COMMUNITY VISITOR PROGRAM
NORTHERN TERRITORY

Annual Report 2002 - 2003

COMMUNITY VISITOR PROGRAM
NORTHERN TERRITORY

The Hon Jane Aagaard MLA
Minister for Health and Community Services
Parliament House
State Square
DARWIN NT 0800

Dear Minister

Pursuant to section 115 of the *Mental Health and Related Services Act* 1992, please find attached the Annual Report on the operations of the Community Visitors Program for the financial year ended 30 June 2003.

Yours sincerely

Tony Fitzgerald
Principal Community Visitor

7 October 2003

Contents

Agency Access

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

Location:
7th Floor, National Mutual Centre
9-11 Cavenagh Street, Darwin NT 0801

Ground Floor Centrepoint Building
Hartley Street, Alice Springs NT

Postal Address:
LMB 22 GPO
Darwin NT 0801

General Enquiries:

Telephone:	(08) 8999 1451
TTY:	(08) 8999 1466
Freecall:	1800 021 919
Facsimile:	(08) 8981 3812
Website:	www.cvp.nt.gov.au

Overview

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

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

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

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

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

Principal Community Visitor

The Role of the Principal Community Visitor is outlined in Part 14 of Division 3 of the Northern Territory *Mental Health and Related Services Act* 1998.

The Minister for Health appointed Tony Fitzgerald, the Anti-Discrimination Commission, to the role of Principal Community Visitor on 25 November 2002.

Duties of the Principal Community Visitor

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

Community Visitor Panels

The Act provides for the establishment of one Community Visitor Panel for the Top End and one for Central Australia. The Panels consist of three (3) members: a Medical Practitioner, a Legal Practitioner and a member who represents the interests of consumer organisations. Expressions of interest were called for Panel Members in December 2001, and from the applications received, Panels for the Top End and Central Australia were selected.

The Principal Community Visitor will appoint one of the members of each panel, chairperson of the panel. The position of chairperson is not restricted to one member and could be varied from visit to visit.

Duties of a Community Visitor Panel

The Role of the Community Visitors Panel is outlined in Part 14 of Division 3 of the Northern Territory *Mental Health and Related Services Act* 1998.

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

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

Additional duties of a Community Visitor Panel

In addition, the Community Visitors Panel *may*:

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

After every visit to a facility or agency, the chairperson of the panel must forward a report of the visit to the Principal Community Visitor.

Community Visitors

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

The Principal Community Visitor, Tony Fitzgerald has (pursuant to s.103 of the Act) appointed the two complaint-handling staff of the Anti-Discrimination Commission as Community Visitors in the Top End. In Central Australia, the Community Visitor is a legal practitioner, Victoria Shiel. These Community Visitors were selected because of their complaint-handling and conciliation experience.

The role of Community Visitors

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

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

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

- the adequacy of services for assessing and treating persons in approved treatment facilities or by approved treatment agencies;
- the standard and appropriateness of facilities for the accommodation, physical well being and welfare of persons receiving treatment or care at approved treatment facilities or by approved treatment agencies;

- the adequacy of information relating to rights of persons receiving treatment at approved treatment facilities or by approved treatment agencies and the complaint procedures under this Act;
- the accessibility and effectiveness of complaint procedures under Part 13 of the Act;
- the failure of persons employed in approved treatment facilities or by approved treatment agencies to comply with this Act;
- any other matter that a Community Visitor considers appropriate having regard to the principles and objectives of this Act; and
- any other matter as directed to the Principal Community Visitor by the Minister.

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

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

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

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

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

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

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

Administration and Finance

Staffing

Sections 103(1) and 110(1) of the Act state that the Principal Community Visitor shall appoint Community Visitors and Community Visitor panel members.

For the purposes of reporting, the two Community Visitors in the Top End and the administration officer are considered to be the staff of the CVP.

Community Visitors

In the Top End, Jacqui Bourke and Terry Lisson were appointed Community Visitors. Ms Bourke resigned her employment as a Complaints Officer with the Anti-Discrimination Commission in April 2003 and subsequently, her replacement at the Anti-Discrimination Commission, Leigh Barnaba, was appointed as a Community Visitor.

In Central Australia, Victoria Shiel was appointed as a Community Visitor, replacing John McBride who had been acting as a Community Visitor on an 'as-needed' basis. Similarly to the Top End Community Visitors, Ms Shiel will respond to any requests to see a Community Visitor and undertakes "inspection visits".

Administration

Jodi Mather was appointed as the Project Administrator for the program and was located in the Anti-Discrimination Commission Darwin office. Ms Mather left the Community Visitor Program in January 2003 to take up a position as Associate to the Chief Justice. Since then, her administrative functions have been performed by the Anti-Discrimination Commission's administrative staff, including a new officer who was hired in June 2003.

Community Visitor Panels

Members of the Community Visitor panel appointed in Darwin are:

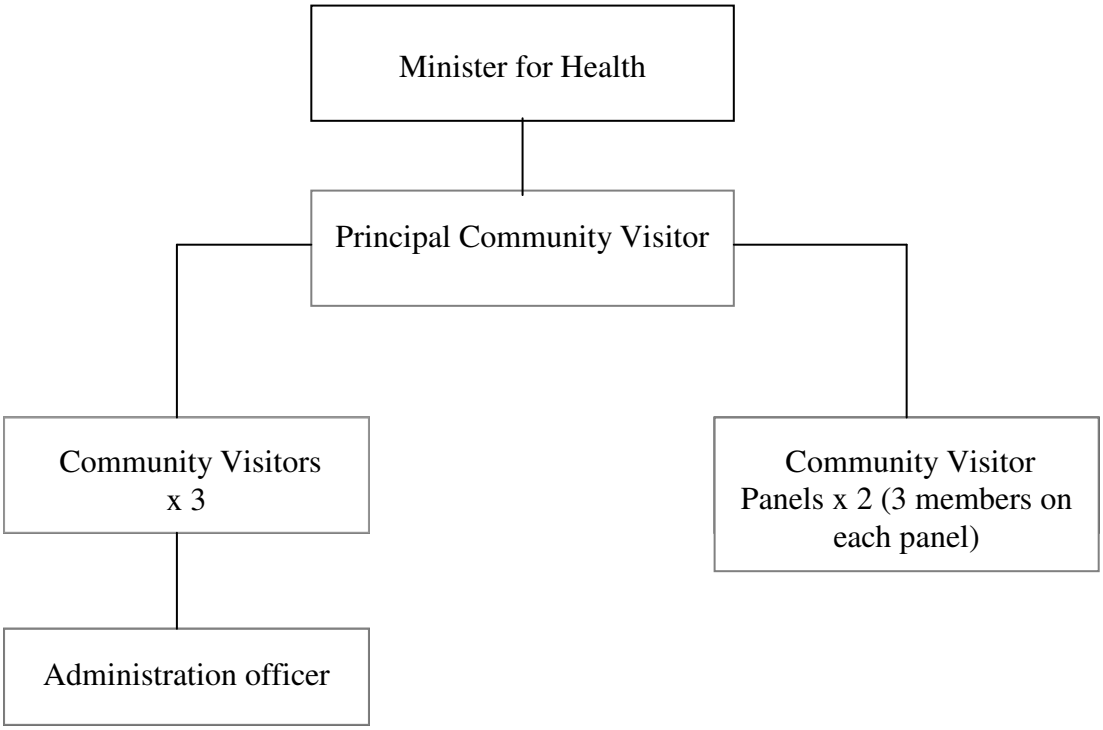
Brydget Barker-Hudson – Solicitor – Legal practitioner member
Brian Riley – Worker with Tiwi Health board – member
Sam Heard*– Medical practitioner member.

In Alice Springs, the panel is made up of:

Kim Raines – Solicitor – legal practitioner member
Linda Keane – CEO Alpurrurulan Community Government Council – member
Chris Wake* – Medical practitioner member.

*The two medical practitioner panel members have resigned, but have agreed to continue to act in the role until replacement medical practitioner members can be found.

CVP ESTABLISHMENT
(as at 30 June 2003)



Equal Opportunity Management Plan (EOMP)

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

Training and Staff Development

The Principal Community Visitor is exploring an in-house training program for Panel members and Community Visitors. Staff attendance at a range of professional development programs, short courses, seminars and conferences will be approved as appropriate.

It was intended that one of the Top End Community Visitors would attend the 'Official Visitors' Annual Conference 2003' which was held in Sydney on 12 July 2003, however this did not occur this year due to other commitments of the Community Visitors. Copies of the papers and information presented at the Conference were obtained for the information of CVP staff.

Occupational Health and Safety

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

Finance

The Department of Health and Community Services provided funding totalling $70,000.00 to the Community Visitors program. This was used for recurrent expenditure for the period 1 July 2002-30 June 2003.

Personnel

Administration Officer AO 4, Alice Springs agent and Anti-Discrimination Commission staff	55000

Operational

Information Technology	4000
Telecommunication	1400
Production of CD	1500
Printing Costs	600
Airfares, Accommodation & Travelling Allowance	1500
*Anti-Discrimination Commission Overheads	7000
Total	**71,000**

*Anti-Discrimination Commission overheads includes contribution to motor vehicle expenses, electricity, equipment lease, office stationery, postage, etc

Publications

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

The second is entitled *What is a Community Visitor and What do We Do?* It is written in 'user-friendly' language and gives information aimed at those who may use the program, explaining what the program does and how it is done.

This pamphlet is available in English, Vietnamese, Portuguese, Greek, Filipino and Chinese.

In addition a CD has been completed providing information about the program in Aboriginal languages.

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

Work of the CVP

On the 29th July 2001 the Minister for Health, Family and Children's Services appointed Thomas Stodulka, the Anti-Discrimination Commissioner, to be the Principal Community Visitor. The role of the Principal Community Visitor is to ensure that Community Visitors and Community Visitor panels exercise their powers and perform their functions in accordance with the principles, standards and protocols established under the Act.

Following Commissioner Stodulka's appointment as Principal Community Visitor, there was extensive consultation with officers of the Department of Health and Community Services regarding appropriate mechanisms to implement the program. It was determined that the existing two complaint-handling staff of the Anti-Discrimination Commission would serve as the Community Visitors in the Top End and another Community Visitor would be appointed for Central Australia.

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

Meetings of the panels were held in Darwin and Alice Springs to discuss the role of the panels and identify training needs. Training was planned, but, because the Principal Community Visitor (Tom Stodulka) wished to be involved in the training, it was delayed because of his long absence due to illness. When his term as Anti-Discrimination Commissioner expired on 31 July 2002, it was decided to await the appointment of the new Anti-Discrimination Commissioner/Principal Community Visitor before proceeding with training the panels.

Tony Fitzgerald, the new Anti-Discrimination Commissioner, was appointed Principal Community Visitor on 25 November 2002. It is his intention to hold training sessions for the panels and arrange Panel visits to treatment facilities in the near future.

It should be noted that although the Panels have not yet visited any facilities, the Community Visitors have been performing their function since the program was implemented, with regular visits to facilities occurring and all complaints being promptly attended to within the statutory time limits.

Complaints

The Community Visitors have been dealing with complaints since February 2002. Complaints have generally been from users of the in-patient facilities, although some have been received from carers and carer support groups and a few from staff. The complaints received to date can be categorised as complaints concerning admission procedures, services at facilities or agencies, recreation and rehabilitation services, care or treatment at facilities or agencies and the physical environment of agencies.

Resolution of complaints

It is clear that an informal complaint-handling process works best to appropriately handle the majority of complaints received. This is due to the fact that most complaints are of an 'immediate' nature and a quick resolution is needed. (Examples include such things as wanting treatment by a doctor of the same sex, asking for a radio to be provided in the communal sitting area, complaints that drugs are having side effects, that phone calls are limited, that there is a bed shortage, or that clients are not allowed to leave the premises.)

This means the resolution of complaints has often been by way of telephone and face-to-face discussions with those responsible for running the area in which the complaints fall. This is very different from the more formal, written process of most complaint-handling agencies such as Health Complaints or the Anti-Discrimination Commission. However, all parties to complaints appear to appreciate this quick and informal approach, which has resulted in successful resolution of most complaints.

Another complaint-handling technique which has been used several times with great success is a formal mediation conference at which a number of persons affected by the complaint eg nurses, psychiatrists, case workers, carers and patient, have the opportunity to meet to discuss the issues and work out resolutions which work best for all parties. This method has worked particularly well with complaints where carers feel that they are not being given adequate information or opportunity for involvement in the care of their loved one.

To date the Community Visitor program has worked to successfully resolve most of the complaints that are capable of resolution. However, there are some complaints that cannot be resolved, particularly if the measure of "successful resolution" is that the complaint was resolved to the satisfaction of the complainant. Involuntary detention is an example. Complainants often complain that they should not be in Cowdy unit. But, if the proper process has been followed and all legal requirements under the *Mental Health and Related Services Act* have been met, then there is no way to resolve the issue, save for ensuring that the patient understands the situation. Another example is the category of complaints in which patients complain about medical treatment such as amounts of medication. It is not the Community Visitor's function to interfere with medical decisions and therefore this type of complaint is one which is unlikely to be resolved to the complainant's satisfaction.

'Inspections'

The Community Visitor also has a function to 'inspect' agencies and facilities. Early in the program this function was carried out in the course of establishing working relationships with organisations and developing a framework within which to carry out 'inspections'.

It should be noted that in the past year, the Community Visitors in the Top End have made a number of visits to treatment facilities in Darwin and Alice Springs, and have carried out informal inspections while on the ward.

To date neither inspections nor complaints have identified problems that raise concerns in the mind of the Community Visitors or appear to require immediate attention. The response to Community Visitors from staff and management at mental health agencies has always been cooperative and welcoming, with no problems encountered in obtaining records or information as required.

Development of protocols

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

Summary

In summary, the initial work of establishing the Community Visitor Program has been completed. There has been a comprehensive round of meetings with stakeholders. The required appointments of Community Visitors and Panel members have been carried out. A complaint-handling process has been established and complaints are regularly being received and resolved.

Now that there is a Principal Community Visitor to manage and implement all aspects of the program, it is anticipated that the Community Visitor Panels will receive training and conduct their first visits early in this financial year.

The absence of a Principal Community Visitor until late November last year, was not a deterrent to the day-to-day work of the Community Visitors in handling complaints or making inspections. The Community Visitor Program has been well received by all those in the mental health area and is regarded as a welcome addition, meeting needs which would otherwise be unmet.