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Dear Mr King

SUBMISSION OF THE NORTHERN TERRITORY COMMUNITY VISITOR PROGRAM

I am pleased to provide a submission to Productivity Commission from the NT Community Visitor Program (CVP).

The CVP is an independent statutory advocacy, complaints and inspection service, established under three pieces of NT legislation. The work of the CVP applies to adults and children held in relevant mental health facilities in the NT.

The CVP commends the current legislative framework of the CVP as an advocacy and oversight model that offers much needed protections to people with mental illness at times when they are at their most vulnerable.

I am able to provide further information on the work of the CVP and matters contained within our submission as requested by the Productivity Commission or at a public hearing.

~~Yours~~ sincerely

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NT Community Visitor Program

PUBLIC SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY - MENTAL HEALTH

Executive Summary

The Community Visitor Program welcomes the opportunity to provide relevant feedback about the important work of the Community Visitor Program (CVP) in overseeing public mental health services in the Northern Territory (NT). The CVP is a Complaint's Resolution and Advocacy service which performs a vital statutory role that works to safeguard the rights and interests of people with a mental illness.

This submission applies a human rights approach that holds that all people with disabilities have the right to enjoy equality of opportunity and to effectively participate in and be fully included in society.

In writing this submission, the CVP is guided by the following legislative instruments that promote and protect the human rights of people with mental illness and/or disability;

- The United Nations Convention on the Rights of Persons with Disabilities
- The Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)
- *Mental Health Related Services Act 1998* (NT)

A strong mental health system prevents and detects mental illness early, helps consumers recover, and supports people to receive services they need in the least restrictive way possible. A contemporary mental health system is 'person centred' with care tailored to the person's life circumstances, personal aspirations and preferences.

The CVP draws attention to the disproportionate burden of mental health¹ that impacts on the NT. There are unique challenges in the delivery of mental health services in the NT, such as the vast geographic land mass, the small population, and the level of disadvantage and trauma experienced by a large number of Aboriginal Territorians.²

¹ Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN, accessible at <http://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

² Community Visitor Program, NT, *Annual Report 2018-2019*, page 11, accessible at https://cvp.nt.gov.au/data/assets/pdf_file/0004/761395/cvp-annual-report-2018-2019.pdf

There are significant gaps of services for people with mental illness in the Northern Territory. Even so, there are many examples of positive individual care, programs and services provided by professional, compassionate staff.

From the CVP's perspective there are fundamental structural and capacity factors that do not enable the mental health service system to provide quality services that facilitate improved social, emotional and economical benefits for people with mental illness.

The CVP welcomes the inquiry and anticipated reforms needed to redesign the mental health system into one that is 'fit for purpose.' That empowers people with mental illness and the services developed for them, to facilitate how they can be individually supported to have the best possible life they can.

About this Submission

This submission sets out the scope of current NT CVP and the human rights focus that it operates under. It addresses the terms of reference that are most directly relevant to the CVP's unique experiences in safeguarding the rights of people with mental illness. The submission summarises the CVP public commentary in line with the Productivity Commission Draft Report October 2019 against the reform objectives and draft recommendations. In particular it looks at:

- CVP role
- CVP current significant issues in the NT public mental health services
- The appendices provide detail about the CVP model, information and evidence in multiple reports that support the CVP model and recommendations from Senate Inquiries, National and local reports; and quotes/examples of how the CVP is regarded; and the number of complaints and enquires over the years.

Recommendations

That the Productivity Commission Inquiry;

1. Improve the access and quality of mental health services to the NT, particularly safety in facilities, and the gaps in services for children & youth and forensic clients.
2. Improve the quality of services by recognising the unique characteristics in the NT and investing to ensure culturally safe services.
3. Address the significant workforce development issues that impact on the quality of service provided to mental health clients and their families.
4. Address the housing and support needs for people with mental illness.
5. Improve the coordination and integration of services throughout the mental health sector and beyond.

6. Address the lack of accountability through improved clinical service planning, reporting, monitoring and evaluation.
7. Recognise and endorse the preventative role of the CVP as part of the Quality & Safeguarding framework.
 - a. Each CVP to be provided and adequately funded by State and Territory governments to deal with people who are primarily detained in a closed environment, potentially vulnerable to violence, abuse and neglect, and where treatment involves restrictive practices to;
 - b. safeguard people's rights and the quality of mental health services provided,
 - c. provide for and strengthen both individual and systemic advocacy for people with mental illness and their carers receiving mental health service.

Background

The NT Community Visitor program was created and operates under two pieces of legislation, the *Mental Health and Related Service Act 1998* and the *Disability Services Act 1993*.

The CVP in the NT was established in 2001 in Mental Health and has run continuously since this time. It is currently the only legislative mechanism in the NT which protects the legal and human rights of people receiving mental health treatment and disability services in the Northern Territory.

Overview of NT CVP

The CVP is one of the systemic 'checks and balances' for mental health and disability services, including in facilities providing involuntary treatment. The CVP works individually and systemically to ensure that the standard of the services provided under the relevant Acts are of a high quality and that people's rights are protected. The monitoring and inspection role of the CVP is one way in which the services are accountable to a third party.

Other key features include:

- statutory independence,
- unlimited access to people and records,
- statutory requirement of co-operation and
- the reporting to both the services, but also on an annual basis to the public via an Annual Report.

A key protective feature of CVP is the regular visiting function with a remit to provide advocacy to people using the low level resolution approach to matters. Combined with the identification and monitoring of systemic issues to primarily keep people safe and improve the quality of care they receive.

The CVP often deals with people who are detained in a closed environment, potentially vulnerable to violence, abuse and neglect, and whose care and treatment involves restrictive practices. The use of restrictive practices is a serious infringement of a person's human rights and is not therapeutic. The CVP oversees these practices in line with reducing and eliminating these practices in accordance with the conventions and National Framework for Reducing and Eliminating the Use of Restrictive Practices in all Disability Services.

The CVP is a professional service, operating according to established values, procedures and protocols between the services being monitored. The CVP ensures that its service is provided by skilled professionals, who are culturally safe and focused on the needs of clients. Permanent remunerated CVP staff enable consistent review of a client's quality of care more broadly and the ability to build relationships with the client, family and key stakeholders. The service is responsive to the needs of clients in facilities and ensures, as much as possible, that interpreters are used in its work as and when required.

More information regarding the program and how it is regarded by its clients is provided in appendix 1 and 2: and at www.cvp.nt.gov.au

Current Significant Issues in Public Mental Health Services 2018-2019

The CVP has commented in depth on the provision of public community-based and acute mental health service in the NT. In the CVP's view, there is a considerable need for improvement in both the access and quality of services. These issues have been reported in numerous CVP Annual Reports.³

The work of the CVP is relevant to the Productivity Commission as it relates to its inquiries and reform area objectives such as:

Access to Quality Mental Health Services

1.1 The CVP supports the Draft Report (reform objective: Healthcare – improvements for people receiving care in hospital, draft recommendation 7.1).

a. Right to Safe Treatment and Care

This year the CVP's highest priority was the adequacy and safety of the high dependency unit in Darwin (Joan Ridley Unit – JRU). This unit accommodates the most unwell and vulnerable people in our community.⁴ The CVP has raised 2 open recommendations regarding this.⁵

The mental health in-patient unit struggles to provide services with inadequate facilities. The facility is generally overcrowded, has limited functional layout and often accommodates Forensic client with a high staff ratio of correctional officers.⁶ The co-location of women and children with forensic patients is inappropriate and poses significant challenges and risks for both clients and staff.⁷ The presence of forensic clients reinforces the impression that the JRU is 'prison-like' and punitive (instead of therapeutic) in nature.

Further, there is inadequate clinical services planning of what services will be required currently and in the future. From the CVP perspective, this lack of evidence based planning affects how, where and what mental health priorities and investments are made.

³ Community Visitor Program, NT, *Annual Report 2018-2019*, page 15-17, accessible at https://cvp.nt.gov.au/_data/assets/pdf_file/0004/761395/cvp-annual-report-2018-2019.pdf
<https://www.ntnews.com.au/news/leaked-emails-reveal-depth-of-mental-health-crisis-at-royal-darwin-hospital/news-story/4ce4981fcb809f0b9521ee4c88c005de>

⁵ Community Visitor Program, NT, *Annual Report 2018-2019*, MH TEHS Approved Treatment Facility, Recommendation 4, 10 – pg. 32-33, accessible at https://cvp.nt.gov.au/_data/assets/pdf_file/0004/761395/cvp-annual-report-2018-2019.pdf

⁶ Usually there are 2 correctional officers for one prisoner. This ratio is maintained even if there is more than one Forensic client on the ward at any one time, regardless of the individual risk profile of the prisoner.

⁷ McGrath David Consulting, Report on the Review of Forensic Mental Health and Disability Services within the Northern Territory 2019, p 18.

1.2 The CVP supports the Draft Report (reform objective: healthcare access) regarding the need for people to have access to mental health care, that meets their needs, is timely and culturally appropriate.

b. Right to culturally appropriate services

The Northern Territory community is very diverse. In particular, it has a high number of Aboriginal and Torres Strait Islanders compared to other States and Territories. The Northern Territory's population has 30% (and rising) of people identifying as Aboriginal or Torres Strait Islander. Many speak a language other than English at home. As such, mental health services must be culturally safe and competent, and responsive to the unique cultural diversity of the population. One of the foundations of a culturally competent service is effective cross-cultural communication.

c. Use of Interpreters

The inadequate use of interpreters has been an issue raised many times with services over numerous years. The CVP has suggested numerous strategies such as improved data collection, training of staff, meeting with interpreter services to address real and perceived challenges. The CVP has heard and read many difficult stories from Aboriginal consumers who are struggling to communicate their situation and needs, and have problems understanding details regarding their care and treatment. The CVP has four open recommendations, regarding the need to improve access of interpreters for clients.⁸

While there is evidence that the in-patient facilities are starting to grapple with these issues, the effective use of interpreters for community-based teams remains largely unaddressed. CVP inspection reports of community mental health teams show that further improvements are required.

1.3 The CVP supports the Draft Reports (reform objective: healthcare workforce) and highlights barriers associated to recommendation 11.1 Aboriginal and Torres Strait Islander Health Workers.

The CVP raises that the draft recommendations do not address critical components of the recruitment and long term retention of AMHW including and mechanisms for an appropriate peer model supervision as discussed below.

d. Aboriginal Mental Health Workers

⁸Community Visitor Program, NT, *Annual Report 2018-2019*, MH TEHS Approved Treatment Facility, Recommendation 1 – pg. 31, MH CAHS Approved Agencies recommendation 6 – pg. 36, MH CAHS Approved Agencies recommendation 12 & 13 – pg. 37, accessible at https://cvp.nt.gov.au/data/assets/pdf_file/0004/761395/cvp-annual-report-2018-2019.pdf

Having a stable, well supported Aboriginal workforce is critical to providing a culturally safe and competent public mental health service. Aboriginal Mental Health Workers are key partners in ensuring Aboriginal consumers are able to access and use mental health services that meet their needs. The CVP has two open recommendations regarding recruiting AMHW and various other associated open recommendations to improve cultural safety.

The public mental health service has maintained a focus on Aboriginal Mental Health Worker positions being an integral part of the staffing profile (in both the in-patient facilities and in community-based teams). The staff in these positions can face considerable challenges in undertaking their roles, negotiating and supporting cultural dimensions of mental health care.

Inspections of community-based teams and visits to in-patient facilities have highlighted the challenges in staffing these positions (both recruitment and retention).

Of note, Aboriginal Health Practitioner (AHP) differ from Aboriginal Mental Health Worker (AMHW) as their training includes a clinical component that allows them to perform clinical tasks such as physical assessments and medication administration. In particular, AHWs are able to provide intramuscular injections as part of their scope of practice. This can be particularly useful in a mental health context, where many Aboriginal consumers receive regular 'depos' (injections) as part of their treatment plan.

The CVP note the need for workforce strategies that support the pathway for AMHW to AHW and mechanisms for an appropriate peer model supervision. The CVP suggest further work is done in collaboration with Aboriginal controlled medical health services. A peer support model is considered best in resolving the challenges negotiating in and supporting cultural dimensions of mental health care.⁹

1.4 The CVP supports the Draft Report's (reform objective: Healthcare workforce).

e. Workforce development

A consistent theme throughout all of the CVP inspection and visit reports this year has been concerns relating to a culturally competent workforce and broader workforce challenges. The Northern Territory public mental health service needs to substantially improve its response to the overly high turnover of all clinical staff.

Effective mental health care and treatment relies upon continuity of care. Central to this is the establishment of a therapeutic relationship between a client and their treating team. The quality of this relationship also extends to that built with the consumer's carers, family

⁹ <https://www.mentalhealthcommission.gov.au/getmedia/97a154cd-7b72-4577-9562-4077c33820d2/Towards-Professionalisation-literature-review>

members and support network. It is incredibly challenging for these relationships to support a consumer's recovery when there is high turnover of staff.

The CVP considers that these issues are systemic and related also to the need for improved recruitment, induction, training and support of professional staff. The particular responsibilities placed on psychiatrists in the Northern Territory legislation also comes with an obligation of the service to ensure that all doctors fully understand their powers and concurrent responsibilities.

The CVP raises that currently there are only 2 consumer/carer positions held in the public mental health services in the NT. The CVP has made previous comment about the need to support and expand peer consumer/carer roles within the service.¹⁰ The CVP has seen benefits in influencing improved attitudes and this contributes to reduce stigma and discrimination within mental health system.

The CVP supports the model of a Peer workforce to complement both public and NGO settings.

Access to Quality Mental Health Services (Prevention and Early Intervention)

1.5 The CVP supports the Draft Report's (reform objective: healthcare access, draft recommendation 1.2. and 8.2.) about the need for Australian people to have access to mental health care that meets their needs, is timely and culturally appropriate.

The CVP has raised that there is a need for a comprehensive child and youth mental health framework in the NT. The Child and Youth Mental Health (CAYMH) outreach consultation and liaison model fits a prevention and early intervention approach and is more culturally appropriate for remote regions.

f. Right to Specialist Child and Youth Services

The gap in youth services for remote and high needs children has been raised repeatedly by the CVP over many years. The CVP has 7 open recommendations relating to child and youth services in the NT.¹¹

The lack of early intervention and effective services for remote and specialist needs of children and youth in the Northern Territory increases the long-term burden of care. The lack of mental health services increases the seriousness of child mental health

¹⁰ Community Visitor Program, NT, *Annual Report* 2014-2015, page pg. 24 Engagements with Carers and Consumers accessible at https://cvp.nt.gov.au/data/assets/pdf_file/0003/228180/CVP_Annual-Report_FINAL.pdf

¹¹ Community Visitor Program, NT, *Annual Report* 2018-2019 open recommendation 20, 21, 22,23, 27,9,12 page 34-35,36, accessible at https://cvp.nt.gov.au/data/assets/pdf_file/0003/228180/CVP_Annual-Report_FINAL.pdf

presentations to acute in-patient units. There is increasing evidence of young children being admitted to mental health wards and experiencing highly restrictive events that are inevitably traumatising.

For remote children, only the most urgent referrals from remote areas can be accepted. These children then have to be transported to an urban centre to receive specialist care. The CVP inspection of the child and adolescent teams, and remote teams (held in this and previous years) provides evidence that there are significant unmet needs for remote children and youth to receive care in their community. In the Northern Territory, there is only one mental health team that provides child and youth mental health outreach appropriate to the needs of remote communities (being the Barkly Mental Health Service, based in Tennant Creek).

There are serious resourcing issues that limit the provision of services to children in remote areas, those in care of Territory Families, and those in youth detention. Children in these situations have a high need for specialist child and adolescent care and treatment. These children either have the same level of need as their urban-based peers, or (for those in protective care) are facing substantial trauma and stressors affecting their mental health.

Social Determinants of Mental Health and the need to improve integration and collaboration.

1.6 The CVP supports the Draft Report's (reform objective: preventing housing issues from arising and long term stable housing solutions for people with severe mental illness)

g. Right to Housing & Support

A person's recovery is influenced by multiple factors and services that lie outside the remit of mental health, such as health, housing, employment or disability.

The CVP continues to see challenges with safe, secure and affordable housing support for people with mental illness. The CVP has made comment in every annual report since 2003-2004 of the need for appropriate accommodation options for people living with mental illness in the NT. Nationally, Aboriginal clients with mental health issues access specialist homelessness services at nearly six times the rate of non-indigenous clients.¹²

The CVP considers that this is a critical element in maintaining mental wellness. The CVP has three open recommendations regarding housing.¹³

¹² Australian Government, Australian Institute of Health and Welfare 2019., *Specialist homelessness services annual report 2017-18*, accessible at <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/indigenous-clients>

¹³ CVP Annual Report 2018-2019, MH TEHS Approved Agencies recommendation 2 – pg. 32, MH CAHS Approved Agencies recommendation 14 – pg. 37

h. Right to Justice

1.7 The CVP supports the Draft Report about (reform objective: Justice, draft recommendation 16.2, 16.3) the need for mental health care at all stages of the justice system and makes specific comment in line with this.

Children and Youth in Detention

Children in youth detention in the Northern Territory particularly have an urgent, currently unmet need for early intervention services, comprehensive mental health assessments and follow-up case management needs. The lack of appropriate mental health services for children in youth detention is a serious failing in the Northern Territory's support for young people, in particular Aboriginal children.

There are no specialist youth forensic mental health staff in the NT. The Top End mental health service has advised that it is making enquiries about how to increase service in this area, however nothing has yet been finalised.

There has been limited tangible progress made from the Recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory 2017.

¹⁴ In particular related to the provision of initial mental health assessment and ongoing mental health treatment for individuals detained in youth detention by Department of Health staff.¹⁵ The CVP has 4 open recommendations regarding this.¹⁶

i. Right to mental health care for Forensic clients

Forensic clients have the right to receive mental health services appropriate to their needs.¹⁷ Adult Forensic client need mental health acute services provided by specialist staff. All Forensic client need improved psychological support within detention facilities, avoiding the escalation of mental health crises.

The CVP inspections of both forensic mental health services identified high referrals from Forensic client for support, and difficulties in meeting the need for services (including psychological support). As a result, the teams have to prioritise service for the most acute prisoners, being those who are critically unwell or at imminent risk of self-harm.

¹⁴<https://www.royalcommission.gov.au/sites/default/files/2019-01/rcnt-royal-commission-nt-findings-and-recommendations.pdf>

¹⁵ Royal Commission into the Protection and Detention of Children in the Northern Territory, *Findings and Recommendations*, Volume 2A, Chapter 15- Health, mental health and children at risk, Recommendation 15.1.3(a) accessible at <https://www.royalcommission.gov.au/sites/default/files/2019-01/rcnt-royal-commission-nt-findings-and-recommendations.pdf>

¹⁶ Community Visitor Program, NT, *Annual Report 2018-2019*, MH TEHS Approved Agencies recommendation 21, 22, 23, 28 – pg. 34-35 accessible at https://cvp.nt.gov.au/data/assets/pdf_file/0004/761395/cvp-annual-report-2018-2019.pdf

¹⁷ McGrath David Consulting, *Report on the Review of Forensic Mental Health and Disability Services within the Northern Territory 2019*, p 18. Accessible at https://health.nt.gov.au/data/assets/pdf_file/0007/727657/Report-on-the-Forensic-Mental-Health-and-Disability-Services-within-the-NT.pdf

This year the CVP has raised 9 open recommendations regarding the treatment and care of prisoners.

For forensic clients released (or needing to be released) from prison on non-custodial supervision orders, there have been substantial difficulties identifying and supporting community placements. In some instances, individuals who are not considered 'fit to plead' as a result of their mental state or cognitive impairments have been held in unnecessarily restrictive environments. This has affected them receiving timely support to transition to the community.

The CVP refers the Productively Commission to the Forensic Services Review report released in September 2019. The review comprehensively details the systemic issues in forensic mental health services in the NT.

j. Advocacy

1.8 The CVP supports the ongoing advocacy for people scheduled under the Mental Health Acts (reform objective –Advocacy, 16.7 Non-Legal Individual Advocacy Services).

Individual & Systemic Advocacy

There is a strong need for advocacy services for marginalised people particularly when they are involuntarily detained. The CVP assist clients to know about their rights and the services available.

The CVP function inherently requires advocacy in order to be effective (both at an individual case or systems-wide level).

Individual advocacy helps people to actively participate in decision-making processes and conversations that impact upon their lives. The Community Visitor listens and acts, helping them to be aware of the different ways they can have a say and supporting them to represent their own interests.

Importantly, however, this individual advocacy work also informs the CVP's systemic work that is part of visits and inspections. Each year, the CVP's systemic advocacy is presented in its annual report. This report provides an opportunity to reflect on the significant issues for the Northern Territory services.

k. Monitoring and evaluation

1.9 The CVP supports systems improvements (reform objective – monitoring, reporting and evaluation) and the intention of draft recommendation 22.5.

Quality data and evaluation of outcomes should inform investment and learnings for individual client work and services.

This requires focus and investments in building the capacity of service providers to collect, analyse and interpret data at a service level. The CVP see benefits and supports establishing national program and population level analyses and evaluations.

The CVP supports the overarching recommendation (22.3) that consumers and carers should have the opportunity to participate in the design of government policies and programs that affect their lives.

It is critical that people with lived experience and their carer's have a leadership role with co-design of research and programs. Data collection methods that measure improvements individually and improvements in quality of life and related program outcomes are needed.

I. Rebuild Model

1.10 The CVP supports systems improvements (reform objective – monitoring, reporting and evaluation) and intention of draft recommendation 22.5.

The Draft Report suggests that the Productivity Commission favours a new funding ('rebuild') model to disburse all funding related to mental health through new state-level commissioning bodies (Regional Commissioning Authority).

The CVP acknowledges that the Productivity Commission is seeking ways to improve investment in mental health. However, the CVP has concerns that:

- The NT is not able to sustain a market based model currently.
- That there is clarity and an ongoing commitment to adequate funding and resourcing of the NT public mental health service commensurate with the current and projected mental health burden of illness. It is unclear how the 'rebuild model' would add value outside of a centralised system. More targeted resources into communities that focus on building community capacity using prevention and early interventions strategies in mental health and areas that impact social determinants need to be invested in.
- The 'rebuild' model could result in duplication of infrastructure/administrative systems established to service the local NT PHN. Providers in the NT would need to be engaged with the new regional commissioning authority as well as with numerous different agencies. This would significantly impact on small providers.
- The 'rebuild' model may also lead to further fragmentation and underinvestment in the Territory mental health system due to both levels of government having a limited role or accountability.

Conclusion

The CVP welcomes the Productivity Commission Draft Report and the proposed reform objectives in effecting 'a generational shift.'

The CVP is pleased about the recognition of the need for improved access and increased services and funding, particularly for people in rural and remote regions, including culturally appropriate intervention and services; person centred within a stepped care model; consumers and carers involvement; a focus on prevention and early intervention, and improved monitoring, reporting and evaluation.

However, the CVP has some concerns that the reform objectives do not fully capture the disproportionate burden of mental health in the NT or respond adequately to these unique factors or needs in the breadth of strategies suggested. The CVP cautions regarding using a 'one size fits all' approach and raises that this may inadvertently disadvantage the NT again.

The CVP request that the commission give further consideration to the 'rebuild model' proposal. The CVP raise concern that another level of bureaucracy, and the potential shifting and duplication of these functions may affect both the coordination and provision of front line services.

In closing, the CVP commends the current legislative framework of the CVP to the Productivity Commission as an advocacy and oversight model that offers much needed protections to people with mental illness at times when they are at their most vulnerable.

Appendix 1: - Overview of NT CVP

The Principal Community Visitor has overall responsibility for the CVP and is established under each of the relevant Acts. In practice, the Principal Community Visitor is a function assigned to the Anti-Discrimination Commissioner. This brings the work of the CVP under the auspices of the Anti-Discrimination Commission (ADC), an independent statutory body.

The work of the CVP is enabled in the following ways:

- Community Visitors – who visit relevant facilities on a regular (usually weekly in Mental Health and monthly in Disability) basis, resolve enquiries and complaints from people receiving services or other interested parties, liaise with staff, and prepare reports to each service; and
- Community Visitors Panels (CV Panels) – who are comprised of three individuals (a medical practitioner, a legal practitioner and a community member with an interest and experience in the relevant field), who visit at least once every six months, or if specifically requested, and prepare a report to the service after the visit.

All Community Visitors and CV Panel Members are appointed by the Minister for Health or Minister for Disability for a three-year term. The CVP has a small permanent staff of appointed Community Visitors, and uses remunerated 'sessional' Community Visitors as required.

Community Visitors

Community Visitors focus their work on assisting people in facilities (or those who receive mental health services in the community). Broader issues, however, are raised in their regular reporting and liaison with services.

If a person asks to see the Community Visitor, the legislation provides that the CVP has to make contact with the person by the end of the next working day. A Community Visitor may visit a relevant facility at any time, including without notice. By law, staff are required to provide reasonable cooperation and assistance.

The Community Visitor will seek to address any issue at the lowest possible level. If a matter is urgent or important, the person-in-charge will be contacted as soon as possible. In addition to providing an independent advocacy complaints service, the Community Visitors may help a person make a complaint using internal complaints processes, or by accessing external complaints bodies such as the Health and Community Services Complaints Commission (HCSCC).

CV Panels

The work of CV Panel members is more systemic in nature. The legislative scope of their enquiries are into matters such as opportunities and facilities for recreation and rehabilitation, the application of the 'least restrictive alternative' principle, the quality of treatment and care and the adequacy of information provided about complaints and legal rights.