COMMUNITY VISITOR PROGRAM
NORTHERN TERRITORY

Protecting and Promoting the Rights of Territorians Affected by Mental Illness

Annual Report 2003 - 2004

The Hon Dr Peter Toyne MLA
Minister for Health
Parliament House
State Square
DARWIN NT 0800

Dear Minister

Pursuant to section 115 of the *Mental Health and Related Services Act* 1998, please find attached the Annual Report on the operations of the Community Visitor Program for the financial year ended 30 June 2004.

Yours sincerely

TONY FITZGERALD
PRINCIPAL COMMUNITY VISITOR

30 September 2004

Contents

Agency Access

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

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Brief Summary: 2003 – 2004

The Community Visitor Program (CVP) has continued its work in responding to enquiries and complaints from people receiving treatment at approved treatment facilities and agencies. A number of firsts have also been achieved over the past financial year, including:

- ✓ Panel visit to the Mental Health Unit in Alice Springs;
- ✓ Six monthly inspections of the Seclusion Register at Cowdy Ward;
- ✓ Inspection of Complaints Register, Top End Mental Health Services; and
- ✓ Inspection of the Complaints Register Central Australian Mental Health Services by the Community Visitors Panel.

In addition, the CVP has worked with staff from the Department of Health and Community Services to develop the Northern Territory Approved Procedures for Part 14 of the *Mental Health and Related Services Act (NT) 1998* (the Act): Community Visitor Program. This is an ongoing process. As the CVP continues to develop its functions and meet its requirements under the Act, new procedures, covering the process for Mental Health Services to respond to recommendations made by the CVP, will need to be developed.

The *Mental Health & Related Services Act* is currently being reviewed. The CVP has forwarded two submissions, one related to proposed changes to Part 14 of the Act and the other supporting one of the amendments proposed by the NT Association of Relatives and Friends of the Mentally Ill Inc (NTARAFMI) related to the Mental Health Review Tribunal's review powers.

Looking Forward to June 30th 2005

With the employment of a Manager of the CVP for 6 months from June 2004, the CVP looks forward to developing a Strategic Plan for the period 2005 – 2008. This will enable the program to set its priorities for the next 3 years and to plan to meet those priorities. The first stages of the plan are outlined below in draft form, and will be refined in conjunction with stakeholders; consumers, carers and service providers.

Draft Strategic Plan

Vision

The NT Community Visitor Program is a key instrument for the protection and promotion of the rights of Territorians affected by mental illness.

Mission

To monitor the attainment of the rights, responsibilities and standards of care required under the National Mental Health Strategy from an independent community perspective.

Objectives

1. To operate the Community Visitor Program in accordance with requirements of the *Mental Health and Related Services Act 1998.*

   - Complete the development and implementation of administrative procedures for the program, including the development of a handbook for the program and mechanisms for recording contacts with, and work done by the CVP;

   - Ensure that Community Visitors Panels are able to meet their legislative requirements with respect to inspections of approved treatment facilities, and where possible approved treatment agencies;

   - Ensure that Community Visitors carry out inspections of seclusion registers and use of mechanical restraints as required by the Act;

   - Continue to respond to enquiries and complaints within legislative timeframes;

   - Report as required on the activities of the program to the Principal Community Visitor and to the Person in Charge of approved treatment facilities and agencies;

   - Follow up with the progress of recommendations made by the CVP; and

   - Receive reports from approved treatment facilities and agencies as required by legislation.

2. To increase accessibility of the CVP to consumers, carers and service providers.

   - In consultation with relevant government and non-government agencies, develop and implement a remote area strategy;
   - Visit approved treatment centres regularly and to increase access to the program by consumers and their carers;
   - Ensure that material published by the program is readily available to persons receiving treatment under the Act, and that this material is in a form which is readily understandable; and
   - Develop and maintain the CVP website.

3. To develop, maintain and share a comprehensive knowledge of mental health policy and evidence based mental health practice.

   - Further develop the CVP website;
   - Develop a comprehensive resource facility for personnel of the CVP and links to other, appropriate resources; and
   - Establish a training program for staff and personnel of the CVP.

4. To develop and maintain relationships with key players within the Northern Territory - consumers, carers and service providers.

   - Establish links with consumer and carer organizations throughout the Northern Territory to ensure that the CVP is aware of issues confronting people affected by mental illness;
   - Ensure that links are maintained with key staff within government and non-government agencies; and
   - Develop a relationship with government and non-government agencies to improve their knowledge of the CVP and referral options.

Overview of the Community Visitor Program

The Community Visitor Program (CVP) is established pursuant to Part 14 of the *Mental Health and Related Services Act* (NT) 1998 (the Act). The program, designed to be independent of health services, is a fundamental mechanism for ensuring that the human rights of people receiving treatment under the Act are observed. It also acts as one of several mechanisms to ensure the provision of a quality mental health service. In broad terms, the CVP has monitoring, inspection/inquiry, advocacy and complaint handling functions.

There is extensive policy background to the institution of a community visitor program. At an international level, in 1991, the General Assembly of the United Nations adopted the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health by Care. These principles are amply reflected in Part 2 of the Act.

In particular, Principle 22 states:

Monitoring and Remedies:

States shall ensure that appropriate mechanisms are in force to promote compliance with these Principles, for the inspection of mental health facilities, for the submission, investigation and resolution of complaints and for the institution of appropriate disciplinary or judicial proceedings for professional misconduct or violation of the rights of a patient.

At a national level, the National Mental Health Strategy outlines its aims as follows:

- To promote the mental health of the Australian community;
- To, where possible, prevent the development of mental disorder;
- To reduce the impact of mental disorder on individuals, families and the community; and
- To assure the rights of people with mental disorder (National Mental Health Plan 2003 – 2008).

A Statement of Rights and Responsibilities, which addresses the consumer's right to advocacy support and complaints mechanisms was incorporated into the first National Mental Health Policy and Plan in 1992 and thereafter in each successive plan in 1998 and 2003. These policy documents have formed the basis for the development and institution of community visitor programs in each State and Territory in Australia, with the exception of South Australia.

Jurisdiction

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.

There are 7 agencies considered to have conditions and staffing adequate for designation as approved treatment agencies under section subsection 20(1)(c) of the Act. Six of the seven agencies are administered through two major entities, Top End Mental Health Services (TEMHS) and Central Australian Mental Health Services (CAMHS). TEMHS covers the geographical area north of Elliott and the CAMHS covers the area from Elliott to the South Australian 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. The seventh agency, the Aerial Medical Services, comprises a 24 hour medical consultation service, 24 hour emergency evacuation and routine medical and nursing visits to remote communities in the Top End.

Location of the Community Visitor Program

The CVP is located within the Anti-Discrimination Commission. This means that the program, while funded by Territory Health Services, is operationally independent of mental health service providers. This independence is integral to the success of the program.

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 Commissioner, to the role of Principal Community Visitor on 25 November 2002.

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 Visitors Panels

The Act provides for the establishment of a Community Visitors Panel for each approved treatment facility and approved treatment agency. In practice, the program aims to establish one 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 and who has a special expertise or interest in mental health. The Principal Community Visitor appoints one of the members of each panel as chairperson of the panel. The position of chairperson is not restricted to one member and can be varied from visit to visit.

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. It relates to the inspection and monitoring functions of the program.

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 inquire into such matters as the adequacy of opportunities and facilities for recreation, education, training and rehabilitation, the extent to which the least restrictive alternative guides the treatment of consumers, the quality of assessment, treatment and care provided, the adequacy of information provided about complaints and legal rights, any matter that may be referred by the Minister or the Principal Community Visitor or any other matter that the panel may consider appropriate.

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.

Community Visitors perform the advocacy, complaints handling and inquiry/inspection functions of the CVP. They respond to enquiries and complaints from consumers of mental health services, and may assist by supporting the consumer to make a complaint using internal complaints processes or by accessing external complaints mechanisms such as the Health and Community Services Complaints Commission. They may also assist a consumer to use the review and appeal mechanisms set out in Part 15 of the Act (Mental Health Review Tribunal).

The program aims to ensure that Community Visitors are accessible to consumers of mental health services and their carers. This is achieved through regular visits to approved treatment facilities, and responding quickly to complaints and requests from consumers for a visit.

While visiting an approved treatment facility or agency, a community visitor may inquire into the adequacy and standards of services and facilities, the failure of persons employed in facilities or agencies to comply with the Act or any other matter referred by the Minister or the Principal Community Visitor.

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

The Work of the CVP 2003 – 2004

The CVP has continued to progress during the financial year to the 30th June 2004, with the establishment of the Community Visitors Panel in Alice Springs and the completion of its first visit.

Activities Undertaken by the CVP

- Response to enquiries and complaints about Cowdy Ward and the Tamarind Centre;
- Response to enquiries and complaints about the Mental Health Unit, Alice Springs Hospital and the community teams from CAMHS;
- Inspection of Complaints File for Cowdy Ward and the Tamarind Centre stored at the Tamarind Centre;
- Inspection of Seclusion and Restraint Records, Cowdy Ward January 2004 and June 2004;
- Appointment of a new medical member for the Panel for the Top End and advertising for a legal and community member;
- Recruitment and training of Community Visitor Panel for CAMHS;
- Appointment of a staff member on a six month contract to manage the program;
- Community Visitor Panel visit to the Mental Health Unit, Alice Springs Hospital in March 2004;
- Recruitment and training of Community Visitor, Alice Springs;
- Submission for the review of *Mental Health and Related Services Act*; and
- Development of the Approved Procedures for Part 14 of the Act in collaboration with policy officers from Mental Health Services - ongoing.

Details of Activities of the CVP

Enquiries and Complaints

Contacts from Consumers and Carers have been received by the program regarding the services of TEMHS and CAMHS. Due to its larger population base, 75% of all enquiries/complaints related to treatment received in the Top End.

Involuntary Detention

As the CVP found in previous years, by far the most frequent complaints concern involuntary detention and treatment. While the CVP does not have a role in questioning treatment decisions of authorised psychiatric practitioners, it does have the capacity to act as an independent advocate for the consumer. Community Visitors ensure that the consumer is aware of the reasons for the involuntary detention and treatment and provide reassurance that their rights are being observed.

Case Example

Jane (not her real name) is a young woman with a diagnosis of paranoid schizophrenia. She contacted the CVP because she had been detained to an approved treatment facility for involuntary treatment. Jane does not believe she has a mental illness, and was suspicious of the motives of the staff of the facility.

Jane was informed that the CVP could not intervene in a medical decision, but that a community visitor could be present with her during meetings with doctors as an independent person. While this did not change the prescribed treatment regime, Jane reported feeling a lot safer, and staff reported that she was more settled as a result of this contact.

Communication with Carers

The CVP has received several complaints from carers of people receiving treatment in approved treatment facilities regarding lack of communication with staff. In addition, ARAFMI wrote to the CVP with concerns that the Mental Health Review Tribunal is not notified as is required under sections 88 or 89 of the Act when information about medication and discharge planning is refused to carers.

There are two issues. The core issue is the consumer's right to confidentiality, which can be at odds with the carer's right and indeed need for information about the illness and treatment in order to be able to carry out their caring role. A second issue relates to the procedures outlined in the Act, and whether staff of TEMHS are adhering to procedures and notifying the Mental Health Review Tribunal as required when information is withheld from carers.

Complaints from carers to the CVP about lack of information have been resolved through a range of mechanisms including facilitating contact with mental health services and arranging and facilitating mediation between the parties involved.

The procedural issue of referral to the Mental Health Review Tribunal has been referred to the Community Visitors Panel for investigation in their visit to Cowdy Ward.

Staff Complaints

The CVP is available to all stakeholders in order to ensure that the rights of people receiving treatment under the Act are protected.

On two occasions in the past financial year, staff have contacted the CVP with concerns about inadequate facilities on the ward. One complaint related to a television not working, and another about a washing machine not being available for patients on the ward. On both occasions the CVP contacted the Clinical Nurse Manager who had already taken action. The community visitor was able to report back to staff that the matter would be resolved and the time frame involved.

Bed Shortages at Cowdy Ward

Several complaints were received from consumers of mental health services, staff and external service providers about overcrowding at Cowdy Ward. The matter was considered serious enough for the Principal Community Visitor to write to the Chief Executive Officer of the Department of Health and Community Services. In his reply, the CEO stated that a TEMHS Project has been established *to focus on ways of to improve the quality and safety of care, and physical environment in the inpatient units*.

This matter will be referred to the Community Visitors Panel in the Top End to investigate the level of bed use over the six months preceding their visit and progress by the TEMHS project.

Services for People with Dual Diagnosis

The CVP has received complaints from carers/relatives of people who experience both mental health related problems and issues with substance use. It has been their experience that they have not had access to a service which has the capacity to simultaneously address these issues. Indeed, from their perspective, they believe the consumer is refused access to both mental health services and drug and alcohol services due to the co-morbid nature of their mental health and drug and alcohol problems.

The Panel Report on the visit to the Mental Health Unit in Alice Springs raises this issue from a slightly different perspective, commenting on the admission of people with mental health problems related to solvent use, and the effect of this on other inpatients.

Other Issues Raised through Complaints from Consumers of Mental Health Services

The issues outlined above constitute the majority of complaints received by the CVP. Other examples of issues that have been brought to the attention of the program throughout the past financial year include a delay in medical assessment for a person admitted involuntarily through the Emergency Department at Royal Darwin Hospital,

perceived inappropriate respite placement in an approved treatment facility and complaints about lack of follow up by a community team. All such complaints were resolved to the consumer's satisfaction through dialogue with the treating staff concerned.

Inspection of Complaints Register

The complaints register for TEMHS was inspected in December 2003. The community visitor reported that the complaint register appears to be very well maintained. He noted that detailed descriptions of any particular complaint are incorporated into the file, along with all actions taken to resolve the complaint, the time and manner the complaint was finalised and tracking of related correspondence. It was further noted that all complaints were followed up, and that the vast majority had been finalised.

Inspection of Seclusion Records, Cowdy Ward

Seclusion Records at Cowdy Ward were inspected in January 2004 and again on 30th June 2004. The inspection in January found that in general the records were well maintained. The second inspection found that on the whole seclusion was used appropriately, however some process issues with respect to completion of paperwork were raised. Further investigation was recommended in 3 instances of seclusion.

Submission for the Review of the Mental Health & Related Services Act

The CVP has made two submissions related to the Review of the *Mental Health & Related Services Act*.

The first submission, related largely to Part 14 of the Act, the Community Visitor Program. The following recommendations were made:

- That Part 14 of the Act should provide for the resignation or removal from office of the Principal Community Visitor;

- That the criteria for the community member of the Community Visitors Panel be less restrictive, so that a person who has a special interest or expertise in mental illness or mental disturbance is eligible to apply for appointment to a panel;

- That there be a penalty imposed for a breach of confidentiality under Section 117;

- That members of a Community Visitors Panel be excluded from appointment to the Mental Health Review Tribunal;

- That Section 108 of the Act be amended to exclude all references to approved treatment agencies. Section 108 requires that a person receiving treatment in a facility or agency is informed of their right to be visited by a Community Visitor, and may request such a visit. Within 24 hours, the person-in-charge of the facility or agency must notify the Principal Community Visitor who must then ensure that a visitor visits the person within a further 48 hours. The CVP submitted that it is not possible to visit people receiving a service from approved treatment agencies throughout the Northern Territory and recommended an amendment to read that the CVP must **respond** to a request; and

- That section 111 of the Act be amended so that Community Visitors Panels are no longer required to inspect the premises occupied by an approved treatment agency.

The second submission supported parts of a submission by NTARAFMI advocating that decisions not to inform carers be made subject to review by the Mental Health Review Tribunal. As the Act currently stands, the Tribunal must be notified of a decision not to inform carers, but this does not give rise to a right of review of the decision. The CVP therefore advocated for the addition of a subsection to sections 41, 43, 47, 88, 89 and 91 allowing for the Tribunal to review a decision by a psychiatrist not to notify carers of a person's admission, treatment, medication and discharge planning.

Community Visitors Panel Report

The Community Visitors Panel in Alice Springs conducted its first visit to an approved treatment facility in March this year. They reported that:

In regard to the matters which we inquired into, there were many findings to be positive about. The inpatients and carer that we interviewed stated they were happy with their care. The staff members that we interviewed were thoughtful and reflective about the Unit and their roles in patient care. The physical layout of the Unit is generally good and a great improvement on the previous facility. Practices such as allowing 'rooming in' by family members is regarded as very valuable, particularly for remote clients.

At the same time, the Panel identified a number of concerns and made recommendations regarding these. The process is that CAMHS responds to the report and has the opportunity to address recommendations made. Because this process is currently underway, it is not considered appropriate to report on the Panel recommendations in this document.

However, the Community Visitors Panel did make a number of recommendations related to what they saw as systemic issues in the delivery of mental health services in Central Australia, and which are beyond the scope of CAMHS to address.

Availability of Alternatives to the Approved Treatment Facility

The panel reported as follows:

At the time of our first visit, we were advised that if alternative services were available (such as a 'step down' facility) then none of those who were in-patients at the time of our visit would have been in the Mental Health Unit.

From time to time, people enter the Mental Health Unit and stay for a far longer period than necessary due to behaviours/disabilities/circumstances not necessarily related to their mental illness. Not only is this a substantial cost for the community in terms of treatment cost, it is also likely to have a long-term detrimental impact on the mental illness of the individual consumer. Long-term inpatients who exhibit disruptive behaviour also make it difficult to create a therapeutic environment for other in-patients …

There are likely also to be many other reasons that people stay longer in the Unit than is necessary for their mental health condition including lack of appropriate accommodation, lack of timely transport and delays in waiting for pensions to be paid.

It was also stated that at times, demand greater than the six-bed capacity has led to pressure to send people home as soon as they are no longer critical. Such situations would most likely be alleviated by the establishment of an appropriate facility (such as a 'step-down' facility) that would reduce dependence on the Mental Health Unit.

The Panel made the following recommendations related to the above issues:

1. ***That the Department of Health and Community Services allocate sufficient funding to increase the range of flexible, alternative treatment options available, preferably in the non-government sector (such as rehabilitation, therapeutic activities, 'step down', support for people living independently) that target reduced number of admissions and reduced length of stay per admission at the Mental Health Unit in Alice Springs.***

2. ***That the Department of Health and Community Services establish a process to fast-track finding a prompt solution for people in cases where it is identified that a person admitted to the MHU is likely to be difficult to discharge once their mental condition becomes stable, due to the absence of suitable accommodation, facilities or support. An appropriate timeframe to identify a practical solution (with funding if required) for people in danger of becoming 'long-termers' in the Mental Health Unit is less than 3 months.***

Access to Disability Services

A difficulty in managing a service in a small and diverse community is the increased cost and an inability to incorporate 'economies of scale'. One strategy for managing this is to merge the delivery of services where possible.

The Panel commented that:

An issue raised during the course of our visit was that of lack of access for people with mental illness to a range of services available to people with disabilities. This lack of access to more generic disability supports increases the pressure on the small array of specialist services available to support people with mental illness. The impact on the Mental Health Unit is a reduced pool of services to engage in the support of an inpatient and this is likely to be a factor which would increase the number of visits and the length of stay for some clients. Mental health research states that the result of less effective mental health services is, on average, increased severity of illness over the remaining life of the consumer.

The Panel recommends:

That the Department of Health and Community Services consider the problem of access by people with mental health problems in its planning, funding and delivery of disability services in Central Australia.

The Mental Health Unit as a 'Dumping Ground'

The Panel commented:

Another issue is where to house people who abuse petrol or solvents. It was stated that police tend to pick them up and bring them through Accident and Emergency Department to the Mental Health Unit. People 'coming off' solvents can be disruptive to mental health inpatients and put strain on resources that are already stretched. It appears that there is a need for an alternative facility and other services to more appropriately deal with this problem without compromising the quality of the Mental Health Unit.

The Panel recommends:

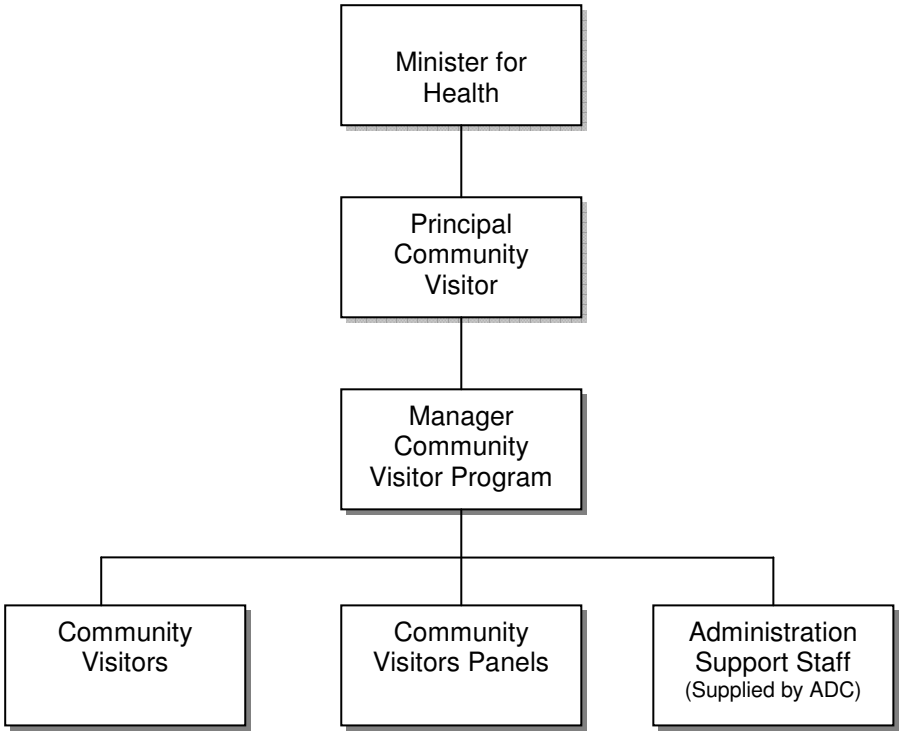
That the Department of Health and Community Services investigate and provide alternative treatment options for people who abuse solvents and thereby reduce the admission (and disruption to other clients) of people to the Mental Health Unit who do not have a mental illness.

Congratulations to the Community Visitors Panel – CAMHS

The excerpts included in this section of the Annual Report demonstrate the extremely high quality of the report prepared by the Community Visitors Panel for CAMHS. This is even more commendable because it was the first visit a panel had conducted in the Northern Territory, and the whole process was therefore completely new.

Administration

Organisational Chart



Staffing

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

Within this framework, the CVP team is as follows:

1. Staff of the Anti-Discrimination Commission, employed under the Northern Territory Public Sector Employment and Management Act, constitute the three Community Visitors in the Top End

2. The Community Visitor in Alice Springs and all Community Visitors Panel members receive fees consistent with the Determination of Remuneration, Allowances and Expenses under the *Remuneration (Statutory Bodies) Act*.

Personnel of the Program

Community Visitors

- Mr Tony Fitzgerald, Commissioner of the Anti-Discrimination Commission (ADC) is the Principal Community Visitor.
- Terry Lisson, Director Conciliation, Policy and Law (ADC) was appointed Community Visitor in November 2001.
- Simon Wiese, Conciliator with the ADC was appointed Community Visitor in November 2003.
- Judy Clisby, Manager of the Community Visitor Program, was appointed Community Visitor in June, 2004.
- Leigh Barnaba, Conciliator with the ADC was appointed Community Visitor in April 2003. Leigh resigned in October when she returned to her position in Queensland.
- Ruth Morley, a legal practitioner in a private firm in Alice Springs, was appointed Community Visitor for Central Australia in December 2003.

Community Visitors Panels

- Geoff Harris, Chairperson of the Community Visitors Panel in Alice Springs and the community member, was appointed in December 2003.
- Linda Keane was appointed community member of the Community Visitors Panel in Alice Springs in March 2002. Linda resigned in October 2003.
- Arman Yazdani, the medical practitioner member of the Community Visitors Panel in Alice Springs was appointed in December 2003.
- Victoria Shiel, the legal practitioner member of the Community Visitors Panel in Alice Springs was appointed in December 2003.
- Kim Raine was appointed legal member of the Community Visitors Panel in Alice Springs in November 2002 until Victoria Shiel took on the role in December 2003.
- Brydget Barker-Hudson, legal practitioner member of the Community Visitors Panel in the Top End was appointed March 2003.
- Sarah Giles, the medical practitioner member of the Community Visitors Panel in the Top End was appointed in March 2004.
- Brian Riley, was appointed community member to the Community Visitors Panel in the Top End March 2002. He resigned May 2004.

Principal Community Visitor and Community Visitors

Tony Fitzgerald: Commissioner ADC, Principal Community Visitor
Tony has been the NT's Anti-Discrimination Commissioner for almost two years now and the appointment of Principal Community Visitor comes with that position. Tony practised law in the NT for 17 years from 1978 in a variety of positions. Whilst employed as Deputy Director of the NT Legal Aid Commission (1990-1994), one of his roles was to represent "involuntary" patients at Cowdy Ward at Magistrates Court hearings convened at the Ward to determine the status of such patients under the *Mental Health Act.* During this time Tony realised both how isolated those suffering from mental illness can become, and how difficult were many of the problems they had to face. Accordingly Tony is very pleased to have the opportunity to oversee the CVP - a scheme which is able to respond to complaints from patients, assist in complaint resolution, and carry out inspections of NT treatment facilities.

Judy Clisby, Manager CVP, Community Visitor
Judy has a background working in mental health services, drugs and alcohol services and Centrelink.
She is a social worker with a keen interest in mental health. In particular, she says: *I am interested in issues of control and power for consumers of mental health services. For me, citizenship is the basis for personal power, and I therefore have a strong commitment to the protection of human rights of consumers*.

Simon Wiese, Conciliator ADC, Community Visitor
Simon is an experienced negotiator and mediator who has worked in human resource management and industrial relations roles with the Office of the Commissioner for Public Employment, NT Correctional Services and Department of Justice. Simon is also a Community Visitor. He says: *Since commencing with the Community Visitor Program in November 2003 I have had the opportunity to be involved with a range of consumer and carer complaints and have been encouraged by the willingness of all parties to work together for mutual benefit. Having not worked in the mental health area previously I feel I have learned a great deal about the challenges facing all stakeholders in accessing adequate services and resources. Nevertheless I'm conscious of how little I really know and I'm keen to continue learning and contributing to the quality of service delivery to consumers of mental health services in the NT. My highlight for the year has undoubtedly been the first ever CVP panel inspection at the Alice Springs Hospital in March and I would like to congratulate the Panel on an excellent job.*

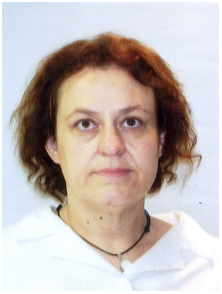
Terry Lisson, Director Conciliation, Policy and Law ADC, Community Visitor
Terry moved to Darwin ten years ago and is now a dual Australian/Canadian citizen. She practiced law in Canada from 1980 to 1986 before going sailing and travelling for 8 years. Since moving to Darwin she has acquired considerable experience as a complaint handler/conciliator working first for the Human Rights and Equal Opportunity Commission and for the past 3 years with the Anti-Discrimination Commission. Terry was extensively involved in the early stages of setup of the CVP program and continues to retain a keen involvement in the running and management of the program, as well as acting as Community Visitor when called upon.

Ruth Morley, Community Visitor, Alice Springs
Ruth Morley has been a practising solicitor in Alice Springs over the last 11 years and has experience in the operation of the anti discrimination legislation, as well as a community profile in areas including the arts, sport, environment and social justice.

Panel Members at 30th June 2004

Geoff Harris, Chair, Alice Springs Community Visitors Panel
Geoff Harris states that his aim is to work positively and cooperatively with the mental health services to improve the outcomes for people with mental health problems. He has previously worked as the manager of the Mental Health Association of Central Australia for seven years. Through this work he met many consumers and carers and gained a good understanding of their concerns and needs. Geoff also brings broad experience of social and community issues to the panel. He has served on the committees of many organisations including a four-year term as an elected Alderman on the Alice Springs Town Council (1996-2000), current President of the NT Council of Social Services and service on the committee of the NT ARAFMI.

Dr Arman Yazdani, Alice Springs Community Visitors Panel
Arman graduated in Western Australia and has worked in Central Australia ever since. He has been a GP for the past eight years and currently works mostly in Central Australian Aboriginal Congress in Alice Springs. He also does a few sessions for the Emergency Department of Alice Springs Hospital and one session a week for Northern Territory General Practice Education. Arman says: *Mental Health is quite central to the work of a GP and advocating for patients is not an uncommon role for a GP to play. These, plus the fact that at the time there were no other GPs in Central Australia who were available to take this task on, lead me to be involved with this program*.



Victoria Shiel – Alice Springs Community Visitors Panel
Victoria has been a lawyer working in Aboriginal Legal Aid Organisations since 1996. She has had a long standing interest in mental health. She has experience in the area prior to being on the panel through representing people before mental health tribunals and Courts. Victoria has a strong commitment to social justice and working with people from disadvantaged and marginalised backgrounds

Sarah Giles, Community Visitors Panel, Darwin

Sarah is from Country South Australia. She worked in the Kimberley for seven years, and has been a full time GP in Darwin for the past seven years. Sarah is married and two early teenage children, rides her bike to work and likes to camp, talk and to cook. Sarah has an interest in mental health – she says that*: working in rural and remote Australia and even in Darwin has given me lots of work in mental health. I am part of a GP network of mental health providers and on the Board of the Division of General Practice*.

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

It is intended that all members of the CVP team will receive six hours initial training, and then a minimum of three hours training every six months. A comprehensive training program, with the aim of providing the information needed by the CVP team in order to properly carry out their duties is currently being developed. It is anticipated that the training package will be available in the next three months, and will require only regular updating. Attendance at a range of professional development programs, short courses, seminars and conferences will be approved as appropriate.

Two Community Visitors from the Top End will attend the Community Visitors Annual Conference to be held in Canberra in October, 2004.

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.

A formal policy which covers occupational health and safety issues for community visitors not employed by the ADC and community visitors panel members will be incorporated into the new handbook for the CVP.

Finance

The Department of Health and Community Services provided funding totalling $70,000.00 to the Community Visitor program. The following statement details how the funds have been allocated.

Income	$	$	$
Funding: Department of Health and Community Services			70000
Expenditure			
Salaries and Remunerations			
[1]Anti-Discrimination Commission Staff	13400		
Community Visitors Panel Members	2700		
Community Visitors, Alice Springs	200		
Total Salaries and Remunerations		16300	
Operational Expenses			
Information Technology	6000		
Travel	700		
[2]Anti-Discrimination Commission Overheads	7000		
Total Operational Expenses		13700	
Total Expenditure			30000
Surplus Income			**40000**

[1]Salary contributions for staff from the Anti-Discrimination Commission were charged at a minimal level. Staff from the ADC in effect donated their time to the CVP so that funds could be carried forward to employ an AO7 manager with duties specifically designated for the CVP.

[2]Anti-Discrimination Commission overheads include a contribution to motor vehicle expenses, office space, electricity, equipment lease, office stationery, postage and advertising.

Future Challenges for the CVP

Protecting and Promoting the Rights of Territorians Affected by Mental Illness

The CVP is required by legislation to respond to enquiries and complaints from consumers who are receiving a service from the approved treatment facilities and agencies in Darwin and Alice Springs as well as in the remote areas of the NT. There is also a requirement that a Community Visitors Panel visit the two approved treatment facilities and seven approved treatment agencies at least once every six months. This means that Community Visitors Panels are required to visit Tennant Creek, Katherine and Nhulunbuy at least twice each year in addition to carrying out their role in monitoring services in Darwin and Alice Springs. In light of the resources available to the CVP, this is not feasible. As a result, the CVP argued for a limitation of the legislative expectations of the program in a submission to the review of the *Mental Health and Related Services Act*.

To date, the CVP has not received a complaint from a person living outside of the main population centres. Nevertheless, the CVP has a commitment to ensuring that its service is available and relevant to people living in the remote areas of the NT. The lack of contact to date may signify that knowledge of the program is not widely available in an appropriate form. The development of a strategy to facilitate access to the CVP, and to develop an appropriate and effective response is therefore a priority for the program over the next 12 months.

Funding

People with mental health related issues are regularly described as being one of the most disenfranchised groups within the population. A program such as the CVP can assist people find a voice, at an individual level through advocacy and assistance with complaints, and at a systemic level through recommendations made about the quality of delivery of mental health services.

To operate effectively, the CVP program needs a person dedicated to managing it, at least in the short term. Management of the program; recruitment, training and support of panel members and community visitors in diverse areas of the Territory, response to enquiries and complaints and meeting with stakeholders, is not a task that can be undertaken in addition to another workload. Yet until June this year, this has been the case, with committed staff from the Anti-Discrimination Commission maintaining the program as well as their work for the Commission.

The outcome has been that while all consumer enquiries and complaints have been followed up, statutory inspections in the Top End undertaken and a panel visit conducted, time has not been available to operate the CVP to the satisfaction of all involved. Implementation of the draft strategic plan outlined in this Annual Report will be dependent on an appropriate level of funding.