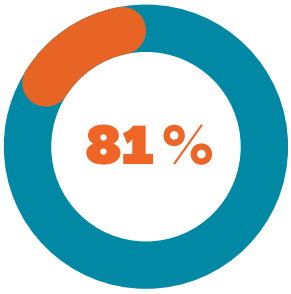
- Personal Care Attendants (PCA)'s replaced security guards in JRU creating less of a prison like environment and more therapeutic environment
- There has been an increase in the Aboriginal workforce on the Top End inpatient unit. The number of Aboriginal Mental Health Workers (AMHW) have increased from four to seven and Aboriginal Client Care Assistants have been employed. This increase has allowed for an expansion in the number of hours worked by AMHW's to 12 hours per day, seven days per week. AMHW's are a valuable resource that add to the cultural security of service delivery. It is anticipated that Aboriginal consumers and clinicians will benefit greatly from increased access to AMHW's.
- MHS CAR implemented inclusive training for staff around Gender Diversity and safety for patients
- MHS CAR advocated for plain clothes corrections staff on the High Dependency Unit. Reducing the feel of a prison like environment in what is intended to be a therapeutic recovery based environment
- There has been a focus and works on culturally lead practice; MHS CAR are developing a pathway to support AMHW's to gain Aboriginal Health Practitioner training and registration. This is supported by the Aboriginal Cultural Advisor.
- MHS CAR increased Aboriginal Health Practitioners (AHP) across the service in this reporting year. During this reporting period AHP's have been employed across several MHS CAR teams
- Increased awareness and inclusion of persons with Lived Experience to be included in the workforce, policy and process decision making
- Support from Mental Health Services to connect consumers with Advocacy supports when there has been a delay due to multiple agency interface e.g NDIS
- Support from Mental Health services for fast and effective lowest level resolution to issues raised by consumers.
- The Recovery Hub has been recognised as a therapeutic environment for persons to express their creativity in art, music, poetry, gardening and cooking.

RECCOMENDATIONS; See Appendix

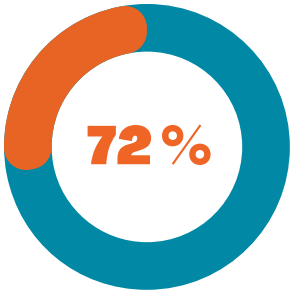
7. Seclusion and Restraint

Mental Health Wards Seclusion and Restraint Register review Overview;

- A positive overall downward trend in the number of seclusions continues.
- Improved monitoring and transparency of seclusions and restraint events have been implemented along with alerts on Riskman.
- Sixteen youth were restrained in 2022-23. This is a significant increase from 2 persons in 2021-22.
- The register and completion of required paperwork for mechanical restraint remains inadequate meaning that services are unable to demonstrate compliance with Section 61 (Mechanical Restraint) of the MHRS Act.
- Interpreters are not evidenced as always being requested for use as either a pre or post seclusion intervention
- The documentation has improved, in particular restraints were recorded consistently, both when occurring in the context of seclusion and on their own. A significant number of forms in the Seclusion and Restraint Register were for of restraints only. The CVP commends the service for this progress towards recording all restrictive practices.
- There remains significant disadvantage for Aboriginal people:
  - 81 % of persons secluded across the Northern Territory identify as Aboriginal and or Torres Strait Islander.
  - 72% of persons who experienced mechanical restraint across the Northern Territory identify as Aboriginal and or Torres Strait Islander
  - No significant progress is noted re the involvement of Aboriginal Mental Health Workers MHW before or after restrictive interventions.



of persons secluded across the Northern Territory identify as Aboriginal and or Torres Strait Islander.



of persons who experienced mechanical restraint across the Northern Territory identify as Aboriginal and or Torres Strait Islander

The CVP acknowledges the downward trend in seclusion since early 2022. While there is a slight upwards trend in restraint there is no reason to think this is related to seclusion reduction. There are sustained initiatives that contribute to reduction in seclusion and staff review seclusions regularly to learn and improve.

In April 2023 an automated alert on Riskman for seclusion and restraint incidents was introduced to help monitor seclusion and improve transparency. The Seclusion Register is regularly audited against Riskman incidents and client notes by the Clinical Nurse Manager's. A draft of seclusion procedure is in consultation.

The Panel's spot audit of records on the afternoon of the visit raised some concerns in the process of seclusion. One of the issues, which have not yet been clarified with management, was the question of a "break in seclusion". The Panel questions whether it is a new episode of seclusion when the door of the seclusion room is opened for a period, but then closed again. This will be followed up by the CVP. It is still not easy for the Panel to find evidence of the "other steps taken" before seclusion. The current recommendation relates to documentation to comply with the Act and while this will be closed, the Panel will continue to monitor seclusion and the use of restraint.

Restrictive practices and allegations of violence in ED and IPU

It is important to acknowledge that any restraint or seclusion is likely to have a profound and often long lasting negative impact on the person being subjected to it. Staff's ability and preparedness to divert and de-escalate are pivotal in reducing restrictive practices in mental health care. Training in relevant models of care, such as Safe Wards, needs to be a high priority and ongoing. The CV noted anecdotally, that one staff member reported that the attendance at Safe Wards training in recent months had been minimal.

One client complained that a restraint by nurses in JRU had been unnecessary, excessive and had resulted in pain after the event. The CVP had asked to view the CCTV footage which was done together with the Clinical Nurse Manager (CNM). The footage clearly showed that the physical restraint of four minutes and injection of PRN was unnecessary. Apart from the formal written apology from the service, the CNM engaged personally on the phone with the client and apologised. The client was very appreciative of the service's findings and while he initially considered to take legal steps, he accepted the expressions of genuine acknowledgement and regret.

The CVP witnessed one instance of a consumer being approached by several staff, held and injected against her will after she had already walked away from a situation. The CVP acknowledges the challenges for staff to manage the high levels of agitations of this person, but also queries if and to what extent the availability of sensory modulation could have prevented an earlier escalation. On another occasion the consumer herself had asked for a weighted blanket as she knew from admissions to other hospitals that this was an effective strategy to regulate her emotions. This was not available.

One client complained about excessive force and painful mechanical restraint in ED. He described the lasting impact of the incidence, "it turned me bad, not good. They were trying to make me into a good person, but it makes me bad instead. It made me feel that I wanted to do bad things, but I don't really want to be like this. I want to be a good man, but there is nobody there to teach me. What they did made me more angry [sic]." When asked what could have been different, he stated that it might have helped him if there had been an Aboriginal worker there, someone he could have trusted.

RECCOMENDATIONS ; See Appendix

8. Disability

Resident voice;

"Yeah I'm happy here – good people help me (reference to FDU staff). I been camping, catch mud crab and cooking. But I been here long time. Everyone else gone from this place – I want a home!"

Painting of the silhouette of a bird on a tree branch with a navy blue background. Painted by a person engaged with CVP in 2022-23.

FORENSIC DISABILITY UNIT PROGRAM OVERVIEW;

- Positive relationships between Residents and staff remain. Staff reporting excellent working conditions, especially in the Top End.
- Residents in the Top End are connected with a friendly network and shared activities, nurturing positive peer relationships.
- There have been many successful transitions of FDU residents to NDIS community providers with constructive and supportive relationships being reported. The CVP commends the service for these achievements.
- There was a stagnant transition for two residents due to NDIS systemic delay in relation to housing.
- The CVP is of the view that FDU should adopt NDIS standards regarding the use of PRN as chemical restraint.
- Progress has been made to establish a Positive Behaviour Support Review Panel, but evidence of panel meetings and details have not been provided.
- The CVP welcomes new structural changes which have resulted in FDU joining Top End Mental Health Services and Alcohol and other Drugs (TEMHSAOD). CVP anticipate that this will have a positive impact on operation, function and structure of FDU and CVP relations. CVP will continue to monitor the FDU delivery follows the social model of delivery appose to the clinical model.
- The CVP has made positive observations in relation to the care of residents and the respectful relationships between client and staff.
- CVP support the transition of care from custodial care environments towards community services environments run by NDIS service providers – CVP notes its concern with ongoing historical and current resident's information. CVP seek clarity on who is the 'lead agency' for information retention and knowledge management.

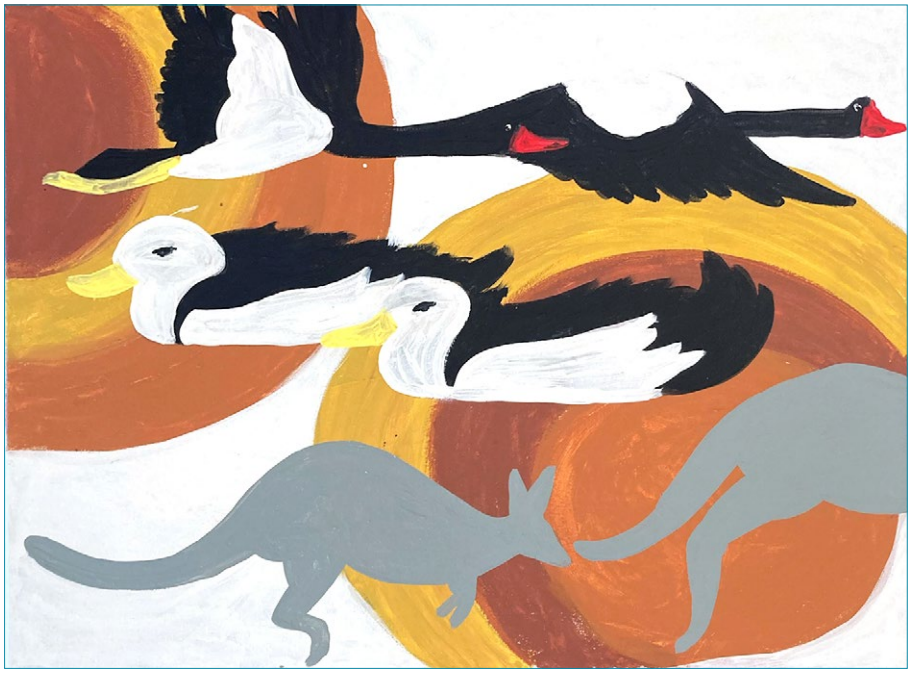
The CVP would like to thank staff of the Forensic Disability Unit (FDU) for their engagement over the past year. The CVP welcomes new structural changes which have resulted in FDU joining TEMHSAOD. We anticipate that this will have a positive impact on the structure and service delivery.

The CVP stresses the importance of regular visits to the facilities where residents live or transition to. While some oversight occurs in review of documents (PBSPs, transition plans, health/ medication, restrictive practices/Critical Incident Reports), other aspects of a person's wellbeing can only be observed during a visit, such as: the way the person presents and changes over time, the interactions between residents and staff, and the state and 'feeling' of the place where the person lives.

However, the CVP also stresses the limitations of its oversight for the residents cared for under this legislation. Resident's capacity for self-advocacy is severely limited. The CVP relies heavily on the information and interpretation provided by FDU and what is observed during visits.

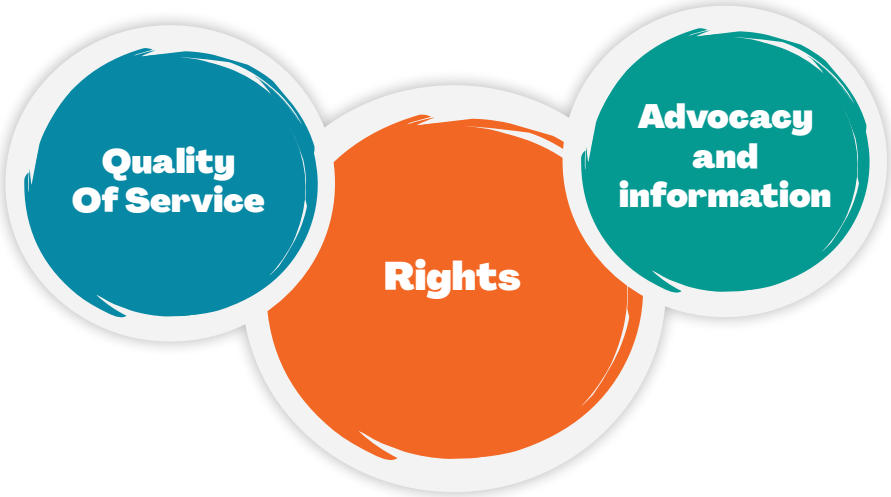
The CVP had significant staff changes: with staff vacancies from late 2022 and positions remained unfilled until early February and late April 2023. The CVP was therefore unable to fully maintain the visiting schedule as required. In Central Australia the CVP was unable to visit the Secure Care Facility (SCF) in January as required by s54 (d)(i) and pursuant to s54(d)(ii) Appropriate Places for 3 persons in the 2nd quarter and 2 person in the 3rd quarter of the year. Whilst not being able to visit in person the CVP remained available to respond via telephone and email for enquiries and complaints.

The CVP have observed a community based arts program for persons under Part IIA on Non-Custodial and Custodial orders. Three of the four gentleman who were based at the same residential location have now moved into community based housing. The Forensic Disability Unit coordinate a cultural arts program that happens weekly, and is a place of community, connection and culturally appropriate activities. All four men have stated that they enjoy this program and all actively attend and participate in this program. CVP commend FDU for coordinating this program.



Painting of two magpie geese. Two ducks and two jumping kangaroo silhouettes with background of circles of ochre and golden colours. Painted by a person engaged with CVP in 2022-23

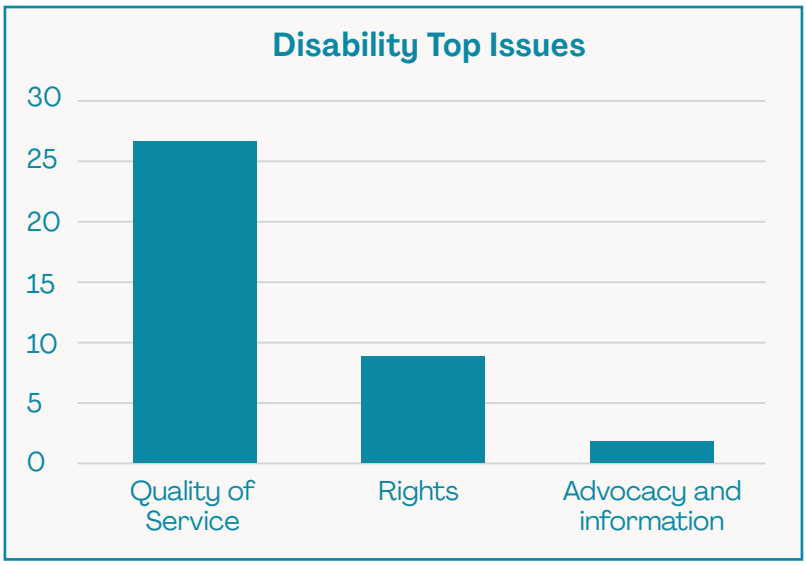
Top Issues Identified by Residents



Quality of Service

The enquiries made in regards to quality of service include concerns expressed from guardians around lack of communication about resident's clinical care. One example being a medication review and change that the guardian was not informed about.

Air-conditioning units have still not been installed in the Cottages. Staff advised that NT Correctional Services are responsible for the delay. The residents have portable air condition units as an interim solution – the CVP acknowledges the works of FDU staff to finding an interim measure to accommodate residents. The CVP are aware the service continues to advocate with NTCS to have air-condition units installed.



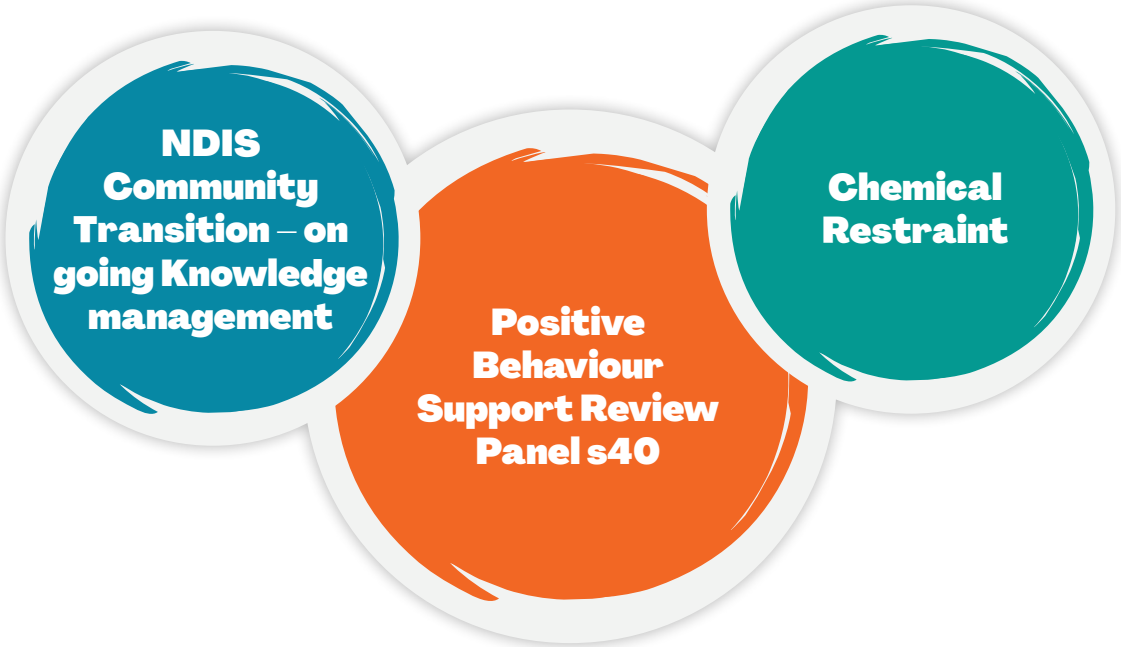
Culture, country and family

The CVP notes positively the role of the Aboriginal Liaison Consultant (ALC) who has known some of the Residents for a long time due to his previous work in NTCS. The CVP is aware of ongoing activities for residents and training for staff.

For residents it needs to be recognised that each have individual and localised cultural background and position within the community from where they come. Therefore ongoing connectedness with family and visits to home communities are important where possible.

Residents' connections to their family and communities have varied. In most instances residents remain closely connected with family, others are somewhat isolated and would like to see family more often.

Top Systemic Issues



NDIS Transition to the community - on going Knowledge management

As the NT Disability Services Act pre-dates the operation of National Disability Insurance Scheme (NDIS), the relationships between NDIS providers and FDU are not described by legislative or –to the CVP's knowledge- NT policy frameworks. CVP acknowledge the ongoing extensive works of FDU to support the successful transition of residents to NDIS community services. CVP does express concern about the future knowledge management of resident's information including behaviours, medications and plans if a provider is no longer supporting a resident. FDU have demonstrated in most circumstances wrap around transitional supports to ensure there is a smooth transition. CVP note they have expressed concern as to who will remain the 'lead agency' in regards to knowledge management of a residents records, reports and management of current and historical information and day to day activities.

The CVP has noted some limitations stemming from ongoing FDU oversight, where service providers are unable to make independent decisions regarding client care. In some cases, this results in a lack of action on a client's behalf about travel, return to country, access to interpreters or Ngangkari, or provision of practical supports such as social stories.

The CVP noted pro-active transition planning and implementation for most residents. Some residents have fully transitioned to an NDIS provider into spacious and pleasant houses. Following this, a staff member from an NDIS provider gave positive feedback about the process of transition and the support from FDU. FDU reported also that good relationships between Coordinator of Supports (CoS), NDIS provider and guardian were established. CVP also note Residents attend a range of structured community-based activities and/ or volunteer work, as well as unstructured community access, like walks and drives to local sites and points of interest. These activities have remained consistent throughout the transition to NDIS.

Positive Behaviour Support Plan Review Panel s40

For several years CVP have raised concerns about the failure of the Department of Health to establish an independent review panel of Positive Behaviour Support Plans to provide oversight of restrictive practices as required by s40 of the Act. The absence of a PBSP Review Panel (Panel) constitutes a breach of the Act.

It is acknowledged there is a current review measure as existing implemented Positive Behaviour Support Plans for residents which are inclusive of restrictive practices are vetted and endorsed by the Senior Practitioner and Clinical Specialist with the Restrictive Practices Authorisation Unit.

In September 2022 the CVP was told that the establishment of a Panel was imminent, the CVP welcomes the establishment of the Panel.

Chemical restraint

Contemporary disability care reflected in the NDIS standards, defines chemical restraint[6] and it requires authorisation. The CVP has repeatedly raised with the service its view on chemical restraint with the use of PRN (Pro Re Nata 'as needed'). Its use in FDU varies for different residents and also on different occasions.

The CVP has queried the use of PRN for some residents. It appeared that at times PRN was used to manage the client behaviour, at times it appeared it was used every morning and one resident was reported to be often sleepy.

The FDU and the prescribing psychiatrist, are of the view that this does not constitute chemical restraint, because the PRN is stated to be used for the treatment of psychiatric symptoms. The CVP is critical of any PRN being administered in advance, i.e. in expectation of behaviours of concern potentially arising, such was in the FDU protocol for a client visiting his home community.

While the CVP recognises the service's responsibility to ensure that residents and staff are safe, it is contrary to principles of least restrictive care and the dignity of risk that all people with disability should have the right to experience.

In contrast, a client residing in an appropriate place, also has a diagnosed psychiatric condition, but his prescribed PRN for behavioural concerns is classified as a chemical restraint by his prescribing doctor, and is included as such in his Positive Behaviour Support Plan (PBSP).

The CVP notes that chemical restraint is not defined in the Mental Health and Related Services Act and therefore the perception of its use as a restrictive practice is likely to differ from NDIS standards of service delivery.

The CVP is of the view that FDU should adopt the NDIS standards of chemical restraint definition. The CVP are aware that this is a complex clinical and procedural issue and will also continue to seek further clarification from senior clinicians in Department of Health.

[6] NDIS, 'Regulated Restrictive Practice Guide; Chemical restraint, Environmental restraint, Mechanical restraint, Physical restraint, Seclusion; version 1.1, October 2020

Positive Acknowledgments

- The successful NDIS transition to community for most FDU residents has been very positive. This has seen an improvement in positive behaviours.
- Residents attend a range of structured community-based activities like the weekly arts program and/ or volunteer work, as well as unstructured community access, like walks and drives to local sites and points of interest.
- The CVP repeatedly commented on the positive relationship between staff and Consumers. These conditions are important for the wellbeing of residents and the CVP commends FDU for this achievement.
- The CVP notes positively the role of the Aboriginal Liaison Consultant (ALC) who has known some of the Consumers for a long time due to his previous work in NTCS. The CVP is aware of ongoing activities for residents and training for staff.

9. Appendix

a) **Acronyms/glossary**

b) **Data**

c) **Recommendations and Actions**

a) 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
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 Mental Health and Related Services Act
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 line mostly in the Anangu Pitjantatjara 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 Disability Services Act.
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

b) Data

Mental Health and Disability Services enquires and complaints data

	MENTAL HEALTH			DISABILITY			
	CAHS	TEHS	Total	CEN-TRAL	TOP END	Total	TOTAL
VISITS	**52**	**64**	**116**	**21**	**12**	**33**	**149**
Community Visitor	49	63	**112**	20	12	**32**	**144**
Inspection	2	0	**0**	0	0	**0**	**2**
CV Panel	1	1	**2**	1	0	**1**	**3**

	CAHS	TEHS	Total	CEN-TRAL	TOP END	Other	TOTAL	
CASES	**58**	**285**	**343**	**9**	**6**	**5**	**20**	**363**
Complaints	4	54	**58**	2	0	**1**	**3**	**61**
Enquiries	54	231	**285**	7	6	**4**	**17**	**302**
Cases – Raised by								
Person receiving treatment	49	196	**245**	2	1	**1**	**4**	**249**
Carer	4	18	**22**	0	0	**1**	**1**	**23**
Case Manager	0	2	**2**	0	0	**0**		**2**
Service Provider	4	19	**23**	4	5	**3**	**12**	**35**
Doctor	0	10	**10**	0	0	**0**		**10**
Nurse	0	7	**7**	0	0	**0**		**7**
Guardian	0	3	**3**	3	0	**0**	**3**	**6**
Friend	0	3	**3**	0	0	**0**		**3**
Relative	1	27	**28**	0	0	**0**	**0**	**28**

	MENTAL HEALTH			DISABILITY				
	CAHS	TEHS	Total	CEN-TRAL	TOP END	Other	Total	TOTAL
ISSUES RAISED								**833**
Quality of Service Provision	46	239	285	17	8		25	**310**
Assessment & Treatment	4	36	40	1	1		2	**42**
Cultural Safety	10	11	21	2	2		4	**25**
Management Plan	2	9	11	3	2		5	**16**
Facilities	3	6	9	0	0		0	**9**
Discharge Planning	7	36	43	1	0		1	**44**
Relationship with Staff	4	37	41	1	0		1	**42**
Food	1	2	3	0	0		0	**3**
Health – Mental/ Emotional	3	12	15	0	2		2	**17**
Health – Physical	5	7	12	1	0		0	**12**
Procedures	3	40	43	3	0		3	**46**
Consultation Carers/ Consumers	2	30	32	3	0		3	**35**
Activities	3	3	6	2	1		3	**9**
Aftercare		5	5	0	0		0	**5**
Other		4	4	0	0		0	**4**
Rights	35	163	198	6	2		8	**206**
Least Restrictive Alternative	17	40	57	4	2		6	**63**
Legal	3	26	29	2	1		3	**32**
CV Information on Rights	2	2	4	0	0		0	**4**

	MENTAL HEALTH			DISABILITY				
	CAHS	TEHS	Total	CEN-TRAL	TOP END	Other	Total	TOTAL
Early Review of Detention	2	4	6	0	0		0	**6**
Restrictive Practices	1	9	10	0	1		1	**11**
Respect for Dignity	0	5	5	0	0		0	**5**
Safety	4	31	35	1	0		1	**36**
Voluntary/ Involuntary	3	5	8	0	0		0	**8**
Transport	0	5	5	0	0		0	**5**
Location of Admission	1	14	15	0	0		0	**15**
Detention	1	9	10	0	0		0	**10**
Community Accommodation	2	6	8	0	0		0	**8**
Forensic	0	0	0	0	0		0	**0**
ECT	0	1	1	0	0		0	**1**
Other	1	5	6	1	0		1	**7**
Advocacy	26	64	90	2	1		3	**93**
Enquiry: Advocacy	0	23	23	2	1		3	**26**
Family/Friend contact	0	1	0	0	0	0	0	**0**
Practical Assistance	5	40	0	0	0	0	0	**0**
Information	7	80	87	3	1		4	**91**
Smoking	2	15	17	0	0	0		**17**
Visit/Support	6	56	62	4	0	0	4	**66**
Other	0	12	12	4	0	0	4	**16**
Medication	5	26	31	3	0	0	3	**34**
TOTAL								**833**

	MENTAL HEALTH			DISABILITY			
	CAHS	TEHS	Total	CEN-TRAL	TOP END	Total	TOTAL
Case ISSUES – Outcomes							
Resolved	65	415	480	1	0	1	**481**
Ongoing Monitoring	37	61	98	13	19	32	**130**
Not Resolved	6	27	33	1	0	1	**34**
Referred	5	42	47	0	0	0	**47**
Lapsed	12	29	41	1	0	1	**42**
Withdrawn	6	25	31	0	0	0	**31**
Substantiated	3	16	19	3	0	3	**22**
Other	14	18	32	1	0	1	**33**
Dismissed	1	1	2	0	0	0	**2**
Not accepted	1	9	10	1	0	1	**11**
TOTAL ISSUES RAISED							**833**

How was contact with the CVP made – communication conduit					
	Central Australia	Top End	Central Australia	Top End	TOTAL
Email	5	17	1	1	**24**
In person	33	102	2	1	**138**
Telephone	12	114	3	2	**131**
Website	1	4	0	0	**5**
Visit	11	37	3	4	**55**
Other	2	5	0	3	**10**
TOTAL CONTACTS RECIEVED					**363**

Seclusion and Restraint Data for Mental Health Services

MENTAL HEALTH SERVICE - CENTRAL AUSTRALIA REGION INPATIENT UNIT

Seclusion Information	2023	2022		2021		2020		2019	
	Jan-Jun	Jul-Dec	Jan-Jun	Jul – Dec	Jan-Jun	Jul – Dec	Jan-Jun	Jul – Dec	Jan-Jun
Total Seclusion Events	6	8	27	16	18	16	16	10	6
• Aboriginal • CALD • Other	5 0 1	6 0 0	27 0 0	15 0 1	17 0 1	13 0 3	7 0 9	8 0 2	5 0 1
Number of unique individuals secluded	6	6	6	9	12	9	8	5	6
Demographics									
Male	3	6	5	6	8	7	6	3	4
Female	3	2	1	3	4	2	2	2	2
Person 18-24 Years Secluded	1	3	3	3	2	5	3	4	3
Child (Aged Under 18 years) Secluded	0	0	0	0	2	1	0	0	2
Seclusions Continuing Over 4 Hours	1	0	1	3	4	0	1	0	2
Seclusions Continuing Over 6 Hours	0	0	3	2	2	2	0	0	1

Restraint	Jan – June 2023	Jul-Dec 2022
Total Restraint Events	25	22
Number of persons restrained	12	11
Male	7	8
Female	5	3
Aboriginal	11	10
CALD		0
Non-Aboriginal	1	1
Age of persons restrained		
18-24 years	2	5
Child under 18	1	3
Length of restraint		
1 minute or less	11	11
1-5 minutes	13	7
Over 5 minutes	0	2
Not stated/unknown	1	2

TOP END MENTAL HEALTH SERVICES

Seclusion Information	2023	2022		2021		2020		2019		2018	
	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	38[7]	31	35	70	56	98	70	67	85	110	151
• Aboriginal • CALD • Other	25 0[8] 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	101 4 5	138 2 11
Number of unique individuals secluded	21	31	19	23	27	32	26	26	35	37	39
Male Female Unknown [9]	14 6 1	This data relates to the gender of the unique individuals impacted by a seclusion during this reporting period.									
Aboriginal Person Secluded	17	11	12	21	18	29	20	19	23	27	30
Person 18-24 Years Secluded	8	5	7	41	9	14	10	7	13	11	18
Child (Aged Under 18 years) Secluded	0	1	1	0	4	5	2	1	3	3	2
Seclusions Continuing > 4 Hours[10]	9[6]	4[6]	8	20	9	9	6	7	13	26	32
Seclusions Continuing > 6 Hours[6]	9	0	3	4	5	4	3	5	7	13	-
Total seclusion time not recorded	7	4	This data has not been reported on previously.								

[7] This number is not congruent with electronic seclusion data sheets.

[8] No data indicator specific to CALD clients is available on data sheets

[9] Unknown has been allocated where gender was not documented

[10] Due to incomplete and/or missing documentation the CV was unable to determine the length of all seclusions therefore this number may be higher.

Restraint	2023 Jan- Jun	2022 Jul-Dec
Total Restraint Events	130[9]	77[11]
Unique number of persons restrained	94	38
Aboriginal	65	27
CALD [12]	0	1
Non-Aboriginal or not stated	29	10
Age of persons restrained		
18-24 years	34	11
Child under 18	8	4
Gender of persons restrained[13]		
Male	56	Not reported on previously
Female	33	
Unknown (not documented)	5	
Length of restraint		
1 minute or less	34	27
1-5 minutes	61	6
Over 5 minutes	2	4
Restraint time not recorded [14]	14	

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

[11] This includes events with seclusion

[12] No data indicator specific to CALD clients is available on the data sheets

[13] Gender of unique individuals impacted by restraint. Some people were restrained on multiple occasions.

[14] On some forms the restraint period was not recorded.

c) Recommendations

Open Recommendations

As part of CVP reporting, recommendations are made for service improvements.

CVP acknowledge the works the services participate in to address the recommendations. CVP also acknowledge that there are barriers and difficulty at times addressing recommendations due to relying on other government agencies or services to assist. Many of the long standing recommendations are systemic, process or environmental and rely on intergovernmental and cross sector/service cooperation's to resolve and be closed. 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.

The number of open recommendations needs to have attention and be addressed. CVP acknowledge that some of the recommendations for Agencies may be able to be finalised, but there has not been CVP capacity to confirm this. CVP are hoping to focus on all recommendations including Agency recommendations in the coming year 2023-2024 with services.

CVP continues to have recommendations remain open as they have been suggested for the benefit and continuous improvements for the consumers and residents that access services.

MENTAL HEALTH

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
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.	May-13
CV	MH TEHS Approved Treatment Facility	That TEMHS provide to the CVP the terms of reference/performance indicators how current seclusion reviews and analyses contribute to seclusion reduction, both for individuals and systemically.	Aug-17
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

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
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	Katherine Mental Health Services 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

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
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 - 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
PANEL	MH TEHS Approved Treatment Facility	That the Top End Mental Health Service revise forms and practices to ensure that they are consistent with the NT Department of Health Intersex, Differences of Sex Development (DSD) and Transgender NT Health Policy.	Mar-19

WHO RAISED	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 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
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

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
CV	MH TEHS Approved Treatment Facility	The PIC ensure that the mechanical restraint register contains: · Form 21 · Form 56 where appropriate · The mechanical restraint observation sheet And a record of: · 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
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
CV	MH TEHS Approved Treatment Facility	TEMHS ensure that Aboriginal Mental Health Workers are available outside of business hours and on weekends.	Aug – 21
CV	MH TEHS Approved Treatment Facility	TEMHS ensure that interpreters are utilised pre and post seclusion and during; · Client debriefing · The development of clinical management plans · Seclusion reviews	Aug-21
PANEL	MH TEHS Approved Treatment Facility	It is recommended that TEMHS provides evidence of consumer and carer input into all stages of discharge planning policy and practice including but not limited to policy development, practice and incident reviews, forms, notes, clinic and case meetings.	Jun-22
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-22

CENTRAL AUSTRALIA

WHO RAISED	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 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 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

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
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; (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

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED
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	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
CV	MH CAMHS Approved Treatment Facility	That MH-CAHS ensure staff are knowledgeable and compliant with provisions of the Mental Health and Related Services Act 1998, Approved Procedures and policies for: - clients under adult guardianship; - carer/consumer involvement; and - rights of voluntary patients to discharge in a timely way.	Apr-22

CLOSED RECCOMENDATIONS

WHO RAISED	TEAM	RECOMMENDATION	DATE OPENED	DATE CLOSED
PANEL	MH TEHS Approved Treatment Facility	That the service provide evidence that in the process of involuntary admissions that there is adequate explanation of rights to consumers, including legal status on admission, offering of interpreters and early access to the Mental Health Review Tribunal. (Reworded, 2016)	Nov-11	Jun-23
PANEL	MH TEHS Approved Treatment Facility	To improve the care of acutely unwell consumers in the Joan Ridley Unit and ensure safety for all vulnerable JRU consumers especially women it is recommended that the facility be improved to allow the separation of consumers and that safe practices be documented. (Reworded, 2016)	Mar-16	Jun-23
PANEL	MH TEHS Approved Treatment Facility	That the Top End Mental Health Service provides evidence of improvement in processes to ensure compliance with the Act in relation to recording information about the seclusion of clients.	Apr-18	Jun-23
CV	MH TEHS Approved Treatment Facility	Commencing from 2nd Quarter 2021/2022 TEMHS provide accurate admission numbers to the PCV within 14 days of the end of each Quarter. Continuing until there is clear evidence that the PCV is receiving Form 10 for every involuntary admission as per Sections 41(1)(e)(i) and 43(1)(e)(i) of the MHRS Act.	Nov-21	Mar-23

DISABILITY OPEN

WHO RAISED	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 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 FEB 20)	Dec 2019
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 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 SSFDU residents.	Aug 2020

CLOSED

WHO RAISED	TEAM	RECOMMENDATION	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

10. Contact Information

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