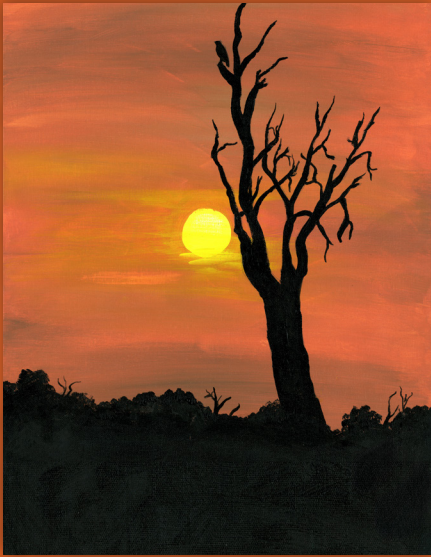


# CVP

NT Community Visitor Program

**ANNUAL REPORT**  
**2023-2024**



## FRONT COVER DESCRIPTION;

Silhouette of a ghost gum tree and rugged bushland at sunset with an orange sky and sun setting.

The artworks throughout this Annual Report has been generously shared by ;

- Persons who have engaged with the CVP program
- Persons from the Forensic Disability Unit weekly Arts program
- Artists from the Mental Health Association of Central Australia Lived Experience Committee

CVP thank all these artists for allowing us to feature their beautiful artworks in this years Annual Report.



## Acknowledgement of Country

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



September 2024

The Hon Steven Edgington MLA, Minister for Health,  
Minister for Mental Health

Parliament House  
State Square  
Darwin 0800

Dear Minister Edgington,

I am pleased to present the Annual Report on the activities of the Community Visitor Program for the period of 1 July 2023 to 30 June 2024.

This Annual report has been prepared in accordance with the requirements under section 115 of the Mental Health and Related Services Act 1998 and section 66 of the Disability Services Act 1993.

Yours sincerely



**Jeswynn Yogaratnam**

Principal Community Visitor

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## 1. PRINCIPAL COMMUNITY VISITOR

# The Year in Reflection

In this financial year there are significant achievements as well as ongoing improvements in the Mental Health and Forensic Disability (FDU) sectors in the Northern Territory. The sectors continue to improve the quality and responsiveness of service delivery to meet the evolving needs of individuals accessing Northern Territory Government-run Mental Health and FDU Services.

### Key Observations

#### 1. SERVICE DELIVERY PRIMARY CONCERNS

The primary concerns raised by individuals contacting the CVP as well as from the reports of Community Visitors (CVs) and Sessional CVs are;

- **Seclusion Practices:** Concerns were consistently reported regarding the seclusion practices within Mental Health Wards.
- **Service Delivery to Children:** There were significant concerns about the adequacy of mental health service delivery to children in the NT.
- **Rights Awareness:** A recurrent issue was that individuals were not being adequately informed of their rights while under the care of these services.

#### 2. POSITIVE DEVELOPMENTS

Despite these concerns, there have been positive developments within the sectors:

- **Reduction in Complaints:** There has been a downward trend in complaints and an increase in the resolution of inquiries over the reporting period.
- **Effective Collaboration:** The CVP acknowledges strong collaboration between CVP and services, leading to timely and effective resolution of issues at the lowest possible level.
- **Role of Aboriginal Workers:** The engagement of Aboriginal Mental Health Workers (AMHW) and Aboriginal Liaison Officers (ALO) has led to better outcomes for individuals accessing the services. Feedback from persons in care has highlighted the importance and positive impact of these roles.



#### 3. FORENSIC DISABILITY UNIT (FDU) ACHIEVEMENTS:

The NT FDU has demonstrated commendable progress in facilitating successful transitions for individuals moving from restrictive custodial environments to community settings during this reporting period. These outcomes reflect the unit's dedication to supporting individuals in less restrictive and greater focus on the social model of disability service delivery.

## Legislative and Policy Developments

### 1. NT MENTAL HEALTH AND RELATED SERVICES 1998 ACT REVIEW (THE 'MENTAL HEALTH ACT'):

Efforts have continued in the review of the Mental Health Act. The CVP welcomes the review process and the updates suggested in the exposure draft Bill. A CVP submission emphasised the need for a greater focus on wellbeing, lived experience voices, and express provisions on individual rights within the new legislative framework. The CVP advocates for further collaboration and dialogue with all mental health stakeholders to enhance the proposed legislation. The functions and authorising environment of the Office of the Chief Psychiatrist is seen as a strategic check and balance on service delivery as well as a key stakeholder for the CVP in developing and implementing a rights-based approach.

### 2. COMMONWEALTH DISABILITY ROYAL COMMISSION RECOMMENDATIONS

The CVP supports the Commonwealth Disability Royal Commission (DRC) recommendations concerning Community Visitor Schemes (CVS). Specifically, Recommendation 11.12 that calls for the urgent implementation of CVS for people with disabilities and ensuring sufficient resources for frequent visits to individuals at elevated risk of abuse or harm. The CVP continues to advocate for the expansion of the disability program to include persons in Supported Independent Living.

## Acknowledgements

The CVP extends heartfelt thanks to individuals who have courageously shared their stories and feedback. Their engagement is often driven by a desire to improve their own wellbeing and treatment, as well as to enhance services for the benefit of others. The courage and commitment of these individuals play a crucial role in driving positive change within the Mental Health and FDU sectors.

In reflection, this reporting period has seen significant advancements and ongoing efforts to improve the quality of Mental Health and FDU services in the Northern Territory. While there are some service delivery concerns, the positive outcomes have been driven by effective collaboration and dedicated personnel. The hope is that the legislative review that was concluded after public consultation in May 2024 will come to full cycle in the next financial year. The CVP remains committed to advocating for continued improvements and addressing the evolving needs of individuals accessing these vital services.



**Jeswynn Yogarathnam**  
Principal Community Visitor

## 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.

### Values

**Respect**  
Empowerment  
**Courage**  
Independence  
& Integrity

# CVP

NT Community Visitor Program

### STRUCTURE



# 3. 2023-2024 CVP Submissions

- 2023 National Disability Insurance Scheme (NDIS) Review
- 2023 NT Lived Experience Framework
- 2023 Commonwealth Disability Royal Commission Submission
- 2023-24 Approved Procedures Quality Assurance Committee (APQAC) Proposed Policies
- 2023 Northern Territory Aboriginal Interpreter Services Review
- 2023 National Review on Autism
- 2024 Secure Care Facility; Changes in delegation operation
- 2024 Election ; NT Mental Health NGO sector Asks
- 2024 NT Mental Health Act Exposure Draft



# 4. Acknowledgements

## PERSONS RECEIVING MENTAL HEALTH SERVICES, CONSUMERS AND RESIDENTS, THEIR FAMILY MEMBERS AND GUARDIANS

CVP are guided by the enquiries and complaints we received. We thank the generosity of 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 STAFF, PANEL MEMBERS AND SESSIONAL MEMBERS

The CVP team, along with panel members and sessional members have responded to an increase in issues raised in 2023-24, 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.



*CVP Team members with Principal Community Visitor*

### SERVICES

The work of the CVP to resolve enquiries 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 persons, consumers and residents. Thank you to;

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

### ANTI-DISCRIMINATION COMMISSION (ADC)

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

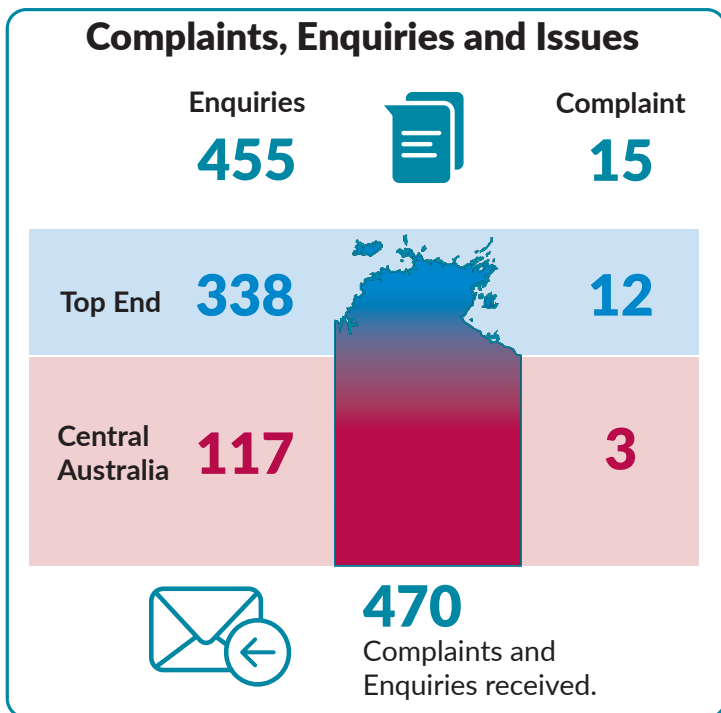
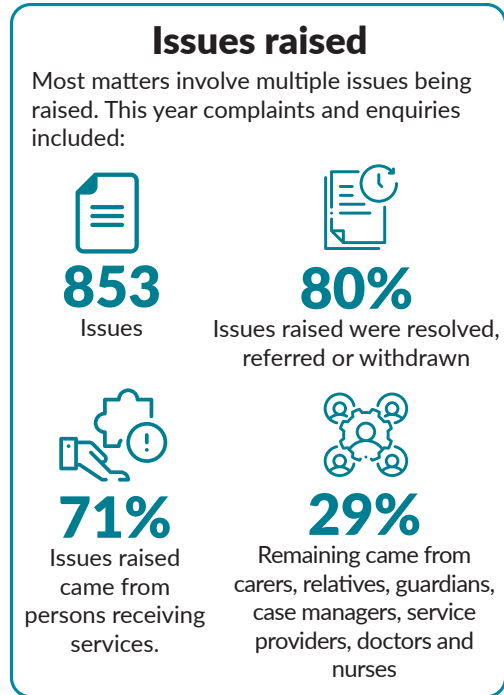
# 5. Year in review

## 2023-2024 – Fast Stats



NT Community Visitor Program

### 2023 – 2024 Annual Report CVP



\*\*Note some restraint data was not made available at the time of CVP's data collection\*\*

2023-24 CVP annual report full information at CVP Annual Report (<https://cvp.nt.gov.au/resources/publications>)

# 6. Mental Health Overview

- The CVP made **112** visits to Mental Health Services in the Top End and Central Australia in this reporting period.

- Complaints reduced significantly in this reporting period from **58** in 2022-23 to **15** in this reporting period. Of note in this reporting period were a number of complaints that were initiated however the complainant requested to withdraw the complaint or to not follow up the complaint post discharge.

- Enquires increased significantly from **285** in the last reporting period to **455** in this reporting period. Issues raised continue to remain high with Quality of Service being the primary concern raised by persons to the CVP. The two highest sub categories of concern within Quality of Service were Assessment / Treatment and Discharge Planning.

**71%** of issues raised came from persons receiving services. The remaining **29%** came from the collective of carers, relatives, guardians, case managers, service providers, and Mental Health Service staff

- **80%** of issues raised were resolved, referred or withdrawn during this reporting period. CVP acknowledge the collaboration and support from Mental Health Services across the NT to resolve enquiries and complaints at the lowest possible level and in the most respectful and efficient way.

- CVP have increasing concern for the treatment and care of children placed in Northern Territory Government Mental Health In Patient Services. CVP are especially concerned for those children who are receiving services on adult wards, and where there is a lack of meaningful and engaging age appropriate activities.



*Picture developed by Lived Experience Committee member from MHACA; Mental Health Association of Central Australia. Thank you to the artist and MHACA for permission to use this image.*

- Information about Treatment, Diagnosis and Rights being provided to people in the Mental Health Service continue to be raised as a concern, with persons stating that they “*have not been informed about their rights*”.

- CVP received an increasing number of concerns from persons experiencing difficulties navigating their appearance before the Mental Health Tribunal.

- Staff shortages are evident to persons receiving treatment and care in Mental Health Service who have stated “*the staff are doing the best they can, they used to sit with us and talk but they just don't have time any more - they are so busy*”

- CVP have received consistent positive feedback about the benefit of Aboriginal Mental Health Workers and Health Practitioners engaging with persons on the mental health wards.

- CVP commenced recording positive feedback from Mental Health Services during this reporting period. **5%** of enquires received were in regards to positive feedback.

# Top 3 Issues raised

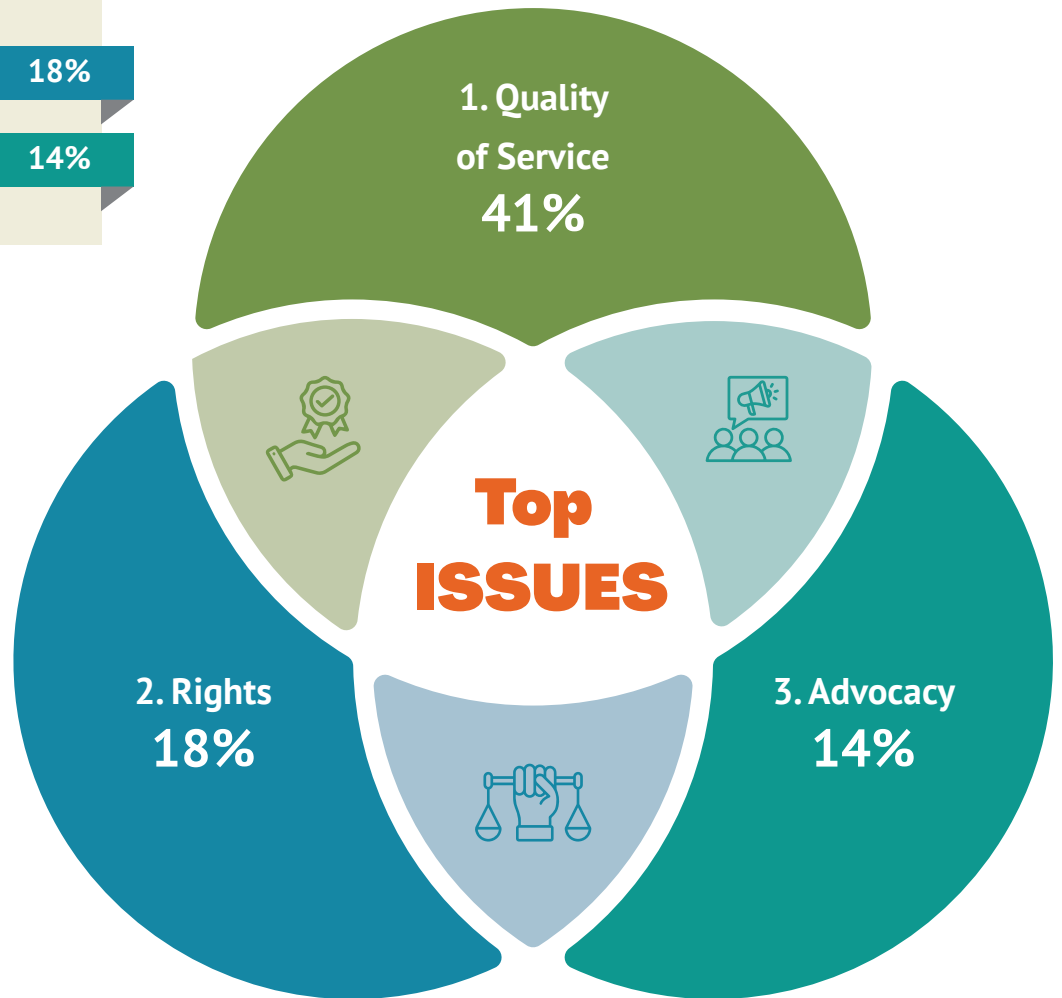
## MENTAL HEALTH

Quality of service 41%

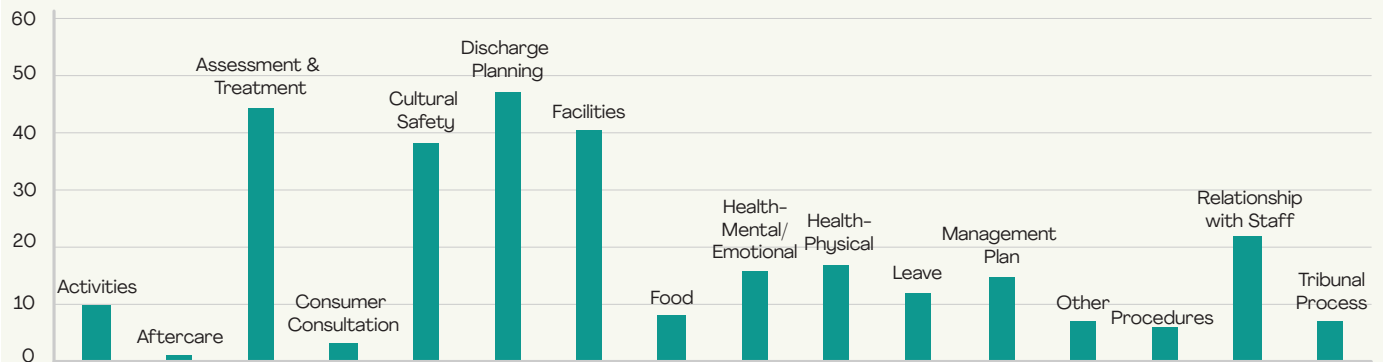
Two highest sub categories were  
 - Discharge Planning  
 - Assessment and Treatment

Rights 18%

Advocacy 14%



Quality of Service Issues ; sub categories



## Quality of Service

Quality of Service has been highlighted as the primary concern raised by persons to the CVP. The two highest sub categories of concern within Quality of Service were Assessment / Treatment and Discharge Planning

### In Focus- Discharge Planning



#### ENQUIRY - DISCHARGE PLANNING

### *Request for a Mental Health Case Manager at hospital discharge*

CVP attended the weekly visit. A person receiving treatment and care on a Mental Health Ward spoke with CV's stating:

*"I feel that I did not receive support when discharged last time. I felt I was left out on my own and needed better support after being discharged. I think a Mental Health Case Manager would help my discharge planning. This was not offered last time - I didn't want to have to come back here again so soon."*

*"I am not aware about what the pathway to being discharged looks like. I don't know how long I've been here for or what being Mentally healthy looks like...."*

They also stated that they would *"like to know more about other supports. I don't even know if I have an NDIS plan? I spoke to someone on the phone, but its not the same as face to face and I don't know who I am talking to, I don't like consultations or chatting on the phone."*

*This person also stated "My treatment from staff on the ward has been good - I really enjoyed the Recovery Hub. The Aboriginal Mental Health workers have been great at supporting me with some tricky conversations...."*

## PERSONS STORY

Effective discharge planning optimises positive post-hospital physical and mental health outcomes for persons and can increase their independence. Discharge Planning was highlighted as one of the leading issues by persons on the ward.

Persons also stated that they;

*"don't feel informed about what the pathway to being discharged was"*

*"have not been consulted about the discharge process"*

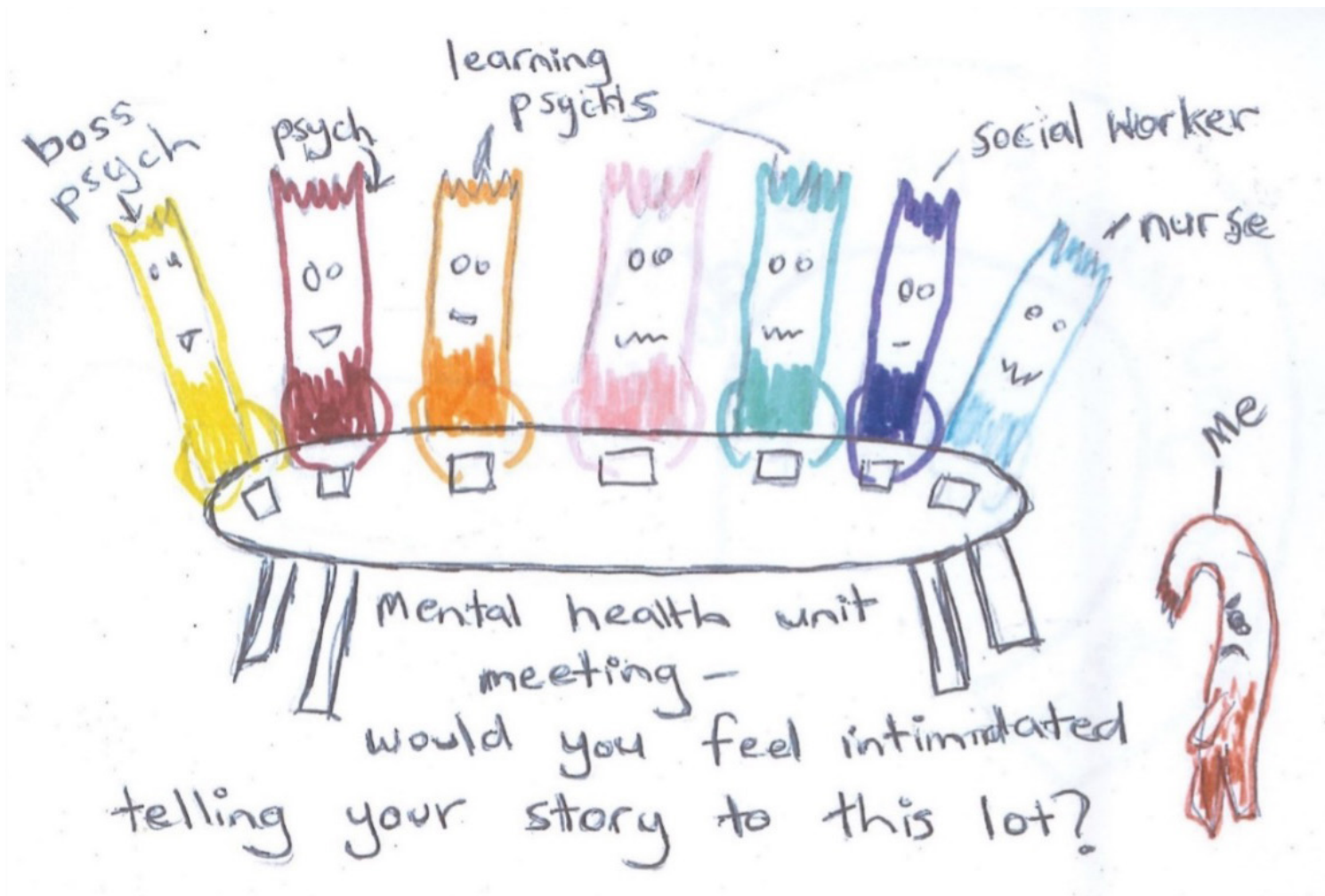
*"have not had the process explained to me? I don't know how long I have to stay here?"*

CVP brought these issues to the attention of the Mental Health Services. CVP would like to see a focus on effective and meaningful discharge planning that provides information in an accessible manner for person being discharged from Mental Health Services.



## Rights

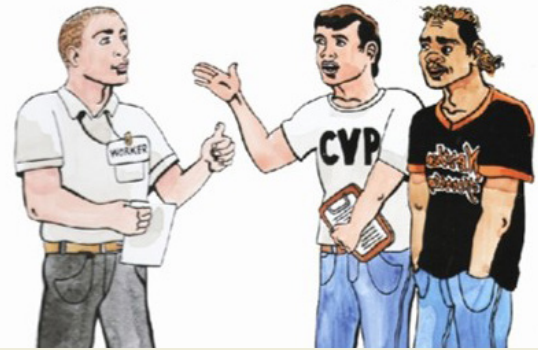
People receiving mental health treatment have a wide range of rights. Australia is a signatory to the [United Nations Principles for the Protection of People with Mental Illness and the Improvement of Mental Health Care](#). This international agreement outlines the conditions under which people can receive involuntary mental health treatment and the monitoring and protection mechanisms which should accompany this treatment.



*Picture provided by a Lived Experience Committee member from Mental Health Association of Central Australia (MHACA). This is an accurate illustration of many enquires CVP receive each year from persons on the ward. Thank you to the artist and MHACA for the permission to use this image.*

## In Focus-

How information on Rights is given to persons



## CONSUMER STORY

### Medication and accessible information

CVP received a phone call from a person on an NT Mental Health ward stating;

*"It's hurtful here - I don't know what is real and what is not..."*

*with the treatment I don't know if it's going to send me up or down, all the time its confusing....*

*Medication means I can't think straight - I don't feel listened to by the doctors.*

*No one has explained why I am here and what the medication they give me is for? The words they use are too confusing and they use words that are too hard to understand."*

A Community Visitor met with the person on the ward the following day and they expressed concern with their current treatment and asked the CVP to assist by advocating for them to receive

- a Medication Review:
- information about their diagnosis and medication treatment to be given to the person in a manner they can understand.

CVP followed up this request and also asked for the treating clinical team to share information to assist the person to understand why they were on the ward, what was their diagnosis and the medication they were requested to take. CVP requested this information be in a format the person understands. CVP asked for demonstration that regard had been taken to their, age, culture, disability, impairment and any other factor that may influence the person's understanding the information.<sup>1</sup>

At the person's request a Community Visitor attended the persons Mental Health Tribunal. The Community Visitor attended to support the person at their Tribunal Hearing (Community Visitors are not permitted to speak at Tribunal Hearings). The person self-advocated, spoke well and stated their wishes with a calm confidence. The Tribunal then made their decision. The person commented on leaving the Tribunal Hearing that they felt it went well. They said they were ok with the outcome and there was *"light at the end of the tunnel"*

<sup>1</sup> [Mental Health and Related services Act 1998](#); Part 12 Rights of patients and carers Section 87 Information to be given to patients (3)

## In Focus-

### Children receiving Mental Health supports on Adult Wards

CVP have increasing concerns about the treatment of children with in NT Mental Health Services. Including;

1. Children receiving Mental Health treatment on an Adult Wards.
2. One to one supports for children being provided by uniformed hospital security staff in absence trained health professionals
3. Meaningful activities and engagement



### Interpreter

CVP can organise an interpreter to help you talk and others to listen.





## CVP Advocacy for collective of Children across NT Mental Health Services on Adults wards.

### 1. CHILDREN RECEIVING MENTAL HEALTH TREATMENT ON AN ADULT WARD.

*“I felt really scared”*

A young girl was from a remote community and her grandmother were boarding on a NT Mental Health Ward. CVP were concerned to note that no special arrangements were in place to accommodate the child and her grandmother (who was boarding with her) in a space separated from the adults on the ward. CVP acknowledged that both the child and her grandmother *“had found it hard to be on the ward, where there are some very unwell adults.”*

CVP have observed children who have received supports in the Top End and Central Australia Low Dependency Unit (LDU) and High Dependency Unit’s (HDU) during this reporting period.

CVP notes the recommendations as per Chapter 8, Section E: Mental Health Rights Manual; <sup>2</sup>:

*Children and young people admitted to a mental health facility have the right to;*

- *be separated from adult patients and provided with accommodation and programs appropriate to their age*

The HDU is a highly restrictive environment that often does not allow access to visitors. CVP does not believe placing a child on such a restrictive ward is best practice or appropriate. CVP acknowledge there were occasions where family were permitted to visit. CVP were unable to source information of Aboriginal Mental Health Workers or interpreters utilised for intake or assessment of most of the children who were identified as Aboriginal and/or Torres Strait Islander on an adult ward. CVP does acknowledge the shortage of interpreters in the NT.

### 2. 1:1 SUPPORTS BEING PROVIDED BY UNIFORMED SECURITY IN ABSENCE OF TRAINED HEALTH PROFESSIONALS

CVP raised an enquiry regarding the use of uniformed security guards for 1:1 support for children on the ward. CVP were advised by the Mental Health Staff that Security staff are “always our last resort” when other training health staff are not available.

CVP welcomed advice that following CVP advocacy security guards were requested not to be in uniform in future on the ward when providing 1:1 supports. CVP still remained concerned about children being supported for their Mental Health by untrained security staff.

**\*\*By the end of the reporting period – CVP were informed the practice of security guards as 1:1 supports for children is no longer occurring\*\***

### 3. ACTIVITIES AND ENGAGEMENT

The lack of engagement in meaningful activities is a missed therapeutic opportunity. Stronger emphasis on non-clinical interventions is needed for children engaged in Mental Health Services.

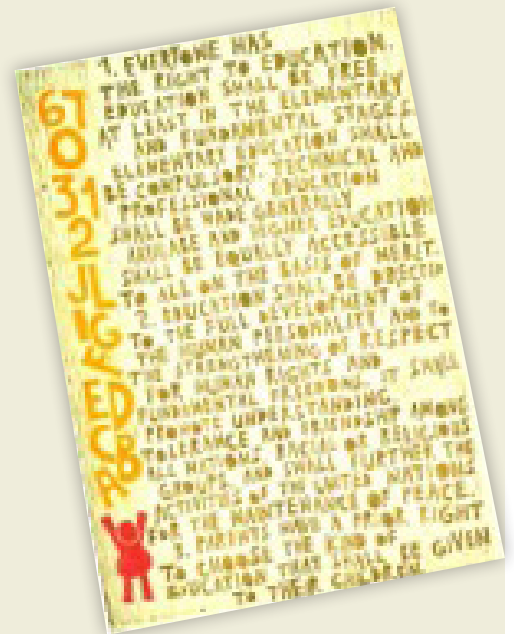
Every child has the right to education.<sup>3</sup> Access to an educator or education opportunities on the Mental Health wards has improved significantly but is still sporadic at times. A number of children have expressed being “bored” and concerned they were falling behind in school. CVP continue to advocate that this is prioritised for children on Mental Health Wards.



# CONSUMER STORY

Below are ideas from a child on a Mental Health ward as to how the wards could be better for future consumers:

- *Counsellors to be available to consumers on the ward*
- *Access to an educator each day*
- *Doors for the showers for privacy and a way to keep out the cold air con*
- *Better privacy in the rooms, but understanding staff need access to check safety - it was very bad in the past as a young female with young males on the ward and not having a sense of privacy and safety in my room or in the shower or generally*
- *A separate recreation area away from the adults*
- *Schedule regular sessions where music chosen by us (children on the ward) could be played on the ward*
- *Provided access to television*
- *Provided access to the courtyard or a basketball area*



Central Australia does not have ward designated for children receiving Mental Health Services. There are possible ways to accommodate children by partitioning an area so children are not receiving supports in the same area as adults. This was suggested by the CPV and verbally confirmed as being explored by the Mental Health Service, however changes have not been implemented during this reporting period.

Visiting with children on the Top End Youth Inpatient ward highlighted the need to provide a more therapeutic environment with greater access to recreational activities and improvements to the physical facility.

<sup>2</sup> [Chapter 8 Section E: Children and young people with mental health conditions – MHCC Mental Health Rights Manual](#)

<sup>3</sup> [Right to education | Australian Human Rights Commission](#)

# Systemic Issues ;

noted by CVP Staff,

Sessional and Panel members

## MENTAL HEALTH ACT REVIEW

The CVP welcomes the consultation process to the Exposure Draft Mental Health Bill 2024. The CVP acknowledges the importance of this legislative reform to improve the effectiveness and accessibility of mental health services that are person-centred and culturally responsive. The strength of such a reform is reflected in the mandatory framework<sup>4</sup> for a mental health system that promotes and protects the rights of persons receiving treatment and care.

CVP recognises and supports a range of positive changes and additions that are contained in the proposed draft Bill. The CVP considers that there are a number of critical areas that are not addressed in the proposed draft Bill and recommends that the following issues are considered:

- a specific section clearly outlining all of a person's legal rights when receiving mental health treatment and care
- the Bill does not address how persons under Forensic Mental Health Care are to be treated and cared for
- there is no reference to the intersection of the National Disability Insurance Scheme Act 2013 (CTH)<sup>5</sup>, rules, supports or practice and the proposed draft Bill.
- the inclusion of [recovery-orientated](#) focused practice or principles for mental health treatment and care.
- there is no reference or acknowledgement of [UN Convention of the rights of a child](#) referenced or acknowledged within Mental Health service delivery.



- there is no reference or acknowledgement of Reference and intersection with NT Optional Protocol to the Convention Against Torture (OPCAT) legislation<sup>6</sup>.

CVP have been informed that feedback from the stakeholders including CVP is currently being reviewed and will be incorporated where appropriate and possible into the next draft.

The CVPs full submission to the Exposure Draft Mental Health Bill 2024 can be found on the [CVP website](#).

<sup>4</sup> Australian Institute of Health and Welfare's [National Mental Health Service Planning Framework](#)

<sup>5</sup> [https://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol\\_act/ndisa2013341/](https://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol_act/ndisa2013341/)

<sup>6</sup> [Legislation Database \(nt.gov.au\)](#)

## AGENCY INTERFACE – NAVIGATION OF LEGAL MATTERS

CVP received enquiries from persons required to attend a Mental Health Tribunal Hearing's. Consistent issues were raised where by people stated that they;

*"Do not understand the process"*

*"Do not feel listened to"*

*"Feel set up to fail"*

A complaint was received from a person on the ward that clearly articulates the collective concerns of persons attempting to navigate their way through the Mental Health Tribunal hearing (under the jurisdiction of the NT Civil and Administrative Tribunal – NTCAT) legal proceedings when they are involuntarily detained under Section 39 or 42 of the *Mental Health and Related Services Act*<sup>7</sup> on a Mental Health Ward;

The current process for Legal Aid support to people in the Mental Health service does not provide adequate time for effective assistance. Legal representatives (lawyers) are generally informed of the persons they are representing at 2 pm the day before they go to the Mental Health Tribunal. Many persons on Mental Health Wards have stated they have not been informed who their lawyer is. In many circumstances when a person requests independent legal representation the allocated lawyer providing legal support will call the person on the ward, the morning of their Tribunal hearing and never meet them in person, attending the Tribunal Hearing via video link.



## PERSONS STORY

*"My experience with the NTCAT (NT Civil and Administrative Tribunal) has not been one of empowerment, instead I have felt rushed, not listened to and as though my opinion was irrelevant. I was not provided sufficient time to review medical notes, properly engage with Legal Aid or relay my feelings. Most recently, the scheduling felt pressured and rushed and as a result I was not provided sufficient time to advocate for myself or raise concerns related to my sectioning. I was not provided enough time to question or refute the information which I believe is incorrect and wish to object to, including my reason for admission and diagnosis.*

*I seek consideration of the following request:*

*For the NTCAT to provide sufficient time for review medical files, discuss with their legal representative and be allocated time to present their case, acknowledging many people feel they are able to effectively advocate for themselves and want their experience and feelings to be heard and validated."*

## Built Environments

CVP continue to acknowledge that the built environments for Mental Health services are dated and not always a therapeutic environment. CVP welcomes the current construction of the new purpose built Mental Health facility in the Top End that is proposed to be opened in 2025. CVP also welcome any works or considerations to the environment of the Youth In Patient Ward.

CVP hopes consideration for Central Australia Mental Health Ward are also reviewed and consideration given for the Mental Health Ward built environment to be updated. As a large builds can take years to develop and deliver, the CVP hopes that as an interim measure, an area of the existing facility is partitioned for children on the Mental Health ward in Central Australia is undertaken, so children are not receiving treatment and care on the same wards as adults.

**RECOMMENDATIONS; See Appendix**

<sup>7</sup> [Legislation Database \(nt.gov.au\)](https://legislation.nt.gov.au)

# 7. Seclusion and Restraint

## Mental Health Wards Seclusion

### and Restraint Register Overview;

- There was a 60% increase in seclusion events across the Territory in this reporting period.
- Female consumers continue to raise concern over the use of restraint to change them into non-tear gowns prior to being secluded.
- Not all data was made available from the service this reporting period. There are two months of data about numbers of restraint events that had not been submitted at the time of data collation
- CVP notes the MOU between NT Correctional Services and NT Health is still not updated. CVP acknowledge the positive works of some treating clinicians who advocated that whilst on the ward some restrictions did not assist the person's therapeutic journey e.g mechanical restraint
- Interpreters are not evidenced as always being requested for use as either a pre or post seclusion intervention
- The seclusion room in the Central Australian High Dependency unit does not have CCTV footage. This does not allow for footage to be reviewed when allegations of excessive use of force are being made.
- Restraint events in this reporting period have increased by 18%. There were 177 restraint incidents in 2022-23 and 214 in 2023-24.
- There remains significant disadvantage for Aboriginal people:
  - Young Aboriginal men continue to be over represented in the seclusion and restraint data.
  - 76 % of persons secluded across the NT identify as Aboriginal and or Torres Strait Islander.
  - 80% of persons who experienced mechanical restraint across the Northern Territory identify as Aboriginal and or Torres Strait Islander
  - Similarly to last year's reporting - no significant progress is noted regarding the engagement of Aboriginal Mental Health Workers before or after restrictive interventions and seclusion.
- The longest continuous seclusion was for a 16 year old child for 1198 minutes.



## In Focus-

### Women being secluded

66

#### Seclusion Practices – Loss of Dignity

CONSUMER STORY

*I am [a] retired female. I came to RDH for help. I had been advised that I would be admitted to the low dependency ward, however I was later told I would be going to the High Dependency Unit (HDU). Having heard about the restrictions placed on persons with in the HDU – I became distressed.*

*On arrival at HDU, I became angry that staff wanted to remove my belongings. Some of my belongings have sentimental value to me. Out of frustration I threw my bag at a staff member saying they could take it. About 5 staff members restrained me again and took off all my clothes. This occurred in front of a number of male staff. I was then put into a seclusion room where I was left for hours.*

*As a result of this rough manhandling by staff and security I have bruising to my arms and legs.*

**Loss of dignity:** *I feel so violated from being stripped naked in front of men that it feels*

*to me as if I were ‘raped’. I continue to remember this experience and it has had a negative impact on my wellbeing.*

*I believe that staff could have negotiated with me rather than resort to physically restraining me. They could have asked me to change into other clothes, not strip me naked in front of so many men. I now have a constant feeling of being violated.*

*What I want as an outcome:*

- *I want staff to be trained in de-escalation tactics where physical restraint and seclusion is used as the last resort*
- *In cases where restraint is used, the level of force used and the number of people involved should be determined on the patient’s age and condition want an apology from the service*
- *I want an apology from the service*
- *I do not want this to happen to anyone else*



## Seclusion of Children

Several children whom had been placed in HDU had multiple periods in seclusion, including one child in the seclusion room without exiting the room for over 20 hours.

Research indicates that seclusion can have long lasting traumatic effects<sup>8</sup> and at all times should be the last resort after all other least restrictive measures had been taken.

The NT Approved Procedures for Seclusion<sup>9</sup> of children states:

*“The seclusion of a patient under the age of 18 years is a serious decision. Seclusion is known to be a traumatic event, and for a child (or adult) it may compound trauma and lead to avoidance of mental health services in the future.*

*Unless imminent danger exists to the patient or another person, a patient under the age of 18 is to spend no longer than a maximum period of four (4) hours in seclusion”.*

There was no evidence documentation of debrief after most of the events of children secluded.

CVP support the priority for safety of staff, the person and other people on the ward. Some circumstances require to be managed in a way to make safety a priority.

CVP have advocated for:

- CCTV footage of the seclusion room in Central Australia
- review of current practices of seclusion for children
- increasing debrief with persons who were secluded post seclusion
- engagement with Aboriginal Mental Health workers or Practitioners for persons who identify as Aboriginal and Torres Strait Islander in the debriefing process or as soon as possible with de-escalations.

## RESTRAINT

Restraint events in this reporting period have increased significantly. There were 177 restraint incidents in 2022-23 and 267 in 2023-24.

Community Visitors have witnessed restraint of persons on a few occasions when visiting the wards. Where restraint was performed by Mental Health Service staff, the CVP believe that in many circumstances correct processes and protocols were followed, with good communication with the persons being restrained.

CVP did witness and receive feedback from persons about restrictive practices of hospital security guards and NT Correctional Services officers. The feedback and observations identified a reactive and less communicative process.

## CHILDREN AFFECTED BY RESTRICTIVE PRACTICES AND MECHANICAL RESTRAINT.

Twenty two restraint events occurred for children. The seclusion of a 17 year old Aboriginal child[1] and their subsequent admission to the Adult High Dependency Ward rather than the purpose built youth space is concerning.

During the second half of this reporting period, 85% of persons mechanically restrained in the Top End were children and young persons aged between 15 to 18 years of age. The longest period of mechanical restraint involved a 16 year old child[2] who was restrained for 41 hours and 45 minutes.

**RECOMMENDATIONS ; See Appendix on CVP website**

<sup>8</sup> [Seclusion and restraint - Mental health - AIHW](#)

<sup>9</sup> [NT Seclusion Approved Procedure](#)

# 8. Disability

## FORENSIC DISABILITY UNIT (FDU) PROGRAM OVERVIEW;

- CVP made **42** visits to disability residents<sup>10</sup> in this reporting period
- CVP acknowledge the ongoing support from the FDU for successful transitions of FDU residents to NDIS service providers. CVP have observed extensive handover, training and support to NDIS providers to support successful community transitions. The CVP commends the FDU for these achievements.
- There has been a focus on supporting residents to engage with culturally lead activities and “return to country” trips. Many residents in this reporting period had facilitated trips to return to country or family were organised to visit them. These trips have been well documented with photos printed by staff and residents proudly showing their experiences returning to country.
- CVP acknowledges the responsiveness of NDIS providers and the FDU to respond to enquiries from residents and commends them for their positive collaboration.
- CVP acknowledge the works to coordinate a weekly arts program in the Top End to provide an ongoing connection with some



*CVP and FDU staff at the 2024 FDU NAIDOC week art exhibition*

residents. This is an inclusive recreation and skill building program. Many residents stated that this program is “the best” and “favourite thing to go to during the week”.

- Transition from the Complex Behaviour Unit of the Darwin Correctional Centre to a community setting has stagnated for some persons due to factors outside of FDU responsibility e.g NDIS systemic delay in relation to housing.
- The Secure Care facility in Central Australia has not been occupied from September 2023.
- CVP were informed that the Secure Care facilities would

be repurposed for a women’s correctional facility. CVP advocated for the purpose built faculty or a similar facility be made available for persons under Part IIA of the Criminal Code Act 1983 to prevent them for being placed in a mainstream correctional environment.

“CVP made **42 visits** to disability residents in this reporting period”



## Residents Story

CV spoke with a resident with an interpreter present who was well known to him. He appeared relaxed and comfortable with the interpreter, and indicated he was happy she was on site.

During the conversation, he stated that he was happy with staff and his living situation – *“I’m good here – happy living here, all good”*. CVP were informed sometimes family visited him at the house during the day, often staying for a meal.

A recent highlight was a five-day, four-night trip, organised by the NDIS service provider to go Remote, to spend time on country with family. *“It was a good feeling thing – I enjoyed the days with family”*. He found there were a lot of other visitors too: *“There were a lot of donkeys and camels wandering around the community, looking for water. People would tell them to get away. They would smell water and make their way into the house yard to drink where the water is.”* It was clear to the CV that the trip had meant a lot to him as he smiled while telling stories from the trip. CV was shown numerous pictures from the trip that staff had laminated for him, putting up in the

house. These were particularly focused on family.

While on country, he was able to see a Ngangkari<sup>11</sup>, something he had requested for some time. It was a positive experience for him: *“Now I feel good inside. Before something was bothering me – now I’m feeling better; I feel it’s livened me up a bit.”*

He was still enjoying regular kangaroo tail cook-ups with family – *“I buy the kangaroo tails and go out bush”*.

His only concern related to his money story. He wanted a *“little extra in his pocket”* and said he didn’t understand *“where my money is going”*. CV spoke with the NDIS service manager who showed the CV a picture story the service had developed for him to explain to him about his money story. In the CV’s view it was a thoughtful well-developed document to help him understand his money story. Staff had also developed a picture banking story for him which explained, among other things, what days he could access his funds. This picture story was up on the wall. The Service Manager said he would also try to arrange another meeting for him with the Public Trustee who manages his money.

RESIDENT STORY;

<sup>10</sup> Resident is an adult with a disability as defined under section 2(1) of the Disability Services Act 1983.

<sup>11</sup> Ngangkari ; are traditional healers

# Top Issues Identified by Residents

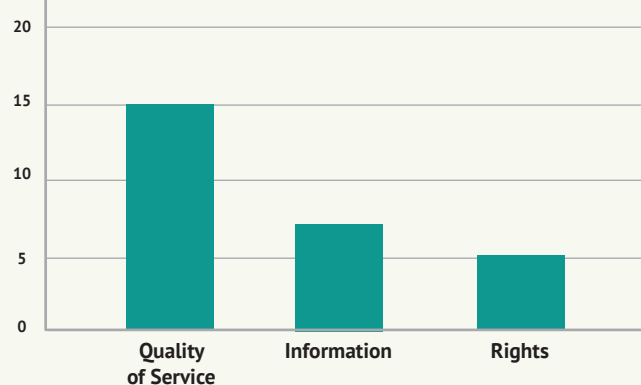
## DISABILITY TOP ISSUES

Quality of service

Information

Rights

Disability Top Issues 2023-24



## QUALITY OF SERVICE

**Cultural connection;** whilst there has been a significant effort with many persons to connect them with cultural activities – some residents CVP met with still feel they would like greater connection with culture and community.

## INFORMATION

**Debriefing post incidents;** Concern was raised that there was a lack of evidence of information and debriefing shared with a person post incident.

## RIGHTS

**Use of interpreters;** CVP highlighted with a number of residents the lack of interpreters engaged for debriefing of incidents or discussing alterations in services. Persons stated they wanted to learn more about their service and treatment in words they understand.

## Culture, Country and family

The CVP notes positively the role of the Aboriginal Liaison Coordinator (ALC) who has known most of the Residents for a long time due to his previous work in Northern Territory Correctional Services. The CVP is aware of ongoing activities for residents and training for staff.

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



FDU Staff member: Gungatheran Subramoney, Principal Community Visitor: Jeswynn Yogaratnam, FDU Aboriginal Liaison Coordinator Raymond Wilde

# Top Systemic Issues

## Secure Care

## Complex Behavioural Unit

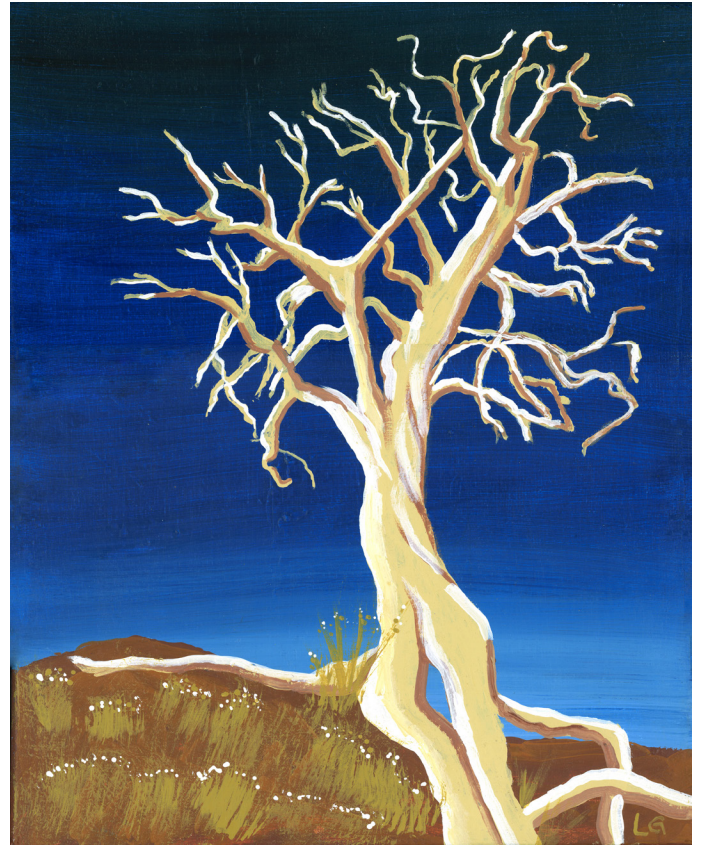
### SECURE CARE

In April 2024 CVP were informed that the Secure Care Facility would no longer be coordinated by the NT Health Forensic Disability Unit (FDU) and would be repurposed and operational delegation would be transferred to NT Correctional Services for use as a women's prison.

This Secure Care Facility is purpose built to provide direct care services for people who have been found unfit to stand trial, or have been found not guilty by reason of mental impairment and are then subject to custodial and non-custodial supervision orders under Part IIA of the *Criminal Code Act 1983*. People who are ordered to be placed in the Facility can be high-risk, with complex needs, frequently with a dual-diagnosis of disability and mental illness, who require 24/7 residential care, intensive therapeutic interventions and person-centred support. This Facility has enabled intensive therapeutic disability residential care to increase a resident's capacity to step down to a less restrictive care setting as quickly and as safely as possible, by enabling:

- improved resident health and wellbeing, and maximising their quality of life;
- reducing risk behaviours; and
- increasing opportunities for community integration.

The CVP also have significant concerns should persons under Part IIA be relocated into a mainstream correctional environment due to repurposing of the Facility. Acting Commonwealth Ombudsman Penny McKay noted the *"high risk of people with disability in prison facing verbal, physical and sexual violence and abuse"*. CVP want assurance of measures that will prevent vulnerable persons under Part IIA being held a mainstream correctional facility.



CVP believe secure and supported environments like secure care and community based non-custodial environments provide a therapeutic model of care that are evidenced to reduce behaviours or concern, incidents and support a person's growth and development in a lesser restrictive environment. There are also the therapeutic and disability supports required to assist a person's disability that can be provided in these supportive environments that are highly unlikely to be found in the mainstream correctional environment.



## COMPLEX BEHAVIOURAL UNIT (CBU)

On 22 February 2022 Northern Territory Government Gazette s5<sup>13</sup> was released, stating the Declaration of Approved Treatment Facility, under section 20(1)(a) of the Mental Health and Related Services Act 1998, declare the Complex Behavioural Unit at the Darwin Correctional Centre to be an approved treatment facility.

CVP welcome the legislative move for this purpose built facility to be coordinated by NT Health Services as an Approved Treatment Facility. CVP have not as yet been informed that CBU is managed as a health facility and is still managed by NT Corrections.

Oversight of Approved Treatment Facilities (ATF) in the NT is a statutory requirement of the Community Visitors Program and the Northern Territory Government. CVP visit 8 Approved Treatment Facilities, some weekly (if under the MHRSA) and others monthly (if under the DSA). CVP also conduct 13 agency reviews biannually. Oversight of another ATF would place further pressures on an already stretched and under resourced program.

Places of restriction require oversight, but must be supported and resourced accordingly to ensure sustainability of visitation and resolution to enquiries and complaints.

During this reporting period, CVP conducted one visit to Complex Behavioural Unit to identify the cost for regulatory oversight, of which has not been approved. CVP have made the difficult decision that we do not have financial or resourceful capacity to visit regularly.

<sup>13</sup> [https://nt.gov.au/\\_data/assets/pdf\\_file/0020/1090136/s5.pdf](https://nt.gov.au/_data/assets/pdf_file/0020/1090136/s5.pdf)

# 9. Appendix

Please go to CVP Website:

[Publications | Community Visitor Program Northern Territory](#)

- a. Acronyms/Glossary
- b. Extra/ Raw Data
- c. Reporting Completed
- d. Recommendations and Actions
- e. KPIs

<b>ADC</b>	Anti-Discrimination Commission
<b>AIS</b>	Aboriginal Interpreter Service
<b>AHP</b>	Aboriginal Health Practitioner
<b>ALO</b>	Aboriginal Liaison Officer
<b>AMHW</b>	Aboriginal Mental Health Worker
<b>APP</b>	Approved Psychiatric Practitioner
<b>ASH</b>	Alice Springs Hospital
<b>CA</b>	Central Australia
<b>MHS-CAR</b>	Mental Health Service – Central Australian Region
<b>Consumer/ Person</b>	(For the purposes of this document) Persons who are receiving clinical treatment, sectioned under the NT Mental Health and Related Services Act
<b>CEO</b>	Chief Executive Officer
<b>CSO</b>	Custodial Service Order
<b>CNM</b>	Clinical Nurse Manager
<b>CV</b>	Community Visitor
<b>CVP</b>	Community Visitor Program
<b>DCC</b>	Darwin Correctional Centre
<b>DoH</b>	Department of Health, Northern Territory Government
<b>DSA</b>	Disability Services Act
<b>ED</b>	Emergency Department

FDU	Forensic Disability Unit
HDU	High Dependency Unit
IPU	In-Patient Unit (Mental Health)
JRU	Joan Ridley Unit, Royal Darwin Hospital
MHRSA	Mental Health and Related Services Act
MHRT	Mental Health Review Tribunal
MHS CAR	Mental Health Services Central Australian Region
NDIS	National Disability Insurance Scheme
NGANGKARI	Tradition healers of the Anangu, the Aboriginal peoples who live mostly in the Anangu Pitjantatjara Yankunytatjara of south Australia and western desert region
NCSO	Non Custodial Service order
NT	Northern Territory
NTG	Northern Territory Government
NTCAT	Northern Territory Civil and Administrative Tribunal
NTCS	Northern Territory Correctional Services
PCV	Principal Community Visitor
PBSP	Positive Behavior Support Plan
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
TEMHS	Top End Mental Health Service

# 10. Contact Information

## General Enquiries

Phone 08 8999 1451

Freecall 1800 021 919

## Online

Email [cvpprogramadc@nt.gov.au](mailto:cvpprogramadc@nt.gov.au)

Web <https://cvp.nt.gov.au>

## Our Office

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Level 9 NT House, 22 Mitchell St

Darwin NT 0800

## Post

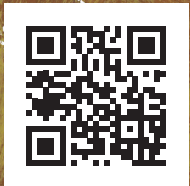
c/ Anti-Discrimination Commission

LMB 22 GPO, Darwin NT 0801



## Access

To get help CVP you can talk to them when they visit once a month or ring them on the telephone.



**CVP**

NT Community Visitor Program