



Introduction to the  
**Community Visitor Scheme**

Mental Health Act 2009



Government  
of South Australia

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## Introduction

The establishment of a Community Visitor Scheme forms part of the statutory framework of the *Mental Health Act 2009* and aims to provide further protection to the rights of people with a mental illness who are admitted to treatment centres in South Australia. The Community Visitor Scheme provides an opportunity for Community Visitors to visit treatment centres and other incorporated or private hospitals to inspect premises and consult with consumers, staff and relevant others to ensure that people with serious mental illness are receiving appropriate care and treatment.

The purpose of this document is to provide Community Visitors, service providers and other interested stakeholders with a broad overview of the Community Visitor Scheme, with a particular focus on the way in which the scheme's legislative mandate will be operationalised. It is anticipated that this document will be periodically updated as the Community Visitor Scheme undergoes processes of continuous improvement.

## Background

In August 2004, Mr Ian Bidmeade, Legal Policy Consultant and Solicitor, chaired a review of the *Mental Health Act 1993* and related legislation. The aim was to ensure that key advancements in mental health research and knowledge be integrated into South Australia's mental health legislation in order to enhance patient care. The terms of reference for the review focused on the extent to which South Australia's legislation provided a framework for the management of mental health issues for individuals in a manner consistent with contemporary standards.

The report of the committee's findings, *Paving the Way - Review of Mental Health Legislation in South Australia April 2005*, was released for public comment by the Department of Health at the end of May 2005, and distributed to approximately 500 stakeholders, with recommendations receiving significant support. The Government supported a majority of the changes recommended in the Report, and in December 2006 Cabinet approved the drafting of a Bill for a new Mental Health Act.

## The *Mental Health Act 2009*

The *Mental Health Act 2009* underpins mental health reform in South Australia and provides an improved legislative framework to more explicitly articulate the rights of people with mental illness, and facilitate to the greatest extent possible, their recovery and participation in community life.

Incorporating provisions to bring South Australia into line with contemporary approaches to the management of serious mental health issues, the *Mental Health Act 2009* includes innovations designed to assist people to obtain assistance while protecting their rights and minimising the extent to which their freedom is curtailed. The *Mental Health Act 2009* is primarily about the use of powers to treat people with serious mental illness against their will, and provides for the checks, balances and protections necessary for the transparent and accountable exercise of these powers.

## Community Visitor Scheme

All states and territories within Australia require that mental health care treatment centres be visited and inspected by persons not associated with the provision of mental health care, to ensure that patients, their families and carers:

- > receive responsive and appropriate services and are treated with dignity and respect;
- > have the opportunity to discuss care and treatment with impartial persons;
- > have their complaints responded to and resolved promptly.

The South Australian *Mental Health Act 2009* provides the legislative framework for a Community Visitor Scheme, requiring that visitation and inspection of treatment centres be carried out to further protect the rights of people with mental illness who are admitted to treatment centres in South Australia.

A highly trained and competent volunteer workforce holding positions as Community Visitors is responsible for:

- > carrying out visits and inspection of treatment centres;
- > promoting the rights of persons with mental illness who are receiving treatment and care;
- > identifying any issues requiring addressing around the treatment and care of persons with mental illness;
- > providing an advocacy role in the management and resolution of complaints;

- > informing key members of State Government of the quality of mental health care service provision in South Australia;
- > facilitating discussions with treatment centre management and staff in quality improvement and service development strategies;
- > promoting the rights of persons with mental illness who are receiving treatment and care.

## Governance

The Community Visitor Scheme is a legislative requirement under the *Mental Health Act 2009* and overall responsibility and accountability for the scheme is held by the Minister for Mental Health and Substance Abuse. Whilst administrative support for the scheme is provided by the Department of Health, the Principal Community Visitor and Community Visitors are independent statutory appointments by the Governor of South Australia, and the Principal Community Visitor reports directly to the Minister on issues related to the scheme's legislative function. An Advisory Committee provides strategic advice and support to the Principal Community Visitor, monitors and evaluates the Community Visitor Scheme, and contributes to strategic networks and relationships.

## Objectives

The core objectives of the Community Visitor Scheme are to:

- > Advocate for the rights of mental health patients within treatment centres.
- > Improve patient and carer experiences with mental health services.
- > Identify possible gaps in service provision for patients and carers.
- > Increase accountability and transparency within mental health service provision.
- > Assist with the resolution of complaints filed by patients and carers.
- > Provide a vital link between frontline service delivery and policy directorates.
- > Ensure the consistent delivery of best-practice mental health services.
- > Improve overall health and well being outcomes for mental health patients.

## Staffing

The Community Visitor Scheme comprises the following key workforce positions:

**Principal Community Visitor:** A paid position overseeing and coordinating the performance of Community Visitors, providing advice and assistance, referring matters of concern to appropriate persons and providing reports to the Minister.

**Community Visitors:** Volunteer appointments positioned independently of mental health service providers to carry out inspection, patient advocacy and reporting functions.

Additionally, coordination of the Community Visitor Scheme and administrative support are provided by two paid staff members.

## Functions of the Principal Community Visitor

The Principal Community Visitor is responsible for:

- > overseeing and coordinating the performance of Community Visitors;
- > advising and assisting Community Visitors in the performance of their functions;
- > reporting to the Minister regarding the performance of Community Visitor functions;
- > conducting visits to and inspections of treatment centres as required;
- > referring matters of concern regarding the care, treatment or control of patients to the Minister, the Chief Psychiatrist or any other appropriate person;
- > advocating for patients to promote the proper resolution of issues relating to the care, treatment or control of patients, including issues raised by a guardian, carer, relative, friend or medical agent of the patient;
- > any other functions assigned to the Principal Community Visitor under the *Mental Health Act* or any other Act.

## Functions of Community Visitors

Community Visitors are responsible for:

- > conducting visits to and inspections of treatment centres as required;
- > referring matters of concern regarding the care, treatment or control of patients to the Minister, the Chief Psychiatrist or any other appropriate person;
- > advocating for patients to promote the proper resolution of issues relating to the care, treatment or control of patients, including issues raised by a guardian, carer, relative, friend or medical agent of the patient;
- > any other functions assigned to Community Visitors under the *Mental Health Act 2009* or any other Act.

## Valuing Volunteers

The Community Visitor Scheme volunteer program values the personal contribution of volunteers and operates on the following volunteer engagement strategies:

Acknowledgement of the individual needs of volunteers to encourage sustainable appointment.

- > Provision of gratifying work and working conditions.
- > Recognition of the expertise that volunteers bring to their role.
- > Facilitation of a reciprocal, mutually rewarding relationship between the organisation and the volunteer.
- > Valuing diversity in gender, age, ethnicity, education and skill sets of volunteers.
- > Creating an accessible, welcoming and inclusive working environment.
- > Providing high-quality, comprehensive and relevant training for volunteers.
- > Involving volunteers in decision-making.
- > Implementing comprehensive evaluation strategies to ensure continuous improvement.
- > Maximising the overall contribution of volunteers.
- > Ensuring effective volunteer support infrastructure and resources.
- > Striving for excellence in volunteer management.

## Guiding Principles

The Community Visitor Scheme is guided by a strong commitment to the following principles:

### *Mental Health Act 2009*

The *Mental Health Act* adheres to the principles that mental health service provision should:

- > Be designed to bring about the best therapeutic outcomes for patient and, where possible, their recovery and participation in community life.
- > Be provided on a voluntary basis where possible.
- > Place as little restriction as possible on the rights and freedom of a person with serious mental illness while meeting public and patient safety and service delivery requirements, and provide services as near as practicable to where patients, families or carers reside.
- > Be delivered through comprehensive treatment and care plans developed in partnership with relevant service providers, patients of all ages, carers and additional support persons.
- > Take into account the differing developmental stages of children and young people and ensure that they are cared for and treated separately from other patients.
- > Take into account the needs of the aged.
- > Take into account the cultural and linguistic diversity of patients.
- > Take into account Aboriginal and Torres Strait Islander descent, including traditional beliefs and practice and, where appropriate, involve collaboration with health workers and traditional healers from Aboriginal communities and Torres Strait Islander communities.
- > Ensure a regular medical examination of the mental and physical health of a patient, and regular medical review of any order applying to the patient.

- > Ensure that the rights, welfare and safety of children and other dependants of the patient are considered and protected.
- > Ensure that medication is used only for therapeutic purposes or for safety reasons, and mechanical body restraints and seclusion are used for safety reasons and as a last resort and not as a punishment or for the convenience of others.
- > Ensure that patients and carers are provided with plain language, comprehensive, relevant and appropriate information about mental illness, any orders that apply to them, their legal rights, and available treatments and services.

## Statement of Commitment for People of Culturally and Linguistically Diverse Backgrounds

The Community Visitor Scheme recognises cultural and linguistic diversity, and the migration experiences of South Australian patients, carers and families. At every point of contact, Community Visitors will endeavor to act in an appropriate manner, respectful of the cultural, linguistic, religious and spiritual needs or other specific needs of people of culturally and linguistically diverse background.

## Statement of Commitment for Aboriginal and Torres Strait Islander Health Care

The Community Visitor Scheme is committed to improving health outcomes for all Aboriginal and Torres Strait Islander people in South Australia so that differences in health status with the rest of the South Australian population are eliminated.

## Scope

The scope of Community Visitor Schemes vary across each state and territory, with some jurisdictions having expanded service provision to include visits to and inspection of disability services and supported residential facilities.

Community Visitors in South Australia currently have the right to visit and inspect approved and limited mental health treatment centres as well as hospitals incorporated under the *Health Care Act 2008* and private hospitals. However future expansion of the Community Visitor Scheme in South Australia may see a rollout to include additional services.

**Approved Treatment Centre:** An approved treatment centre is a place approved by the Minister to be an approved treatment centre for the purposes of the *Mental Health Act 2009*, and includes the following facilities:

- > Adelaide Clinic
- > Flinders Medical Centre
- > Glenside Campus
- > James Nash House
- > Lyell McEwin Health Service
- > Modbury Public Hospital
- > Noarlunga Health Services
- > Oakden Services for Older People
- > Repatriation General Hospital
- > Royal Adelaide Hospital
- > The Queen Elizabeth Hospital
- > Women's and Children's Hospital

**Limited Treatment Centre:** A limited treatment centre may be a place approved by the Minister to be a limited treatment centre, such as a country general hospital with the capacity to provide mental health services for a limited period of time, and includes the following facilities:

- > Mt Gambier and Districts Health Service
- > Port Lincoln Health Service
- > Riverland Regional Health Service
- > Whyalla Hospital and Health Services

## Accessibility of Community Visitors

A key focus for the Community Visitor Scheme is accessibility for patients, carers and family members, and the promotion of patient, carer and family involvement in decision-making regarding the provision of mental health treatment and care. Promotion of the Community Visitor Scheme is undertaken regularly through a variety of mediums including hardcopy and electronic community-based resources. A request to meet with a Community Visitor can be made by telephone or email directly with Community Visitor Scheme staff, or via treatment centre staff if patients, carers or family members wish to do so. The independence of Community Visitors is vitally important as it provides patients, carers and family members with an opportunity to speak with individuals not associated with the provision of care about issues related to the patients care, treatment and management.

## Recruitment of Community Visitors

Community Visitors are required to be recruited through a formalised volunteer recruitment program, with vacancies advertised across a variety of media and community information resources to attract the widest cross-section of candidates. Persons wishing to apply for the position of Community Visitor must be at least 18 years of age, and applicants are required to demonstrate their suitability for the role in relation to a variety of essential skills, abilities and characteristics.

Suitable applicants will be required to undertake comprehensive training and observation visits prior to being appointed to the role of Community Visitor.

## Conflict of Interest

Applicants cannot be appointed to the position of Community Visitor if they hold a position within a service to be visited under the Community Visitor Scheme, have a direct interest in a contract with an approved mental health facility or a mental health care provider, or if they have a financial interest in a private hospital. These limitations are required to be outlined in the job and person specification and addressed by applicants.

## Appointment of Community Visitors

A person can be appointed to the position of Community Visitor on conditions determined by the Governor of South Australia, and the Governor is responsible for determining the number of appointments to the Community Visitor Scheme.

## Security Clearance

The appointment of a Community Visitor requires consent to a criminal history check and, once passed, a Community Visitor is required to submit a signed copy of the Community Visitor Scheme Volunteer Code of Conduct, upon which an identification and security pass will be issued.

## Length of Appointment

A person can be appointed to the position of Community Visitor for a maximum of 3 years, after which time they will be eligible for reappointment. A Community Visitor is able to hold the position for a maximum of 2 consecutive terms.

## Suspension or Termination of Appointment

The Governor may suspend a person from the position of Community Visitor on the grounds of incompetence or misbehaviour, and a full statement of the reasons for the suspension must be laid before both Houses of Parliament within 3 sitting days of suspension.

The Governor may remove a person from the position of Community Visitor if both Houses of Parliament seek the person's removal, and if both Houses of Parliament have not sought the person's removal from the position of Community Visitor within 1 month of the suspension being laid before Parliament, the person must be re-instated to the position.

## Vacancies

The position of Community Visitor is considered vacant if the person appointed to the position:

- > resigns by written notice given to the Minister;
- > completes a term of appointment and is not reappointed;
- > is removed from the position by the Governor at the request of both Houses of Parliament;
- > becomes bankrupt;
- > is convicted of an indictable offence or is imprisoned for an offence;
- > becomes a member of Parliament of South Australia or any other State of the Commonwealth, or becomes a member of a Legislative Assembly of a Territory of the Commonwealth;
- > Becomes, in the opinion of the Governor, mentally or physically incapable of performing the functions of the position satisfactorily;

or in the unfortunate event that the person appointed to the position of Community Visitor dies.

## Training Program

The Community Visitor Scheme is committed to providing high quality, relevant and comprehensive training to empower Community Visitors with the knowledge and skills to undertake their duties with confidence. Taking into account the diversity of experience, skills and knowledge that volunteers bring to their role, as well as lessons learnt from community visitor programs operating interstate, the Community Visitor Scheme Volunteer Training Program will include, but not be limited to the following training modules:

1. Overview of Mental Health Services in South Australia
2. Mental Health Diagnoses
3. Introduction to the Community Visitor Scheme
4. Roles and Responsibilities of Community Visitors
5. Cultural Competency: Aboriginal People and Mental Health Services
6. Cultural Competency: Culturally and Linguistically Diverse Communities and Mental Health Services
7. Strategies for Engaging with Patients
8. Undertaking Visits to Treatment Centres
9. Safety During Visits to Treatment Centres
10. Referring Matters of Concern and Providing Advocacy
11. Reporting and Follow-Up
12. Volunteer Support

The Community Visitor Scheme Volunteer Training Program will be facilitated in partnership with a range of health workforce training providers.

## Supervision

The Community Visitor Scheme requires that a newly recruited Community Visitor undertake observation visits as part of the orientation process prior to being appointed by the Governor. This will provide the trainee Community Visitor with an opportunity to see the practical application of key areas covered in the training program.

A formal feedback process with the Principal Community Visitor will follow to determine whether the Community Visitor in training is ready to commence in the role.

Formal, ongoing support and mentorship will be provided to Community Visitors as an opportunity to offer feedback, discuss any matters of concern and provide opportunities for debriefing, troubleshooting and early risk management.

## Feedback Opportunities

Regular feedback opportunities for Community Visitors will be arranged by the Principal Community Visitor and provide the opportunity for Community Visitors to give and receive feedback, have their personal strengths highlighted and to be guided in the implementation of any identified service improvement strategies.

## Peer Support

Regular communication opportunities will be provided for Community Visitors to share their experiences and welcome new visitors to the team. These will also provide opportunities for troubleshooting, snapshots of current information and legislation relevant to the sector, information on training and professional development opportunities. Administrative staff will assume responsibility for facilitating communication, and all Community Visitors will be encouraged to contribute, providing an additional opportunity outside of training days for Community Visitors to network with each other and access peer support.

## Continuous Improvement of Services

Community Visitors play an important role in ensuring that standards of care within mental health services across South Australia meet key performance indicators for quality mental health care service provision.

Standardised reporting templates utilised by Community Visitors collect a range of information on systems, processes and operations within treatment centres. Information drawn from a range of sources including documents held at the facility, observations and, most importantly, discussions with patients, carers, family members and facility staff.

## Data Management

The Community Visitor Scheme recognises the importance of comprehensive data collection and data management as a tool for measuring the quality of service delivery systems within the health sector, and ensures the inclusion of comprehensive data management practices within all evaluation and strategic planning processes, as well as the provision of training for volunteers in appropriate data collection and storage.

## Visits

**When conducting a visit and inspection of a treatment centre, Community Visitors must:**

- > where practicable inspect all parts of the centre used for or relevant to the care, treatment or control of patients;
- > where practicable make any necessary inquiries about the care, treatment or control of each patient detained or being treated in the centre;
- > take any other action required under the regulations;
- > report findings of the inspection to the Principal Community Visitor in accordance with reporting requirements.

**and specifically inspect and report on the following:**

- > the adequacy of services for assessing, treating and caring for persons within the treatment centre;
- > the standard and appropriateness of facilities for the accommodation, physical wellbeing and welfare of persons receiving treatment or care;
- > the adequacy of information provided to patients and their carers regarding their legal rights;
- > the adequacy of information provided to patients and their carers regarding complaints processes, and the effectiveness of complaints processes;
- > records on the use of mechanical means of bodily restraint;
- > records on the use of seclusion;
- > any other records or registers required to be kept under the *Mental Health Act 2009* or any other Act;
- > the level to which patients and carers are included as valued sources of input for treatment and care planning.

**Additionally, Community Visitors are required to:**

- > visit and interview any person who is being treated or cared for at the treatment centre, subject to consent by the person receiving treatment or care.

## Feedback for Facility Staff

Upon completion of a visit and inspection of a treatment centre, Community Visitors are required to provide initial feedback to the Director or delegate of the treatment centre prior to leaving the facility, with this feedback opportunity followed up by a more formal written report to the Director of the treatment centre. Formal feedback through Community Visitor reports:

- > allows treatment centre staff to be notified of any issues that need to be addressed regarding the provision of treatment and care within the facility;
- > facilitates discussions between treatment centre staff and provides an additional platform for troubleshooting;
- > provides key information from consultations with patients, carers and family members to inform and guide service provision;
- > assists with risk assessment and management within the treatment centre;
- > provides information to guide strategic and workforce planning and development.

## Staffing Requirements

Monthly inspections of a treatment centre must be conducted by 2 or more Community Visitors.

If a patient, carer, family member or staff member requests a visit by a Community Visitor, a single Community Visitor may conduct the visit. Should the visit by a single Community Visitor result in the need for the treatment centre to be inspected, 2 or more Community Visitors must carry out the inspection of the treatment centre.

## Frequency of Visits

Each treatment centre must be inspected by Community Visitors once each month by two or more Community Visitors. A patient or any other person who is providing support to a patient may request to see a Community Visitor at any time.

## Notification

A visit and inspection of a treatment centre may be made by Community Visitors with or without prior notification to facility staff.

## Hours of Visits

Community Visitors may carry out a visit and inspection of a treatment centre at any time of the day or night, and a visit may be of such length as Community Visitors deem appropriate.

## Identification

Once appointed to the Community Visitor Scheme, all Community Visitors will be issued with an identification and security pass that is required to be worn during hours of duty and displayed upon arrival at a treatment centre.

## Arrival and Departure

Community Visitors are required to give verbal notification to treatment centre staff upon arrival at and departure from a treatment centre.

## Safety during Visits

As part of the orientation and training process, Community Visitors are required to undertake comprehensive training in the safety and risk assessment protocols required to be adhered to during any visit and inspection of a treatment centre. Refresher information will be provided and circulated to all volunteers, with the opportunity for Community Visitors to contribute any experiences that may be of benefit to the rest of the team.

## Responsibilities of Treatment Centre Staff

Treatment centre staff are required to provide Community Visitors with a briefing on any possible disruption to conducting the visit, or anything that they should be made aware of with regards to visiting persons receiving care and treatment within the facility. Reasonable assistance and cooperation is required to be provided by treatment centre staff to ensure that Community Visitors are able to carry out their required duties.

## Powers of Inspection

Community Visitors have the power to inspect all parts of a treatment centre used for or relevant to the care, treatment or control of patients, where practicable.

## Documentation Inspection

Community Visitors have the power to inspect all documents or medical records relating to persons receiving treatment or care within the treatment centre, subject to obtaining consent from persons receiving treatment and care.

## Power to Interview

Community Visitors may visit and interview any person who is being treated or cared for at a treatment centre, subject to consent by the person receiving treatment or care.

Additionally, Community Visitors may visit and interview all facility staff involved in the provision of treatment and care, as well as treatment centre management.

## Patient Consent

Community Visitors are required to seek consent from patients to inspect documents or medical records pertaining to them and patients can request not to be seen by a Community Visitor.

## Requests to Meet with Community Visitors

A request to meet with a Community Visitor may be made by a patient or a guardian, carer, relative, friend or medical agent of the patient. If such a request is made to the Director of a treatment centre in which the patient is being detained or treated, the Director is required to advise a Community Visitor of the request within 2 days after receiving the request.

## Working with Interpreters

Community Visitors are required to undertake training on working with interpreters as part of cultural competency training. When undertaking an interview with a patient, family member or carer who is unable to communicate adequately in English but could communicate adequately with the assistance of an interpreter, the Community Visitor is required to arrange for a competent interpreter to assist during the interview process.

## Privacy Management

Community Visitors are required to ensure that all information collected, recorded or disposed of while undertaking a visit and inspection of a treatment centre adheres to the confidentiality and information sharing provisions outlined in the *Mental Health Act 2009*.

## Referral of Issues for Advocacy

Community Visitors provide an advocacy role in referring matters of concern and promoting the proper resolution of issues and can:

- > provide information and assistance to support and empower patients, carers and family members to make a complaint or express their concerns about any aspect of treatment and care being provided within a treatment centre;
- > assess complaints lodged by patients, carers or family members to determine whether the complaint is being managed effectively;
- > with patient consent, discuss any complaints that patients, carers or family members may have with the patient's treating team, to facilitate efficient and effective resolution;
- > provide referral options if the complaint is complex and requires involving external parties in order to seek resolution;
- > investigate the adequacy of information provided to patients, carers and family members with regards to their legal rights.

## Reporting Requirements for Community Visitors

After visiting and inspecting a treatment centre, a Community Visitor must report on the visit to the Principal Community Visitor, adhering to formal reporting templates and submitting the report to the Principal Community Visitor within 5 business days of undertaking the visit. Additionally, a copy of the report must be provided to the Director of the treatment centre.

## Reporting Requirements for the Principal Community Visitor

On or before the 30 September each year, the Principal Community Visitor is required to forward a report to the Minister on the work of Community Visitors during the previous financial year. Within 6 sitting days of receiving the report, the Minister must have copies of the report laid before both Houses of Parliament. The Principal Community Visitor may, at any time, prepare a special report to the Minister on any matter regarding the performance of Community Visitor functions. Within 2 weeks of receiving a special report from the Principal Community Visitor, the Minister is required to have copies of the report laid before both Houses of Parliament. If Parliament is not sitting, the Minister is required to deliver copies of the report to the President and the Speaker. The President and the Speaker must then immediately organise for the report to be published, and lay the report before their respective Houses as soon as possible.

## Reporting an Offence

In the case where a Community Visitor has reason to believe an offence has or is being committed under the *Mental Health Act 2009* or any other Act, the Community Visitor is required to:

- > Report the offence to the Principal Community Visitor immediately.
- > Take reasonable steps to preserve any evidence relating to the offence.
- > Await further direction from the Principal Community Visitor.

If the Principal Community Visitor has reason to believe that an offence has or is being committed at a treatment centre, the Principal Community Visitor must inform the Chief Psychiatrist immediately.

## Follow-up

Where issues have been raised within a Community Visitor report, the Principal Community Visitor is required to follow-up with the Director of the treatment centre within 2 weeks of issuing the report to the Director of the treatment centre.

The Principal Community Visitor is required to report to the appropriate person or body in the case where the Director of the treatment centre has not taken adequate or reasonable action to implement recommendations made by the Community Visitor in their report.

## Adverse Events

The Chief Psychiatrist will inform the Principal Community Visitor of any adverse events, suicide and deliberate self-harm occurring within a treatment centre, and the Principal Community Visitor will follow up with treatment centre staff to ensure that appropriate support services are offered to family members and carers.

## Liability

Community Visitors appointed on a volunteer basis with the Community Visitor Scheme will receive full insurance protection and exclusion from liability while undertaking duties in accordance with their role and responsibilities as a Community Visitor.

## Occupational Health Safety and Welfare

An understanding of occupational health, safety and welfare principles as they apply to the mental health sector is a pre-requisite for appointment to the position of Community Visitor, and all Community Visitors successfully appointed are required to undertake occupational health, safety and welfare training as part of their orientation into the Community Visitor Scheme Volunteer Training Program.

If a Community Visitor sustains an injury while on duty, the Community Visitor is required to fill out a workplace incident report and submit this report to the Principal Community Visitor as soon as practicable.

## Reimbursement of Expenses

The Community Visitor will be reimbursed for all approved expenses within a timely manner following submission of all relevant receipts together with a signed expenses claim form. A list of expenses able to be claimed will be clearly outlined in the reimbursement procedure.

## Exit Interview

Community Visitors exiting the Community Visitor Scheme will be invited to attend an exit interview as an opportunity to provide feedback on their experience with the program in order to assist with service improvement strategies.

## Evaluation

A comprehensive participatory action evaluation model underpins all strategic directions of the Community Visitor Scheme, encompassing consultations with volunteers, treatment centre staff and service partners as well as quantitative data collection to ensure relevance and continuous service improvement.

## Code of Conduct

The following Community Visitor Scheme Code of Conduct outlines the standard of conduct required of Community Visitors and is required to be signed by all volunteers upon appointment to the Community Visitor Scheme.

Community Visitors will:

- > Use their role to improve the experience of patients, their families and carers in receiving responsive and appropriate mental health services.
- > Treat mental health patients, their families and carers with dignity and respect.
- > Respect the choices of mental health patients, their families and carers.
- > Ensure that the needs of mental health patients, their families and carers are acted upon promptly in accordance with their role and responsibilities.
- > Respond promptly to any issues of concern raised by mental health patients, their families and carers.
- > Facilitate respectful working relationships with all service partners, including treatment centre staff, other volunteers and program staff.
- > Generate mandatory, standardised reports following each visit and inspection of a treatment centre in accordance with training.
- > Be guided by and adhere to all the principles and processes outlined within the Community Visitor Scheme policies and procedures.
- > Ensure adherence with all communication protocols, including those pertaining to privacy and confidentiality.
- > Complete all orientation and ongoing training required to be undertaken to carry out the duties of Community Visitor.
- > Ensure that personal interest does not influence the way the duties of Community Visitor are carried out and disclose any conflict of interest.
- > Contribute to a volunteering environment that is welcoming, supportive, respectful and safe.

Name\_\_\_\_\_

Signed\_\_\_\_\_

Date\_\_\_\_\_

For more information

**Principal Community Visitor**

**[cvs@health.sa.gov.au](mailto:cvs@health.sa.gov.au)**

**Telephone: 8226 0315 or 1800 606 302**

**[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)**

If you require this information in an alternative language or format please contact Community Visitor Scheme on the details provided above and they will make every effort to assist you.



<http://www.gilf.gov.au/>

