THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

2024-2025

ANNUAL REPORT

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

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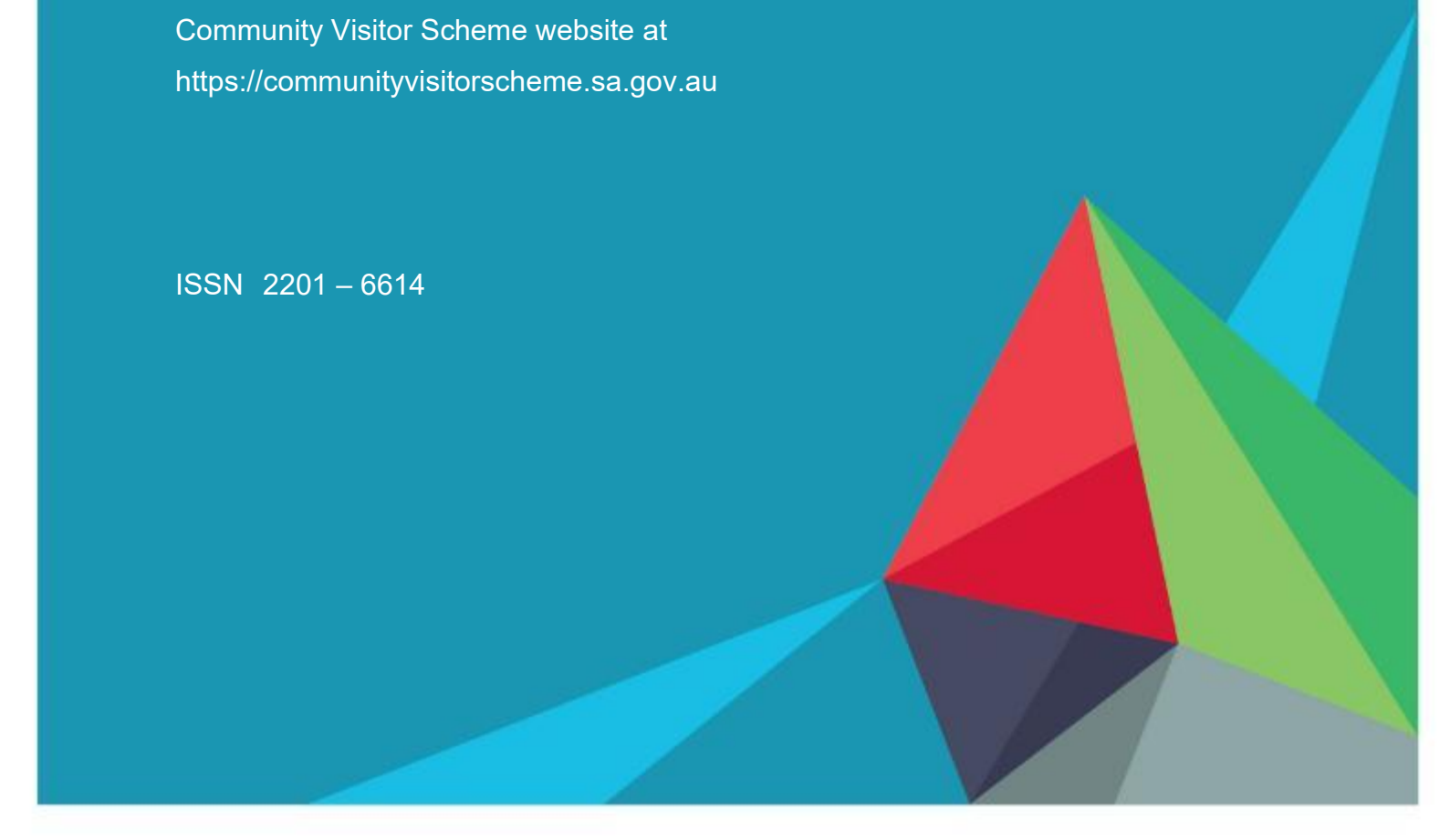

Acknowledgement of Country

The Community Visitor Scheme (CVS) acknowledges and respects Aboriginal people as the state's first people and nations and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters. CVS acknowledges the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that Aboriginal people maintain cultural and heritage beliefs, languages and laws which are of ongoing importance today.

The above artwork is by Jordan Lovegrove, a Ngarrindjeri artist and tells the story of the Community Visitor Scheme and all the volunteers who engage with and advocate for community receiving disability or mental health services in South Australia.

United Nations Convention on the Rights of Persons with Disabilities

CVS acknowledges the United Nations Convention on the Rights of persons with Disabilities (UNCRPD) Article 16.3:

“In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programs designed to serve persons with disabilities are effectively monitored by independent authorities.”

CVS is such a program and performs its functions as an independent authority in visiting mental health services and state-run disability services.

Disclaimer

Every effort has been made to ensure this document is accurate, reliable, and up to date at the time of publication. CVS will not accept responsibility for loss caused by reliance on this information and makes no representation or warranty regarding the quality or appropriateness of the data or information.

Government of South Australia

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Hon Chris Picton MP

Minister for Health and Wellbeing

Citi Centre Building

11 Hindmarsh Square ADELAIDE SA 5000

Dear Minister

Annual Report for 2024-2025

In accordance with Division 2, section 54 (1) of the *Mental Health Act, 2009* (the Act), it gives me great pleasure to submit to you this Annual Report of the Principal Community Visitor 2024-2025 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2025.

Yours sincerely

Anne Gale

Principal Community Visitor

30 September 2025

Government of South Australia

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Hon Nat Cook MP

Minister for Human Services

1 King William Street ADELAIDE SA 5000

Dear Minister

Annual Report for 2024-2025

In accordance with Regulation 6(2) of the *Disability Services (Community Visitor Scheme) Regulations 2013*, it gives me great pleasure to submit to you the Annual Report of the Principal Community Visitor 2024-2025 for presentation to Parliament.

This report provides an account of the work of the South Australian Community Visitor Scheme during the financial year ending 30 June 2025.

Yours sincerely

Anne Gale

Principal Community Visitor

30 September 2025

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MESSAGE FROM THE PRINCIPAL COMMUNITY VISITOR

YEAR IN REVIEW 2024-2025

I am pleased to present the 2024-2025 Annual Report for the South Australian Community Visitor Scheme (CVS). This report outlines the key activities, findings and achievements of CVS over the year and highlights the Scheme's contributions to promoting the wellbeing, dignity, safety and rights of people receiving support from a mental health service, state-run disability service or participants of the National Disability Insurance Scheme (NDIS) who have a guardianship order appointing the Public Advocate (OPA).

With our dedicated volunteers, CVS provides independent oversight of services and listens to the voices of vulnerable South Australians to ensure their rights and dignity are upheld.

At 30 June 2025, 33 appointed Community Visitors (CVs) had:

- completed 698 total community visits across mental health sites, state-run disability accommodation and Public Advocate clients who are NDIS participants
- raised and identified 459 issues to visited services
- received 88 requests for advocacy

During the year I visited 23 Disability Services (DHS) and 15 mental health services across the state. As other CVs advise, engaging with residents, clients, families and guardians, it has been both insightful and incredibly rewarding.

I acknowledge the consistently positive reports and feedback received by CVs for many services and sites with high quality services in many instances. Our visits and reports also flag issues, identify trends or, in some cases highlight concerns for response and action.

In the mental health sector, there was significant progress on 72 new rehabilitation beds across three local health networks (Central Adelaide, Northern Adelaide and Southern Adelaide) and six new beds in Mount Gambier. However, similar investment is still required to modernise the James Nash House building for forensic mental health clients and relocate the Tarnanthi Sub Acute service for forensic disability clients at Glenside, to a more community-based service model with appropriate space. Other issues in the mental health sector, included a lack of culturally appropriate support for Aboriginal clients, skills shortages, use of agency staff and recruitment difficulties particularly in regional areas. The state campaign to attract people to fill mental health roles was welcomed with some outcomes already being achieved.

In disability services, systemic issues included inadequate staff ratios linked to changed NDIS funding levels, and reported delays to the implementation of, and out of date Positive Behaviour Support Plans (PBSPs), that can include restrictive practices. Access to specialists for assessments and changes to clients' community participation funding through NDIS plan reviews were also identified in some cases.

The CVS has experienced growth in the number of mental health services gazetted creating greater reach for visiting. Over the past six years mental health visits alone have increased from 60 to 83 (a 38% increase). Five additional community mental health services gazetted late in the reporting period will now be included next year's schedule. As services grow and visits increase, CVS reviews priorities to allocate CVS resources in the most effective way. As with other organisations reliant on volunteer skills and time, CVS has experienced challenges in recruiting volunteers in line with national trends. Ongoing recruitment and sustainability of the scheme infrastructure is a priority to enable the CVS to undertake the growth in visits that has occurred in recent years.

During the year, CVS implemented new ways of working, for example, the introduction of a new version of the Salesforce system and implementing a volunteer portal, that improved the operation of the scheme. In future, implementing an automated scheduling system for CVS visits will be a priority as the scheme grows.

Without our volunteer CVs we could not fulfil our role in the community. It is always a pleasure to spend time with our volunteers and we celebrated their contribution at a thank you event held in December last year, attended by the Hon Chris Picton MP,

Minister for Health and Wellbeing and the Hon Nat Cook MP, Minister for Human Services. The Ministers launched the Community Visitor Scheme Volunteer Service Awards, in recognition of the CVs' time volunteering with the scheme. Badges were awarded for one, three, five, seven and 10 years of volunteer service. Each CV and orientee, received a South Australian Volunteer Certificate of Appreciation.

It is immensely rewarding to see volunteers dedicate their time to learning new approaches, upskilling and staying abreast of current issues in the sectors they work.

I would like to thank the Community Visitor Scheme Advisory Committee, including Anne Burgess, the inaugural Chair. The Advisory Committee provides a forum for robust discussion and strategy development to assist in addressing issues that arise from our collective work.

I would also like to thank the staff of CVS, a very small team who work tirelessly to schedule visits, follow up reports and advocate for clients, as well as undertake policy and project work to improve what we do, train new CVs; and much more. It's a lean team that has achieved so much during 2024–2025.

Anne Gale

Principal Community Visitor

Figure 1: Community Visitor Scheme highlights of 2024–2025

1. ABOUT THE COMMUNITY VISITOR SCHEME

The Community Visitor Scheme (CVS) plays a vital role in the South Australian Government's safeguarding framework, recruiting volunteers as Community Visitors (CVs) to report on service systems using a rights-based approach. CVs visit services and advocate for individuals who access mental health treatment centres and state-run disability supports. Unlike other safeguarding schemes, CVS is proactive rather than reactionary in nature, enabling advocacy for quality of life from the client's perspective.

1.1 Function

CVS, the Principal Community Visitor (PCV) and the Assistant Principal Community Visitor (APCV) are tasked with visiting services prescribed in legislation, namely mental health services and Disability Services sites operated by the Department of Human Services (DHS). CVs can also visit Public Advocate clients who are NDIS participants. A summary of functions is shown in Figure 2.

CVs visit services and report on domain areas linked to human rights to ensure inclusive practices are being used. Reporting domains include client safety, restrictive practices minimization, clients having a say in daily living activities, and clients accessing the community to do things they enjoy. Chapter 3 outlines domains in more detail. Importantly, during the visit, CVs listen to the voices of clients and families to identify any issues as well as innovations in service provision. After a visit concludes, CVs submit a written report for review by the PCV, and any issues or matters of concern are referred to relevant services or authorities, for their consideration and response.

Figure 2: Summary of functions

1.2 Organisation structure and funding

CVS draws its powers and functions under dual legislation: the *Mental Health Act 2009,* and the *Disability Services Act (Community Visitor Scheme) Regulations 2013*. However, it is the *Mental Health Act 2009*, that establishes the Community Visitors Scheme and creates the roles of the Principal Community Visitor (PCV) and the Community Visitors. The PCV leads the Scheme and is appointed by the Governor on the recommendation of the Executive Council under the *Mental Health Act 2009.*

CVS is funded by the Department of Health and Wellbeing (DHW) and the Department of Human Services (DHS) and comprises of a small number of paid staff and volunteers.

Led by the PCV, the team has an Assistant Principal Community Visitor, an Administrative Officer, two Coordinators (a Mental Health Coordinator and a Disability and Public Advocate Coordinator), a Recruitment and Training Officer and a Scheduling Officer as in Figure 3.

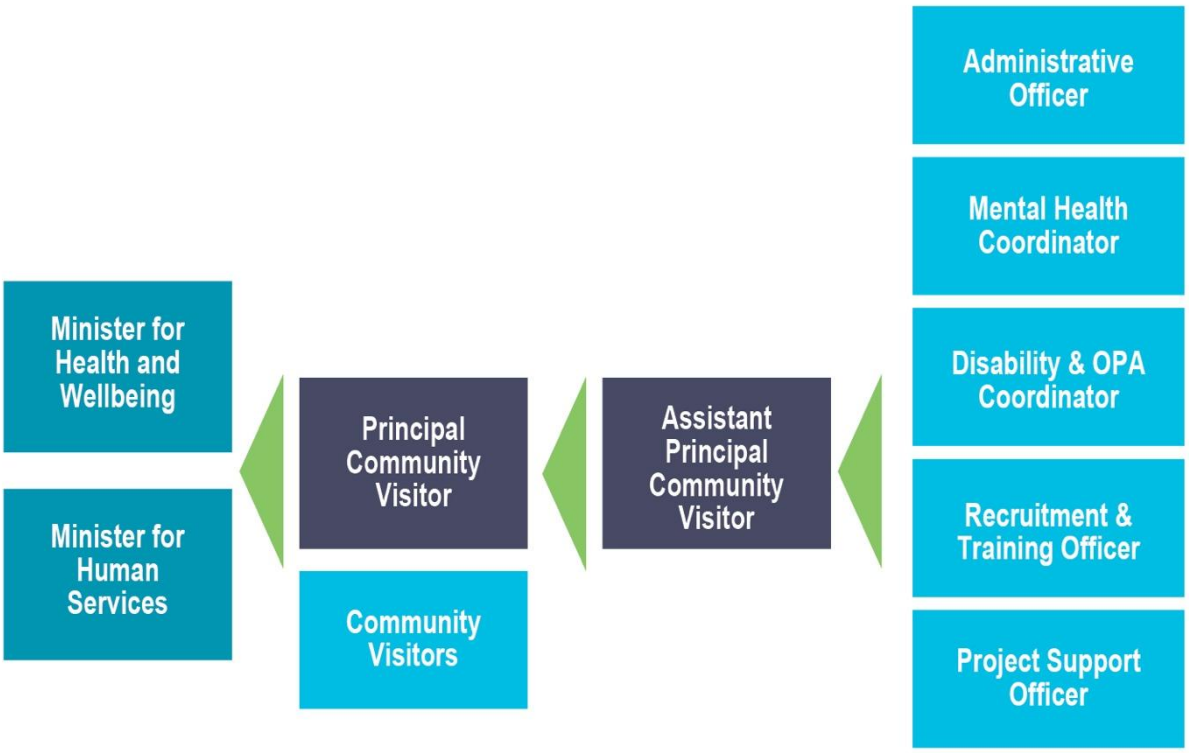

Figure 3: The Community Visitor Scheme organisational structure

1.3 Governance

The PCV reports to the Minister for Health and Wellbeing on matters related to the Scheme's functions under the *Mental Health Act 2009*, and to the Minister for Human Services on matters related to the Scheme's functions under the *Disability Services Act (Community Visitor Scheme) Regulations 2013.*

1.4 The Community Visitor Scheme Advisory Committee

The Community Visitor Scheme Advisory Committee comprises experts and influencers in the areas of disability and mental health to advise the Principal Community Visitor on strategic matters related to the Scheme. The Advisory Committee (see Appendix 9.5 for a list of members) is responsible for:

- providing strategic advice and support to the PCV regarding CVS
- assisting the PCV by providing advice and support in the development of reports to the Minister responsible for administration of the relevant legislation
- providing advice for policy, procedure and practice in accordance with the *Mental Health Act 2009* and the *Disability Services (Community Visitor Scheme) Regulations 2013*

- providing advice in terms of strategies and processes to ensure continuous improvement of CVS and the work of the CVs
- assisting in facilitating relevant and appropriate networks and relationships to increase awareness of CVS
- bringing together individual and collective efforts in a collaborative approach to consider matters with the aim of improving mental health services and provision of Disability Services (DHS) within South Australia
- upholding the United Nations Convention on the Rights of Persons with Disabilities

Figure 4: Demographics of Community Visitors 2024-2025

2. OUR COMMUNITY VISITORS

The CV role is voluntary and requires time to undertake visits and inspections and write post-visit reports for review by CVS staff. Our volunteers are recruited through a four-step application process and successful candidates are appointed by the Governor of South Australia for a three-year term. Volunteers provide an invaluable service to ensuring quality service is provided to vulnerable South Australians across the state.

Formal qualifications are not required for the CV role, but applicants must:

- be 18 years of age or over
- not be working or studying full-time
- have access to a computer and mobile phone
- have essential personal aptitudes/skills (i.e. report writing)

Photo 1: 2024 Community Visitor Scheme Appreciation Lunch and Volunteer Celebration with the Hon Chris Picton MP (fifth from left), the Hon Nat Cook MP (eighth from left), Anne Gale Principal Community Visitor (fourth from left) and Lisette Claridge Assistant Principal Visitor (first from left) and the Community Visitors in December 2024

CVs are required to have excellent communication and interpersonal skills, a desire to support people through advocacy and a dedication to improving services. People with lived experience, from culturally and linguistically diverse backgrounds, and Aboriginal or Torres Strait Islander people are encouraged to apply. A complete list of all CVs who were appointed for all, or in part of the reporting period, is in Appendix 9.2.

2.1 Demographic of Community Visitors

CVS receives applications from people of all ages ranging from people in their early 20s to 70 years old. The average age of CVs in the reporting period was 60 and the average length of service is approximately three and a half years, with the longest serving CV serving for 12 years. Among the CVs 45% are retired and 51% are employed in part-time work while 21% are studying part-time and 12% speak another language other than English. Nearly a quarter of CVs have lived experience with mental health issues, living with or caring for, a person living with a disability.

2.2 Appointments, re-appointments and resignations

The number of CVs was slightly lower compared to the last reporting period and during the year ranged from 33 to 37 (see Table 1). There is a range due to retirement, recruitment and appointments being ongoing throughout the year, as the onboarding process is multi-staged. There were seven new appointments in 2024-2025 compared to 10 in 2023-2024 and five resignations compared to four last year. There were five people not reappointed due to having other commitments, ill health and one taking on full-time work.

	2023 - 2024	2024 - 2025
No. Community Visitors	36 - 41	33 - 37
No. of new appointments	10	7
No. of reappointments	8	10
No. of resignations	4	5
No. not reappointed	5	5

Table 1: Comparison of Community Visitor appointments over two reporting periods

MEET MAREE HOLLARD

COMMUNITY VISITOR SINCE FEBRUARY 2019

Photo 2: Maree Hollard, Community Visitor

After thirty years working in the disability employment sector, it was time to retire, but I wanted to continue to contribute in a meaningful way. I already volunteered for the local council and on the board of a small accommodation service. CVS was suggested by a friend, and I was attracted by the values of the organisation which were like mine.

I enjoy working with and advocating for people with a disability and this role has allowed me to continue. I have also enjoyed meeting and collaborating with partners during the visits and catching up during training and information sessions, and of course at Christmas and other celebrations.

My previous experience was mostly in the employment sector but in this role, I have been able to extend that scope visiting mental health services as well as Disability Services and hospitals. There have also been opportunities to learn from other CVs who bring their knowledge and expertise.

It has now been six years since I joined CVS and I'm still here and still learning. I appreciate the support of staff who are always ready to help when needed.

2.3 Becoming a Community Visitor

There is a four-stage process to appoint CVs as shown in Figure 5. Becoming a CV includes a comprehensive training and orientation program.

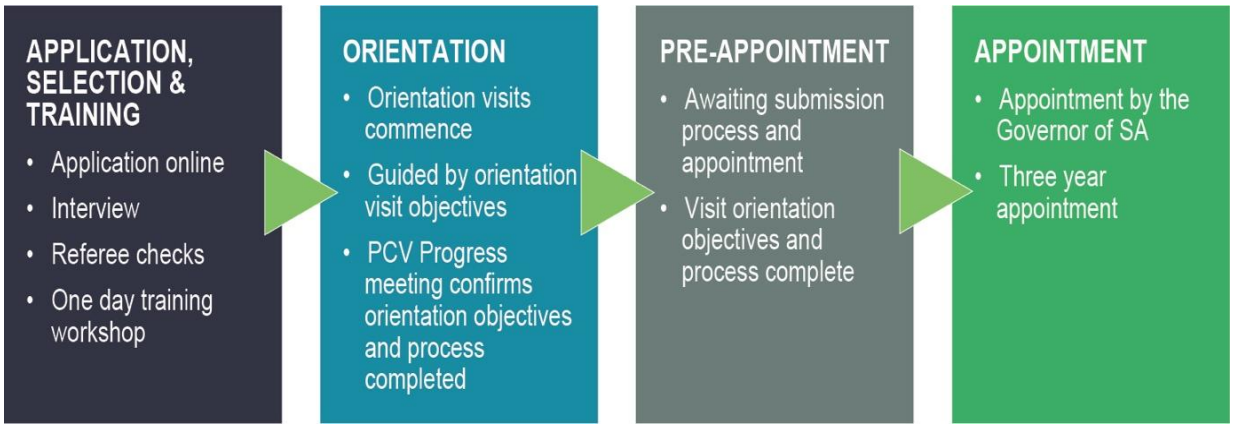

Figure 5: Four-stage Community Visitor recruitment process from application to appointment

Stage 1 - Application, selection and training

In 2024-2025 18 people submitted an application to become a CV and all were contacted for further discussion. During these initial discussions, applicants were informed about the expectations of undertaking visits and the application process.

Following this discussion, nine people were interested in progressing and were invited to attend an interview. From the nine invited, seven attended interviews and were invited to complete training. Six completed training, with the seventh delaying until next financial year.

Stage 2 – Orientation

Once selected, applicants completed a one-day training program, then completed a series of orientation visits with experienced CVs. During this period, feedback is exchanged between the orientee and the PCV.

Stage 3 - Pre-appointment

Pre-appointed CVs undertake early visits with an experienced CV who provides mentorship. When orientees successfully completed their training and orientation, a meeting is held with the PCV for the purpose of a general discussion about their experience, including the need for further training. When CVs are recommended for appointment, they sign the ‘Conditions of Appointment’ and ‘Principles of Conduct’

documents prior to being formally appointed.

Stage 4 – Appointment

CVs are appointed by the Governor of South Australia for an initial three-year period. All appointments are published in the South Australian Government Gazette. All appointees have a yearly review meeting with the PCV.

2.4 Volunteers support

To retain skilled volunteers over a three-year term CVS provided:

- ongoing training, education and development opportunities
- travel cost reimbursements
- an annual honorarium up to $1200 per volunteer (conditional as per the policy)

2.5 Community Visitor Forums

CVS facilitates a culture of collaboration and learning with our volunteers through Community Visitor forums, an important platform for knowledge sharing, education and strengthening connections. The CVs were invited to five forums during the year. Education sessions were held on the following topics:

- Autism Awareness and Understanding – presented by the Office for Autism
- the new Community Visitor Scheme Volunteer Portal and Reporting System
- An introduction to Lumary in Disability Services – presented by the Project Manager, Disability Services (DHS)
- the Queen Elizabeth Hospital Mental Health Rehabilitation Project – presented by the Central Adelaide Health Network (CAHLN) Project Team
- update on the Limestone Coast Local Health Network (LCLHN) - presented by the Director, Mental Health Services

JUDY HARVEY

CELEBRATING 10 YEARS OF VOLUNTEERING

Photo 3: Hon Chris Picton MP, Minister for Health and Wellbeing (L) and Hon Nat Cook MP, Minister for Human Services (R) awarding Judy Harvey Community Visitor (C) for 10 years of service

Judy Harvey is our longest serving Community Visitor and has been with CVS for 10 years, an incredible achievement and contribution to the Scheme. Judy retired from service in December 2024. Prior to joining CVS Judy had considerable experience in the disability sector, where she started her visits. Since then she expressed interest in learning more and conducting mental health visits. We thank Judy for her unwavering support over the past decade and the contribution she has made to the team and the community over this time. CVS wishes Judy all the best in her retirement from the Community Visitor role.

ANNE BURGESS AM

CHAIRPERSON OF CVS ADVISORY COMMITTEE - CELEBRATING OVER 10 YEARS

Photo 4: Hon Chris Picton MP, Minister for Health and Wellbeing (L) and Hon Nat Cook MP, Minister for Human Services (R) awarding Anne Burgess CVS Advisory Committee Chair (C) for 10 years of service

CVS also acknowledged Anne Burgess AM who has served as the Chairperson of CVS Advisory Committee for over 10 years. Thank you, Anne, for your leadership and 10 years of outstanding service to CVS. On behalf of the communities we serve, all the staff and volunteers, your contribution and dedication is greatly appreciated.

CLIFFY TANGKY MUNAITYA WILSON

WELCOME TO COUNTRY

Photo 5: Cliffy Tangky Munaitya Wilson delivered a Welcome to Country at the 2024 CVS Appreciation Lunch and Volunteer Celebration in December

Cliffy ‘Tangky Munaitya' Wilson is a Cultural Educator with Kuma Kaaru Cultural Services and has spent many years showcasing and sharing his culture, locally, nationally and internationally. Cliffy is a proud Kaurna, Narungga, Ngarrindjeri, Ngadjuri and Arrente man and CVS was honored to learn from him at the 2024 CVS end of year thank you event.

2.6 How we promote the Scheme

CVS' recruitment strategy is ongoing and volunteer opportunities are promoted on various social media platforms, including the Community Visitors Scheme website (web visit statistics in Appendix), Volunteering SA&NT and other career sites (e.g. Seek and GoVolunteer). CVS manages and posts on Facebook and Linked In accounts and appointed CVs are asked to talk about their role within their own networks to encourage others to take an interest in the Community Visitors Scheme.

Australian Nursing & Midwifery Foundation

CVS attended the Australian Nursing & Midwifery Foundation SA Branch (ANMF) workshop and had an exhibitor's table at their "Retirement Ready: A Nurse / Midwife's path to a secure future" session, in February 2025. Community Visitor Emeritus Professor Eimear Muir-Cochrane, whose career in mental health spanned 30 years and covered research, education and clinical practice, attended along with Rondelle Oster, CVS Recruitment and Training Officer.

They spoke with participants about how volunteering with the CVS can be a rewarding way to continue to use the skills and knowledge built over their career. As a follow up to the workshop, the ANMF published an article about volunteering with the SA Community Visitors Scheme in their July 2025 issue of their quarterly magazine "InPractice" as shown below.


Support

Professor Eimear Muir-Cochrane, a retiree and volunteer at CVS, with CVS' Rondelle Oster at last year's ANMF SA Annual Professional Conference.

THE UPSIDE OF RETIREMENT

YOUR SKILLS ARE NEEDED

Retirement doesn't mean your impact ends. The skills of retired nurses, midwives and personal care assistants are highly valued and in demand.

Decades of experience in a healthcare setting is an incredible asset to organisations such as The South Australian Community Visitor Scheme (CVS), which plays an essential role in visiting persons who are recipients of mental health or disability services and report on their wellbeing, dignity, safety and rights.

Professor Eimear Muir-Cochrane is a retiree and Emeritus at Flinders University, with a career spanning more than 30 years across research education and clinical practice in mental health. She has been a volunteer at CVS for three-and-a-half years.

Eimear's role as a CVS volunteer involves visiting and inspecting mental health facilities, state-run disability accommodation and hospital emergency departments.

Most importantly, the CVS is about engaging with clients to receive feedback about their care and the service they receive.

"We give people living with a disability or mental health condition a voice and advocate for their rights and needs. In many cases our clients are looking for someone who will listen to them, and by asking the right questions we can then provide them with guidance and assistance," Eimear says.

"If you have a spirit of community and a passion for building social capital, being involved in improving good care for people who are vulnerable is a very rewarding volunteer role – give it a go."

Principal Community Visitor Anne Gale said the CVS was always on the lookout for people willing to donate their time to make a difference in the lives of people living with a disability of mental health condition.

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Volunteering for the Community Visitor Scheme (CVS) can be a fulfilling way to contribute to your community during retirement.

"Our existing team of volunteer Community Visitors come from a range of backgrounds, including various streams of nursing – general, mental health, disability etc. Each of them brings their own unique skills and experiences," she said.

I encourage people to volunteer with the South Australian Community Visitor Scheme; to give back to the community and be part of a supportive team of dedicated people.

Anne Gale

"The one thing they have in common is they have a passion to assist in upholding the rights and promoting the wellbeing of people accessing mental health or state-run disability services here in South Australia.

"I encourage people to volunteer with the South Australian Community Visitor Scheme; to give back to the community and be part of a supportive team of dedicated people."

CVS volunteers also visit clients of the Office of the Public Advocate (OPA), who are participants of the National Disability Insurance Scheme (NDIS).

Volunteers receive full ongoing support and training, work in pairs and write reports on various site visits.

The South Australian Community Visitor Scheme is welcoming new volunteers to join the team and just like Eimear, you too can make a significant difference to the lives of others.

Visit communityvisitorscheme.sa.gov.au or contact 1800 606 302 for more information.

Why Become a Community Visitor Scheme Volunteer?

- Use and further develop your skills and experience to help others
- Improve the quality of life and care of people living with a disability or mental health condition
- Volunteer and connect with peers and like-minded people
- Protect and uphold the rights of people living with a disability or mental health condition
- Advocate for improvements to the system of care

Did you know?

If you are retired and working as a volunteer, you can still engage in Continuing Professional Development (CPD) with the ANMF SA to stay up to date on the latest practices and standards.

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Image: CVS feature in the ANMF quarterly magazine, InPractice

Photo 6: CVS staff attended the Australian Nursing and Midwifery Foundation event

2.7 Engagement and events

National Volunteer Week 19-25 May 2025

National Volunteer Week was a great opportunity to acknowledge and thank our CVs for their dedication to their roles. The theme for National Volunteer Week in 2025 was 'Connecting Communities' and celebrated the power of volunteering to bring people together.

Two CVs and two staff attended the 2025 SA State Volunteering Conference. They were fortunate to hear from a great range of guest speakers on a wide variety of topics including Building a Rural Volunteering Roadmap, Connecting Communities through Volunteering and AI: Opportunities for the Volunteering Sector.

Community Visitors Volunteer Service Awards

CVS developed a new recognition award for CVs to acknowledge time volunteering. The Awards were launched at the 2024 Community Visitors Volunteer Celebration. The Hon Chris Picton MP Minister for Health and Wellbeing presented badges to recognise one, three, five, seven and 10 years of volunteer service, as shown below. Each CV and orientee received a South Australian Volunteer Certificate of Appreciation from the Hon Nat Cook MP Minister for Human Services.

MEET JANICE CLARK

COMMUNITY VISITOR SINCE JULY 2019

Photo 7: Janice Clarke, Community Visitor

I retired six years ago after working for nearly 40 years in disability services. It wasn't easy! I still felt passionate about the rights of people with disability to live well with access to good quality support. So, I was drawn to the Community Visitor Scheme to continue advocating, and to use my knowledge and skills.

The experience has been positive and challenging- at volunteer visits I've had the privilege of talking with people living with mental health issues and disability, and with staff, and hearing their perspectives. It's a real opportunity to listen, acknowledge and understand the experience of people receiving services.

I've visited some excellent services that demonstrate person-centred care, but also others that need much more support and training. As a Community Visitor volunteer, I can contribute constructive feedback on ways to improve services.

Country visits to Whyalla, Berri and Mt Gambier have been a plus. I've enjoyed gaining an understanding of the specific issues for the country and meeting many very committed staff.

I feel this volunteer role is unique. It's an opportunity to better understand the issues facing mental health and disability sectors. It's great to work with a team of committed volunteers with diverse backgrounds who share common values and want to make a difference.

2.8 Systemic issues

Volunteer engagement

Volunteer numbers were lower than the 2023-2024 reporting period. As reported in the 2023 'State of Volunteering South Australia' report, there are enduring challenges from the COVID-19 pandemic and the current cost-of-living crisis impacting the volunteer sector. The report drew insights from extensive surveys within the sector. The top five barriers to volunteers doing more volunteering in SA were in order:

1. No time – 51.1%
2. Costs – 17.4%
3. Burnout (over-volunteering) – 12.4%
4. Health reasons – 12.3%
5. Not interested in volunteering more – 10.9%

The top five barriers to non-volunteers in SA participating were, in order:

1. No time – 51.0%
2. Not sure how / never been asked – 19.7%
3. Not interested in volunteering – 17.6%
4. Lack of confidence – 14.7%
5. Health reasons – 14.5%

3. REPORTING DOMAINS

The following domains are adopted from quality standards, such as the NDIS Quality and Safeguards Commission, the United Nations Convention on the Rights of Persons with Disabilities and mental health standards. These are used by CVs to report on issues in the disability and mental health sector when conducting community visits.

Visit Domains	Inspection Domains
DOMAIN 1 Voice and Participation I have the right to participate and be involved in decisions and care planning	**DOMAIN 1** Plans and Records I have the right to an accurate record
DOMAIN 2 Restrictive Practices and Safety I have the right to be safe	**DOMAIN 2** Environment I have the right to be in a safe environment
DOMAIN 3 Inclusion and Diversity I have the right to access services that meet my individual needs	**DOMAIN 3** Equipment I have the right to equipment that meets my needs
DOMAIN 4 Wellbeing and Personal Development I have the right to quality services that ensure my wellbeing and development	**DOMAIN 4** Safety I have the right to access a safe service
DOMAIN 5 Access to Information and Person-Centred Services I have the right to access services, information and my records	
DOMAIN 6 Dignity and Respect I have the right to be treated with respect and my privacy upheld	

Table 2: Visit and Inspection domains used to report on visits

3.1 Community visit report pathway

Every CV Report is reviewed by the office to assess issues and matters of concern. All issues are collated as part of a monthly report to Service Managers. Critical matters of concern are escalated to the Department's Chief Executive, Executives and relevant Ministers if significant (see Figure 6 below).

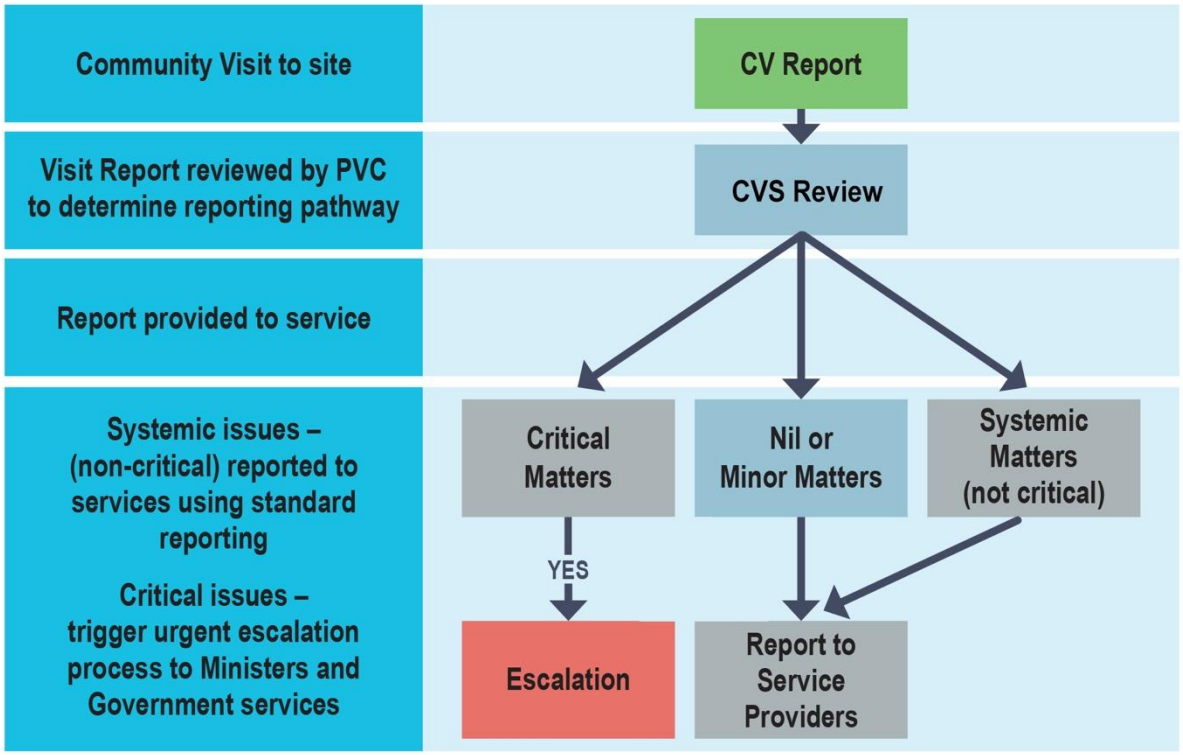


Figure 6: Community visit report journey and escalation process

4. COMMUNITY VISITS – MENTAL HEALTH

The *Mental Health Act 2009* mandates that each approved treatment centre and authorised community mental health facility that is gazetted by the Office of the Chief Psychiatrist (OCP) will have a visit and inspection by the CVS at least once every two months. A list of the services visited is in Appendix 9.6 and 9.7. Visits and inspections may also be undertaken by audiovisual or other electronic means if it is not reasonably practical for a CV to physically visit or enter the premises.

Over the past six years there has been growth in the number of gazetted services. CVS anticipates a further increase in the number of community visits to mental health services in coming years across metropolitan and regional South Australia, including the three additional services for 72 new mental health rehabilitation beds.

In the 2024-2025 reporting period CVS was required to visit and inspect 78 gazetted sites, which included:

- 15 approved treatment centres (with 50 individual services within those centres)
- 33 authorised community mental health facilities

There were five additional community mental health services gazetted late in the reporting period and these will be discussed in the Annual Report numbers next year. These are:

- Mount Barker Medicare Mental Health Service
- Adelaide Hills Community Mental Health, Mount Barker
- Flinders and Far North Community Mental Health, Pt Augusta
- Port Lincoln Community Mental Health
- Port Lincoln Child and Adolescent Mental Health Service

During 2024-25 there were 454 scheduled visits and 429 were completed, while 25 visits were unable to proceed due to site cancellation, CV cancellation or being unable to allocate two CVs to a visit. From these 429 visits, 210 issues were raised and sent to services for feedback as shown in Table 3. There were 81 requests for advocacy received by the CVS office by phone or email during the reporting period.

Visits completed to individual units / services1	Requests for Advocacy	No. issues referred to LHNs / providers for follow up
2024-2025		
429	81	210
2023-2024		
442	84	190
2022-2023		
417	55	259

Table 3: Comparison of mental health visits, requests for advocacy and issues over a three-year period.

4.1 Additional requested visits

If a request for a community visit is made to a service, outside of the scheduled visits, the manager or a person in a position of authority at a treatment centre or community mental health facility must advise CVS of the request, within two working days. During 2024-2025, CVS undertook one additional requested visit that was escalated for resolution (see the Advocacy in Action case study under 4.5).

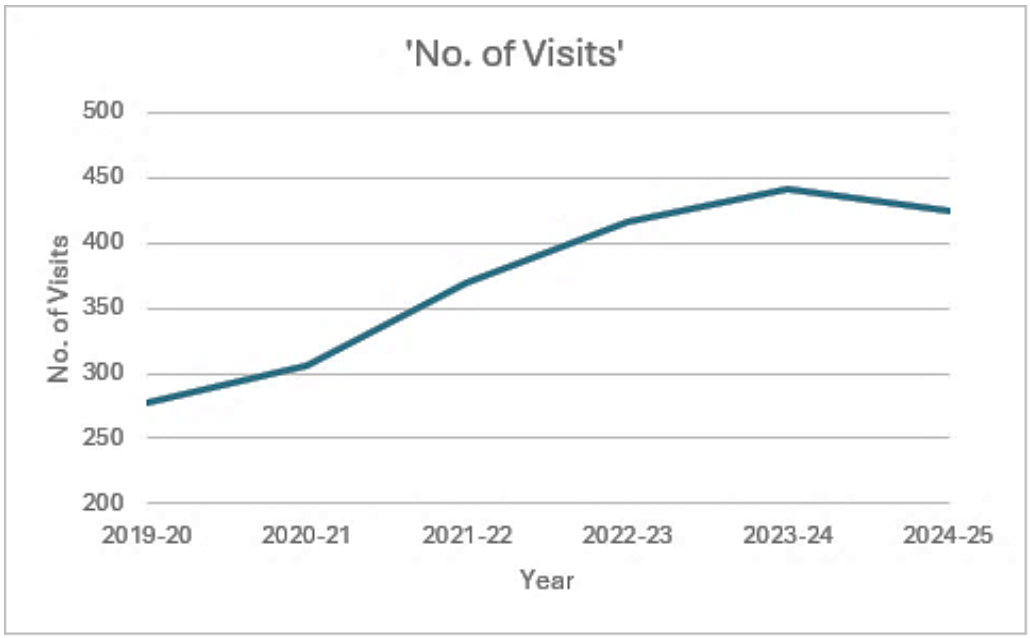
On the 28 June 2025, an audiovisual visit was undertaken at Whyalla Community Adolescent Mental Health Service (CAMHS) at 51-53 Playford Avenue. A physical visit was scheduled and could not occur on the day so an audiovisual visit was arranged for the next day.

4.2 Growth in gazetted sites

The CVS office has undertaken significant work to schedule legislated bi-monthly visits to mental health sites gazetted by the Chief Psychiatrist. Between 2019 and 2025 the number of visits increased by 53% from 277 to 425 as in Graph 1. In the same period the number of gazetted sites increased by 38%, from 60 to 83 as shown

[1] There are 78 gazetted sites the Community Visitors are mandated to visit with an additional five added for counting next reporting period (83 in next FY). One gazetted site may have multiple services at the location. For example, the Royal Adelaide Hospital is one site with four services. CVS is required to visit each site (and all services on that site) six times a year. CVS would visit RAH site 24 times in one year, and this is counted in the total visits metric.

in Table 4. Within the context of growth and limited resources, it is becoming more challenging to achieve visitations.



Graph 1: Growth in visits to gazetted mental health sites from 2019-2025

Year	*No. of Sites*
2019-20	60
2020-21	63
2021-22	65
2022-23	75
2023-24	78
2024-25	83

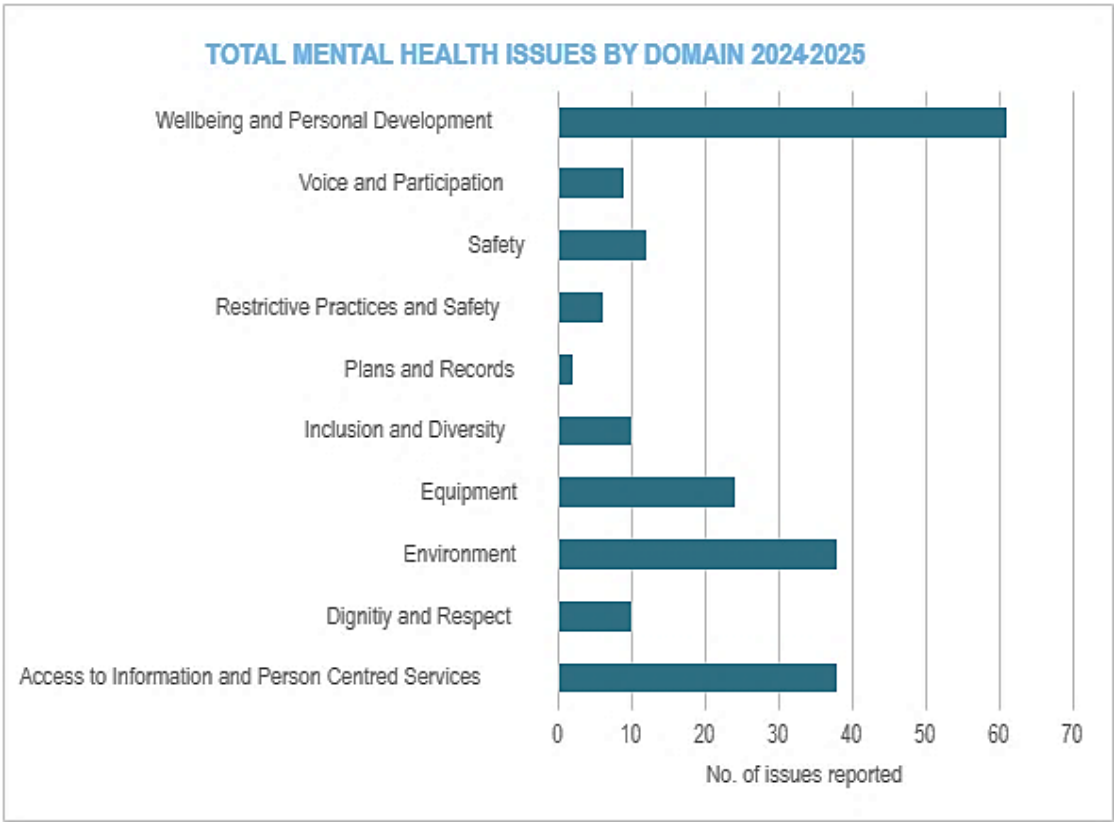
Table 4: Growth in number of gazetted mental health sites

4.3 Key findings from visits

The following section discusses issues reported by CVs, from their visits. Issues are categorised into six visit and four inspection domains covered in Chapter 3. Staffing issues featured frequently in reports and as a result, workforce issues are discussed further under 4.14 Systemic issues.

Across all Local Health Networks (LHNs), Graph 2 shows that the domain of

wellbeing and personal development accounted for the most frequently reported issues (61, or 29%), followed closely by environment (facilities, access to outdoor spaces and natural light (38, or 18%), and access to information and person-centred services (38, or 18%). Other issues related to equipment (24, or 11%), safety (12, or 6%), dignity and respect (5%), inclusion and diversity (5%), voice and participation (4%), restrictive practices and safety (3%).



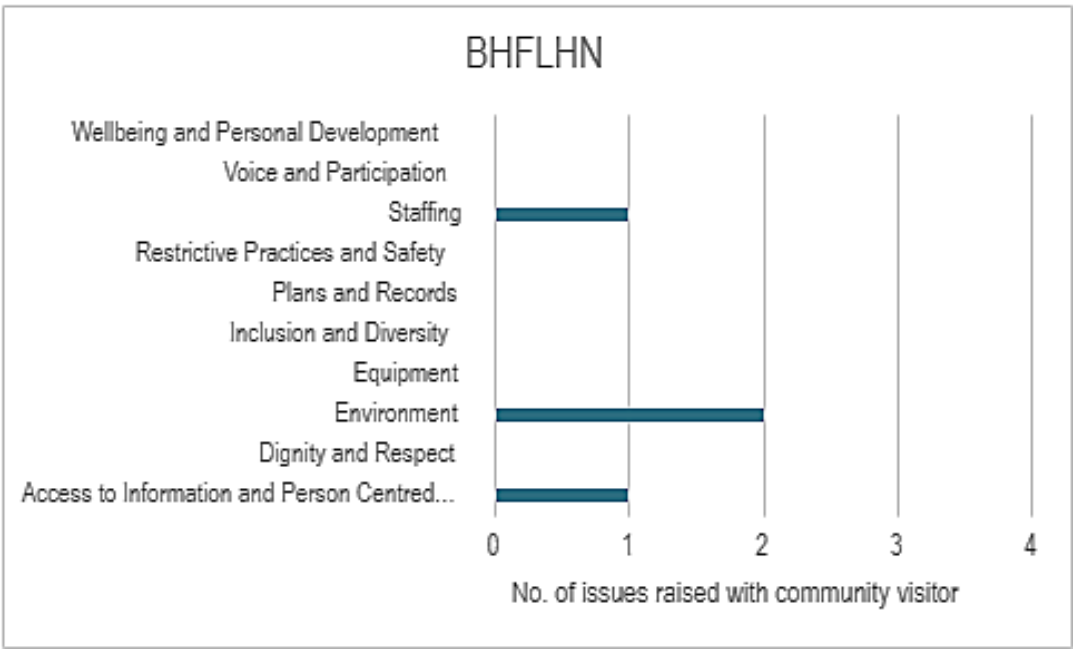
Graph 2: Total mental health sector issues by domain theme raised with Community Visitors in 2024-2025

Commonly reported issues are discussed by domain, under each LHN[2] in the following section.

[2] Not all LHNs had gazetted mental health sites, and two sites visited were non-government organisations

4.4 Barossa Hills Fleurieu Local Health Network (BHFLHN)

CVs conducted 11 visits across two individual mental health sites within BHFLHN. From 11 reports, only four issues were identified and raised, as shown in Graph 3. These related to environment (2), staffing (1) and access to information (1).



Graph 3: Number of issues reported to visitor by domain area in BHFLHN in 2024-2025

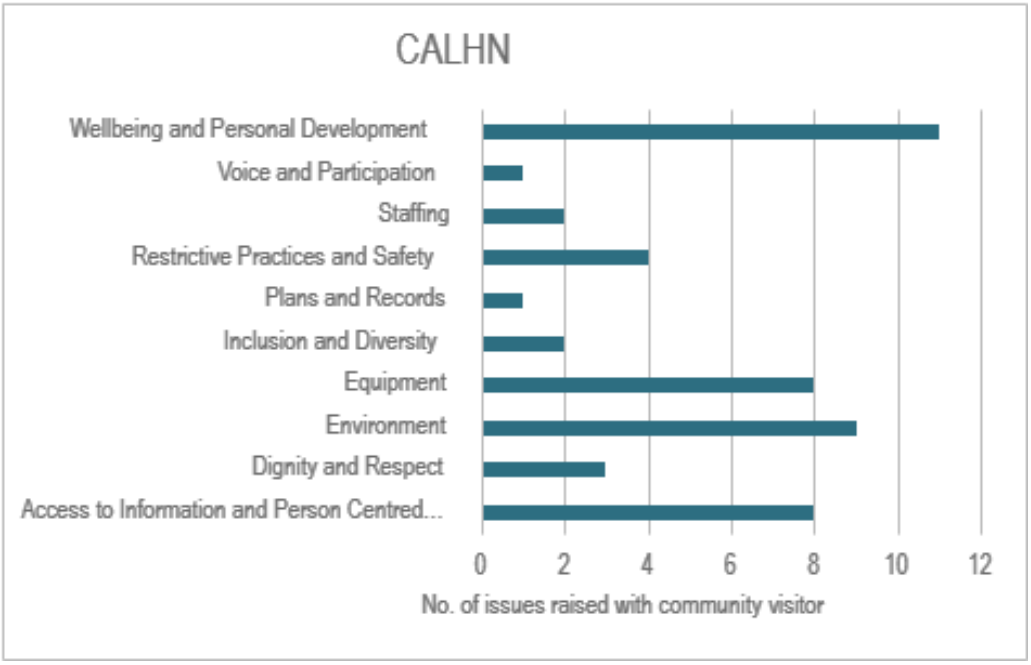
Issues

In March 2023, following a Coronial Inquest into a death by suicide and subsequent findings, the Office of the Chief Psychiatrist issued a Safety Advice to all LHNs. This advice required risk assessments of ligature hazards to prevent self-harm that resulted in the removal or permanent locking back of non-compliant bedroom and ensuite doors across inpatient mental health units, pending the procurement of replacement anti-ligature doors. While CVS recognises the critical importance of ensuring a safe, ligature-free environment for vulnerable clients; this must be balanced with the right to privacy and dignity. At BHFLHN's Rural and Remote service at Glenside, the doors have not yet been replaced. However, recent discussions with BHFLHN indicated that a brief has been prepared to rectify this issue.

CVs reported that clients felt safe, and that staff treated them well at the Rural and Remote service. One client advised they were very apprehensive at the time of admission to the service but nursing staff 'were very nice and sat with them until they felt safe'.

4.5 Central Adelaide Local Health Network (CALHN)

CVs conducted 89 visits in CALHN and submitted 87 reports, that identified and raised 49 issues across all domains. Most issues related to wellbeing and personal development (11), followed by environment (9), access to information and person-centred services (8), and equipment (8) as shown in Graph 4.



Graph 4: Number of issues reported to visitor by domain area in CALHN in 2024-2025

Issues

At the Royal Adelaide Hospital Emergency Department (RAH ED) concerns were reported about delays in patient flow leading to extended wait times from initial hospital presentation to assessment and admission. Specifically, delayed wait times for mental health clients resulted from the requirement for a medical assessment. In response, CALHN trialed an Early Assessment Nurse role to support earlier assessment and transition through the RAH ED. A reported reduction in wait times was recorded and the CVS understands that CALHN is considering an extension of the trial.

The Queen Elizabeth Hospital Short Stay Unit reported a reduction in the delivery of activities to clients. CVs reported that the Activities Coordinator was on long service leave for six weeks and there was no replacement during this period causing client activities to be on hold. Another mentioned the reduction of Peer Support Workers due to recent resignations resulting in reduced activities in the unit. These were

identified late in the reporting period and CVS will follow up at future visits.

While staffing issues were raised and are systemic to the sector, CVs received many positive reports from clients about their experiences with staff. For example, a client at the Glenside Inpatient Rehabilitation Service told a CV that while they felt isolated on arrival, they soon felt very much part of a community and commended the doctors, psychologists, nurses and allied health staff for 'bringing it all together' for them.

Advocacy in action: Royal Adelaide Hospital, Psychiatric Intensive Care Unit visit

CVS received an anonymous call in July 2024 raising concerns about patient safety in the Royal Adelaide Hospital (RAH) Psychiatric Intensive Care Unit (PICU). The PCV attended the PICU onsite with the Chief Psychiatrist and following the visit submitted a report with recommendations to CALHN for response and was subsequently escalated to the Minister for attention. Issues raised in the report concerned:

- the roles and training of security guards
- reporting and follow up after a Code Black
- staff debriefing processes after incidents
- communication between staff during changes in shifts
- supervision of mealtimes in the dining room
- potential extension of the dining area into the adjacent garden space
- dining room lighting at night
- repeated use of a bedside call system disrupting clients in the PICU

CALHN provided responses to issues within their scope, and highlighted systemic issues that require a broader response, as follows:

Code Black processes

A Code Black call in a mental health setting is a request for urgent assistance when staff perceive a safety risk to themselves or others. CVS proposed that processes for

Code Blacks and reportable incidents be reviewed and updated to ensure that staff had the opportunity to discuss and identify learnings and opportunities for improvement. This included consideration of critical incident reporting when injury or harm occurred. CALHN provided their procedures for Complex Behaviours Escalation Plan and Code Black Responses and undertook to ensure staff awareness.

Shift handover and training requirements

CVS requested that shift handover communication processes be reviewed to ensure all changes are communicated, particularly regarding client and staff safety. The roles, responsibilities and training requirements of the security guards at the PICU also required clarification in consultation with staff. CALHN provided their communication protocols including staff handover and security guard training requirements. CALHN advised that they continue to ensure staff are familiar with the protocols and processes.

Supervision and therapeutic options

CVS raised the need for investigation into adequate supervision of the dining area, including therapeutic options for lighting, furniture, flooring mats and the safe provision of TVs in rooms. In response, CALHN indicated they would explore options for suitable furniture, therapeutic lighting and televisions. CVS will continue to monitor.

Review of recruitment and retention strategies

While CVS recognised that workforce recruitment and retention is a well-documented statewide issue, a localised review of recruitment and retention strategies at the RAH PICU was recommended. CALHN provided detailed examples of their work in upskilling staff in post-graduate mental health diplomas. They acknowledged the statewide issue of recruitment and retention of staff especially in allied health and high competition for skilled people from both the private and NDIS sectors. CALHN advised that they proactively implemented their internal wellbeing strategy to support teams.

CALHN's response also identified statewide systemic issues that require a broader response, including:

- Further exploration of the issues associated with complex legal and

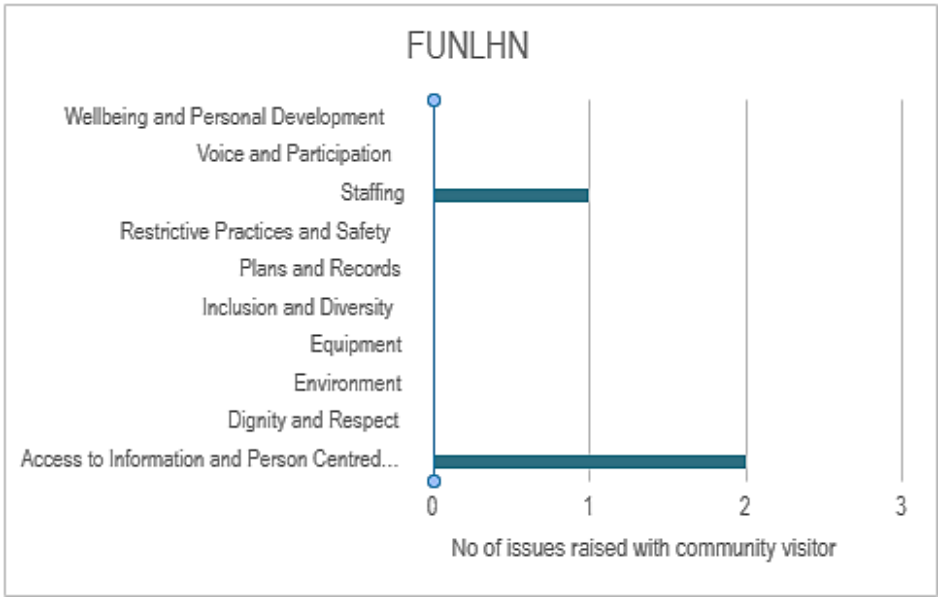
mainstream interfaces with SAPOL, Department of Correctional Services (DCS), Forensic Mental Health Services and SA Ambulance Service.

- More appropriate responses and settings for forensic, DCS and SAPOL clients.
- An examination of demand (current unmet demand and future need) for forensic mental health beds and services across the statewide system including patient flow and the impact on mainstream mental health.

This escalation demonstrates the role of CVS in raising issues of both a specific and a systemic nature, affecting therapeutic outcomes. CVS will continue to follow up on CALHN's call for a multi-service response to systemic issues in the next reporting period.

4.6 Flinders and Upper North Local Health Network (FUNLHN)

CVs conducted 15 visits across four individual mental health sites in FUNLHN. There were only three raised with the LHN. Issues related to access to information and person centred services (2) and staffing (1) domains, as shown in Graph 5. One visit was undertaken by audiovisual means with a client at Whyalla Child and Adolescent Mental Health Service (CAMHS).



Graph 5: Number of issues reported to visitor by domain area in FUNLHN in 2024-2025

Issues

Staffing issues were reported from one visit to the Whyalla Hospital, specifically

recruitment and retention of mental health nursing staff. FUNLHN advised that they had some grant funded positions that resulted in high staff turnover when grants ended.

In the access to information and person-centred care domain, transfer times using the Royal Flying Doctors Service (RFDS) to Adelaide were lengthy, delaying treatment for clients.

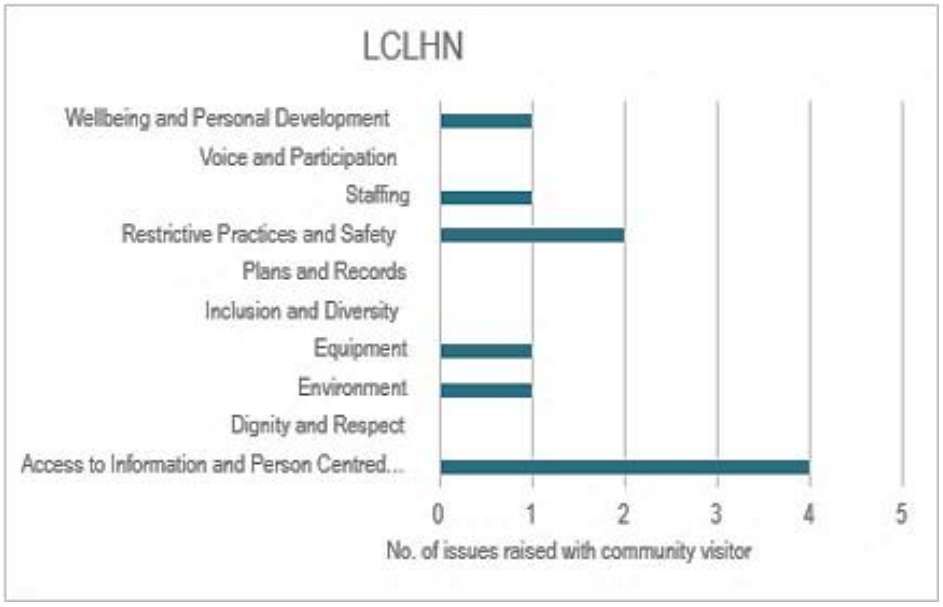
CVS noted that the Whyalla ED was undergoing a building redevelopment that will bring positive additions for clients including:

- the addition of a safe assessment room for mental health and a low stimulus room
- an observation window installed to monitor clients, providing staff a consistent line of sight to reduce and manage potential for client incident risks

Client feedback at visits to the Integrated Mental Health Inpatient Unit was positive with clients happy with the level of service received from staff. One client with severe anxiety said they 'felt very safe in the unit which they valued', and that staff were supportive which assisted their recovery.

4.7 Limestone Coast Local Health Network (LCLHN)

CVs conducted 12 visits at four mental health sites in LCLHN. From 11 reports 10 issues were raised, as shown in Graph 6. Most related to access to information and person-centred services (4), and restrictive practices and safety (2). Four separate issues were reported across other domains, respectively.



Graph 6: Number of issues reported to visitor by domain area in LCLHN in 2024-2025

Issues

Issues of access to out of hours mental health services were raised multiple times at Mt Gambier in the domains of staffing and access to information and person centred services. Outside of standard business hours, staff have access to consultant psychiatrists, however, it was reported that this can cause delays in mental health assessments for clients who present to the Emergency Department.

The Executive team of BHFLHN Rural Support Service (RSS) oversees the statewide after-hours support and advised that the Emergency Triage Liaison Service offered telephone consultation with a psychiatrist and that this is a statewide model.

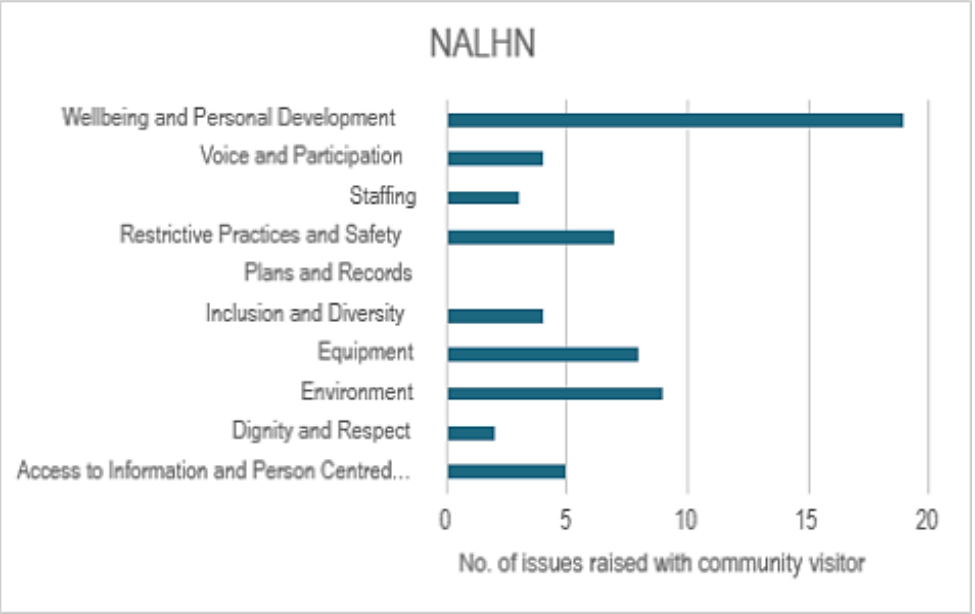
The recruitment of trained mental health staff in the Limestone Coast was an ongoing issue and the LHN is implementing strategies including overseas recruitment to attract people to the region.

4.8 Northern Adelaide Local Health Network (NALHN)

During the reporting period, CVs conducted 109 visits across mental health sites in NALHN, one of the largest in the state[3]. CVs submitted 112 reports, where 61 issues were identified as shown in Graph 7. Most of the issues raised related to wellbeing and personal development (19) followed by environment (8), equipment (7) and

[3] *As of 1 July 2025 Forensic Mental Health has its own division, but for this reporting period, Forensic Mental Health was a part of the NALHN and is reported here as such.*

safety and restrictive practices (7).



Graph 7: Number of issues reported to visitor by domain area in NALHN in 2024-2025

Issues

Most issues related to the wellbeing and personal development domain including issues of food choice and quality at James Nash House, whose food service was provided by the Queen Elizabeth Hospital (TQEH). In response, NALHN, advised that they were planning to include an onsite kitchen in any new upgrades to James Nash House. In the interim NALHN advised that clients received nutritious daily meals with salad and vegetables offered as dinner choices. NALHN undertook to provide feedback to the food provider and include clients to enhance food choice and quality.

Access to external services such as a hairdresser at the Tarnanthi Subacute Unit was raised and the service since reported that they had successfully hired a hairdresser for clients.

Access to activities was reported at Woodleigh House and the service has advised that through additional budget and access to resources, along with the allocation of allied health staff, a broader range of activities is now on offer for clients. In addition, nurses and doctors are involved with planning and running workshops on topics such as sleep hygiene and other topics of interest.

Related to the equipment domain, in response to a previously reported issue, Ashton House acquired new umbrellas for the communal outside space. At Lyell McEwin

Hospital Short Stay Unit, the issue of out-of-date magazines and books below the reading age for the client group, was raised. This issue was rectified, with a regular rotation of up-to-date books and magazines available to clients.

Related to inclusion and diversity domains, staff at James Nash House reported an increase in trans-gender people being admitted in the year. NALHN advised that LGBTQIA+ focused supports were being developed in a new service plan with an emphasis on meeting the needs of trans-gender and LGBTQIA+ clients. NALHN also introduced on-site education support for staff, using resources by Thorne Harbour Health Service to better support the LGBTQIA+ community using mental health services.

At Northgate House, CVs observed that interactions between clients and staff were caring and respectful. Staff were observant and sensitive to the needs of clients throughout the day, ensuring that they had privacy when needed. CVs commented it was rewarding to witness the shared enjoyment of clients, staff and family members during a music therapy activity. Another client at James Nash House reported feeling safe and they could talk with nursing staff, social workers and carer consultants.

New beds at Northern Adelaide Local Health Network

NALHN has progressed the new 24 sub-acute mental health beds as part of the statewide initiative by the SA Government to increase capacity in three metropolitan LHNs. New beds will be based at the Modbury Hospital Health Precinct. See more under 4.16 Mental Health initiatives. The facility is expected to be operational by early 2026.

Forensic Mental Health Service (FMHS)

In 2023 a review of the NALHN Forensic Mental Health service resulted in the Forensic Mental Health Service Independent Review Implementation Project (FMHS Implementation Project). Recommendations from the review resulted in a revised FMHS Model of Care and a new operational plan to develop an integrated model for Forensic Mental Health to work with LHNs.

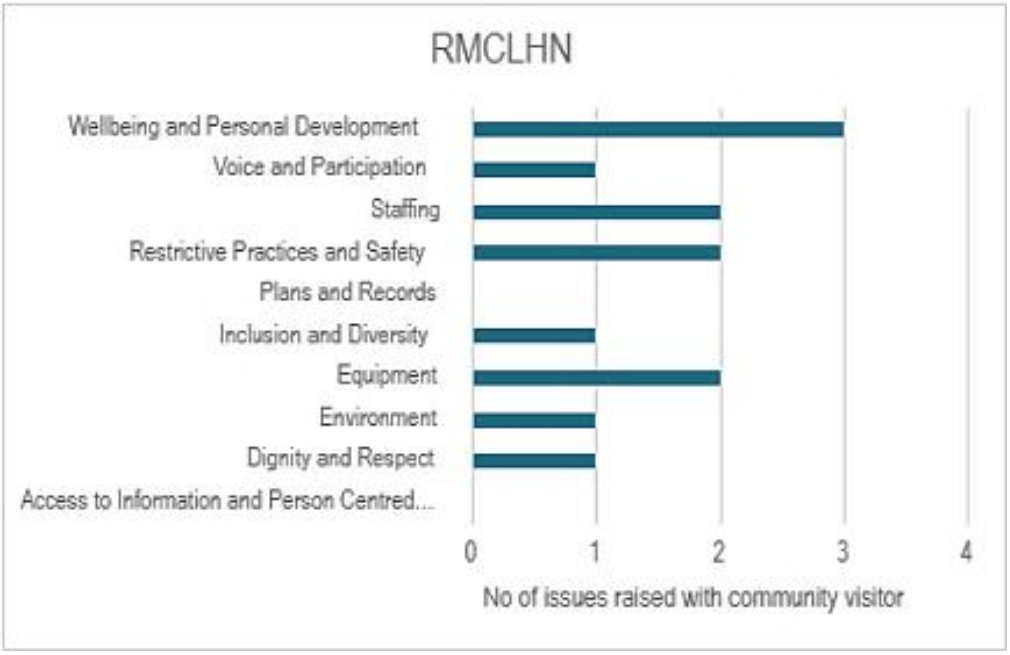
Meetings were held during the year between the PCV and NALHN's Executive Project Sponsor regarding the project. CVS was pleased to be consulted and provided feedback as well as participated in a quarterly update forum.

Planning for implementation occurred during 2024-2025, with a new Forensic Mental Health Division scheduled to commence on 1 July 2025. The Division will be situated in NALHN and CVS welcomes this change and focus on forensic services within a specific division.

Once established, the PCV will commence regular meetings with the new divisional Directors for forensic mental health, in addition to scheduled meetings with NALHN. Further details about the impact of forensic mental health overflow through the South Australian system is covered at 4.14 Systemic issues.

4.9 Riverland Mallee Coorong Local Health Network (RMCLHN)

CVs conducted 17 visits across four mental health sites in the RMCLHN. From 17 reports, there were 13 issues identified in the following domains: wellbeing and personal development (3); staffing (2); equipment (2); and restrictive practices and safety (2). Single issues were raised across other domains as shown in Graph 8.



Graph 8: Number of issues reported to visitor by domain area in RMCLHN in 2024-2025

Issues

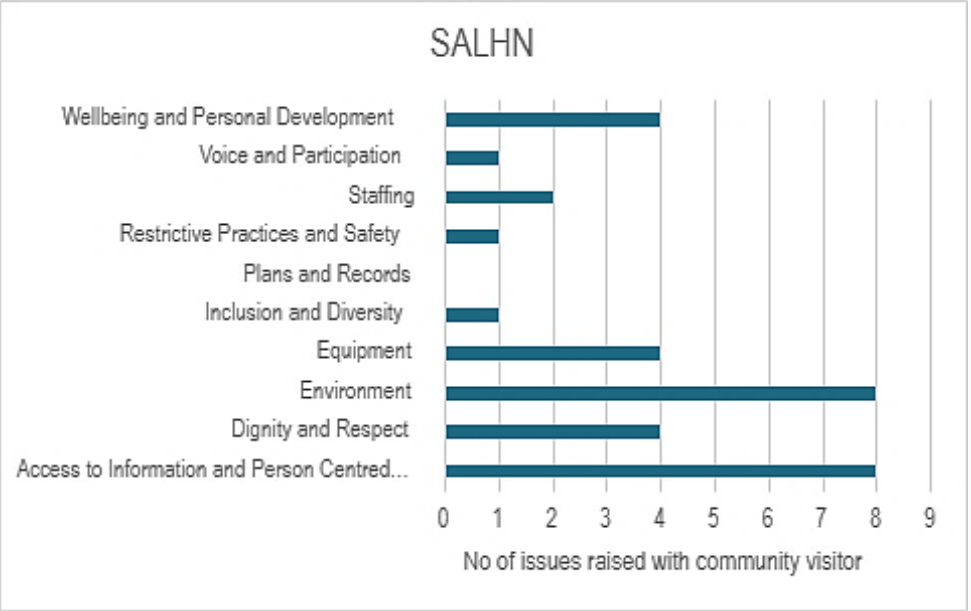
The staffing issues included reliance on agency staff at the Riverland General Hospital which impacted continuity of care and recruitment. In June, the PCV met with the Director of Mental Health at RMCLHN, who advised that the LHN was actively hiring new mental health nurses, social workers and support staff and had reduced their reliance on agency staff (from 16 to 7), with more recruitment planned. CVS acknowledges the impact of skilled workforce shortages in the sector, particularly in regions and this is discussed further under 4.14 Systemic issues.

An issue was raised relating to security guards who were not trained in mental health, and only one security guard was reported to be on shift at a time for the entire hospital. The LHN advised that previously, security guards were recruited through an agency, however the LHN would explore recruiting directly to ensure the most suitable candidates were selected. We note that reporting of issues related to staff and safety declined in the second half of the year, as issues were resolved.

Riverland Community Mental Health service had ongoing issues about unsuitable building space, in the environment domain. CV reports indicated that there were too few consultation rooms; and the walls were not soundproof, impacting client confidentiality. The LHN acknowledged this was an ongoing issue with the building and will need to be addressed in future.

4.10 Southern Adelaide Local Health Network (SALHN)

During the reporting period CVs conducted 97 visits across 16 individual mental health sites in SALHN. CVs submitted 85 reports identifying 33 issues. The most common issues related to access to information and person-centred services (8) and environment (8). Four issues were in wellbeing and personal development and in equipment. All issues reported are shown in Graph 9.



Graph 9: Number of issues reported to visitor by domain area in SALHN in 2024-2025

Issues

CVs reported instances across multiple services where staff were hesitant to allow CVs to access client records for review, related to the access to information and person-centred services domain. CVS is working with LHNs to ensure staff are knowledgeable about the functions of the CVS, and that CVs have the skills and authority to inspect and view clients records and plans and are bound by strict confidentiality.

In the environment domain, an issue about lack of access to outside space was raised at the Statewide Eating Disorder Service (SEDS) inpatient ward (at the Flinders Medical Centre). SALHN informed CVS that access to the courtyard wasn't permitted for safety reasons, and that the courtyard was not part of the Eating Disorder Unit. SALHN undertook to keep the issue on the capital works agenda at FMC. However, it was noted the service enabled clients to have weekend use of a large courtyard on the ground floor known as the 'Duck Pond'. SALHN undertook to

explore options for client use of this area during the week, when staff capacity permitted.

In the same ward, an equipment issue was raised about the air conditioning not working, that created discomfort for clients over summer. While temporary improvements such as fans and portable air conditioning were actioned, the lack of effective air conditioning remains an issue.

At the FMC Emergency Department (ED), CVs reported issues concerning the lack of private spaces, beds and low stimulus environments to meet sensory needs. This was an ongoing issue for the ED, related to both environment and equipment domains. SALHN advised they were preparing upgrades in the FMC ED next year and would factor these issues into their plans.

The Margaret Tobin Centre is a mental health inpatient service at Flinders Medical Centre. It offers an eight-bed Psychiatric Intensive Care Unit and two Acute Care Units that can admit up to 30 clients. Mental health clients can either be admitted in a planned manner through Community Mental Health Services, through ED or via a general medical/surgical pathway. The Margaret Tobin Centre is undergoing capital work expansion, increasing the intensive care unit capacity from eight beds, to 12 beds scheduled to open in January 2026. Upgrades presented issues for clients as it impacted available outside spaces for clients due to safety risks such as overhead cranes. SALHN has advised that the issue was temporary and unavoidable while construction occurs.

When asked about client-centered care, a client at Margaret Tobin Centre said they participated in all aspects of their care and treatment while on an Inpatient Treatment Order. They moved from a closed ward to an open ward that included their mother at family meetings to aid recovery and treatment.

At Trevor Parry Community Rehabilitation Centre (related to the environment domain) there were ongoing issues about smoking on the street causing disruption to neighbours and littering. At a visit, CVs were informed that the service devised a schedule with clients to be responsible for their litter, which they have taken responsibility for, and this issue has now been addressed.

CVs also reported in the information and person-centered services domain, that discharging clients from Trevor Parry Centre was complicated by severely limited affordable accommodation in the private rental market. This lack of supply caused

prolonged stays in Trevor Parry Centre, to six months or more in some cases.

Positive feedback was received at a visit from a client at Trevor Parry Centre, who explained that prior to treatment they wouldn't have had the ability to cope with issues such as a taxi not showing up. They attributed the change to the time they spent at Trevor Parry and the support and work of staff to their increased ability to deal with stressful situations.

New rehabilitation mental health beds in Southern Adelaide Local Health Network

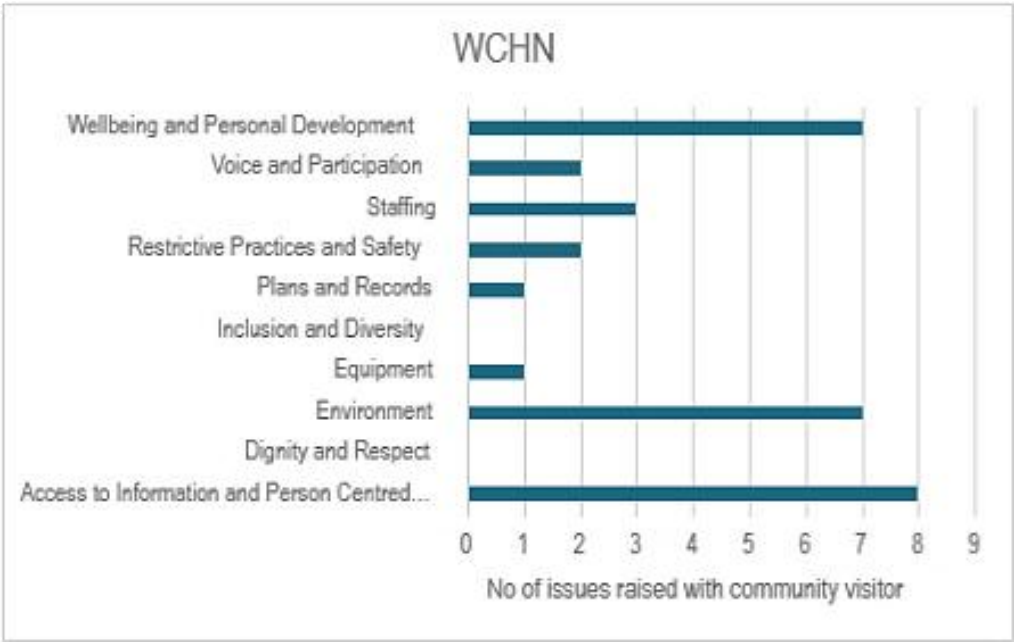
The 24 new mental health rehabilitation beds for SALHN will be based at the Noarlunga Hospital. See more under 4.14 Mental Health initiatives.

'The Specialist Advanced Dementia Unit ward at the Repat is a very positive environment. It's clear from the times I've visited that families and clients appear to be very happy. The staff are highly trained and observed to interact with clients in empathetic, compassionate and kind ways. It's great to see the positive impact of innovation shining through especially for people with advanced dementia. It is a real pleasure to visit this ward and is 'gold-level' in its delivery of service to clients and families.'

Community Visitor on the Specialist Advanced Dementia Unit, Repat Health Precinct, Daw Park.

4.11 Women's and Children's Health Network (WCHN)

CVs conducted 52 visits across 10 sites in WCHN. From 52 reports submitted, 31 issues were identified as shown in Graph 10. The most frequently reported issues related to access to information and person-centered services (8), wellbeing and personal development (7), and environment (7).



Graph 10: Number of issues reported to visitor by domain area in WCHN in 2024-2025

Issues

An issue was raised about no access to a social worker on the Mallee Ward at the Women's and Children's Hospital. This relates to wellbeing and personal development and access to information and person-centred services domains. The Mallee Ward specialises in mental health treatments for children and young people under 18. In discussions with WCHN, CVS was advised that the model of care for the Mallee Ward was being reviewed, including considerations for social workers. CVS will continue to monitor this issue in 2025-2026.

In the wellbeing and personal development domain, at the Child and Adolescent Mental Health Services, Western (CAMHS) the issue of young clients transitioning out of CAMHS to adult services, was raised. CVS acknowledges that the Youth Mental Health Service Plan was developed in the year and was designed to address this issue and CVS will continue to monitor progress.

At Northern Child and Adolescent Mental Health Services, maintenance issues were

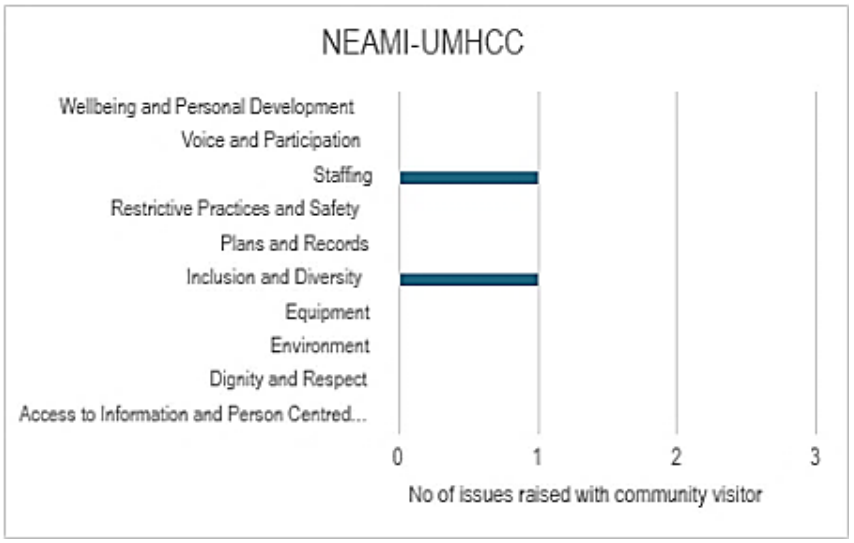
raised with CVs including worn carpet, water damage and cracking in the reception ceiling, all relating to the environment domain. The service was sourcing quotes for repair at the last update.

2023 Review of Child and Adolescent Mental Health Services (CAMHS)

Recommendations from the 2023 Review of Child and Adolescent Mental Health Services were of interest to CVS, specifically those related to autism diagnosis and how people with disabilities are cared for at the Women's and Children's Hospital Mental Health Unit. The PCV pursued progress in implementation and was advised that recommendations were being prioritised. CVS will continue to monitor this as changes are implemented.

4.12 Urgent Mental Health Care Centre (UMHCC)

The Urgent Mental Health Care Centre run by Neami National is a non-government organisation funded by the SA government to provide 24-hour urgent medical health care in the city of Adelaide. CVs conducted six visits to UMHCC and identified only two issues with the service. Issues were in staffing (1) and inclusion and diversity (1) domains, as shown in Graph 11.



Graph 11: Number of issues reported to visitor by domain area in UMHCC in 2024-2025

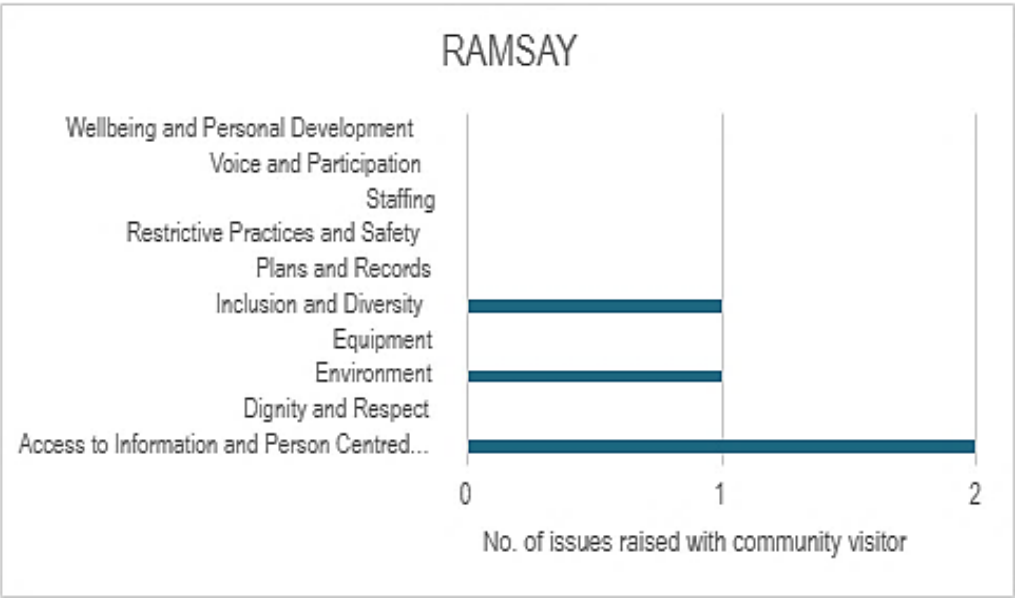
Issues

UMHCC reported that 7% of all people who accessed services at the Centre identified as Aboriginal and Torres Strait Islander (ATSI), however UMHCC had

vacancies for identified ATSI positions. CVS notes there is a shortage of Aboriginal staff in the sector.

4.13 Ramsay Health Care

Ramsay Clinic is a non-government organisation run by Ramsay Mental Health South Australia. CVs conducted six visits to the Clinic where very few issues were reported. Six reports identified four issues that related to access to personal information and person centred care (2), inclusion and diversity (1) and environment (1) as in Graph 12.



Graph 12: Number of issues reported to visitor by domain area in Ramsay in 2024-2025

Issues

During a visit it was identified that Ramsay Clinic did not have any peer workers, relating to the access to information and person-centered services domain. Ramsay advised they would consider this. Peer workers are valuable as they apply lived experience when supporting mental health clients.

The need to consider employing Aboriginal staff to support Aboriginal clients, was also raised in a CV report, related to the inclusion and diversity domain.

In the environment domain, a CV reported that while Ramsay Clinic's main communal area was clean, it was bare and furnishings were minimal, giving it a 'clinical' feel where clients gather.

CVS received positive feedback from a client who said they participated in a weekly

review of their treatment, and they were able to access a hard copy of their plan if they requested. The client reported that Ramsay Clinic's staff were respectful, kind and inclusive of their husband at daily visits, and they were able to speak to their primary nurse at any time. They felt safe coming to Ramsay Clinic for over 20 years and the current admission was no exception.

4.14 Systemic issues

James Nash House

During 2024-2025 CVs continued to observe long-standing issues with building maintenance and infrastructure at James Nash House (in NALHN), specifically:

- air conditioning not working, as reported across summer visits
- ongoing work to resolve ligature risks in Birdwood Ward bedrooms was not completed
- outdoor areas in Birdwood were not safe for clients due to inadequate fencing limiting access to the benefits of fresh air and natural light unless supervised by several staff members

In conjunction with other issues highlighted in the 2023–2024 (p3) and 2022–2023 (p10) Annual Reports.[4] CVS again calls for urgent attention to the need for building and facility upgrades at James Nash House, to ensure the rights and dignity of clients are upheld and to achieve a therapeutic environment for treatment. In July 2024, the Office of the Chief Psychiatrist (OCP) placed additional gazettal conditions on James Nash House. Five key issues have been repeatedly reported over several years:

- ageing building with significant maintenance issues
- inappropriate building design that impacts the rights and dignity of clients, including lack of privacy due to shared bathrooms and bedrooms
- long stay isolation/detention due to staff safety concerns
- lack of dedicated space for activities, treatment and care
- lack of natural light in the building

Investment is required to bring James Nash House up to standard in line with other mental health facilities in SA, including the adjacent Ken O'Brien Rehabilitation building which is of much higher standard.

[4] Community Visitor Scheme - Annual Reports

Concerns regarding infrastructure were again observed at the Tarnanthi and Subacute Unit at Glenside Campus during the reporting period. This service provides support for people with an intellectual disability with a forensic history. It was relocated in 2019 from Birdwood Ward at James Nash House to the former Eastern Psychiatric Intensive Care site. This was an enhancement at the time but was intended to be temporary while a more suitable longer-term option was sought. The ongoing suitability of this location is inadequate, and CVs have noted concerns about limited access to outdoor areas and therapeutic spaces, as the current setting is an acute (short stay) ward and does not reflect a rehabilitation-focused or medium stay environment.

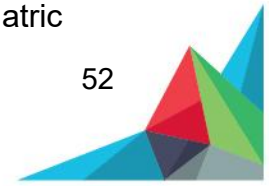
Other buildings not fit for purpose

Three community mental health services; Riverland Community Mental Health, Western Community Mental Health and Child and Adolescent Mental Health Service (Western Team), were also reported to have inappropriate facilities, inadequate space or buildings not fit for purpose. While CVS acknowledges services adapt to their spaces and work with limitations, there can be adverse impacts on service delivery and therapeutic outcomes for clients. Examples include:

- breakout rooms intended for client activities and socialisation were converted to offices, due of lack of space
- a reduction in group activities due to ligature risks being identified in a space reserved for client activities
- spaces used for client consults were not sound proofed properly, creating privacy issues at Western Community Mental Health (CALHN)
- Riverland Community Mental Health team (RMCLHN) shared a building and reception area with an allied health clinic and lacks space
- the service location at Central Child and Adolescent Mental Health (Western Team) had a small waiting room with unrestricted public access, that resulted in members of the public entering the building uninvited, raising safety and privacy concerns

Forensic Mental Health Service – overflow impacts

The overflow of forensic mental health clients from dedicated facilities into hospitals was reported across the three metropolitan LHNs. At visits to EDs and Psychiatric



Intensive Care Units (PICUs), it was observed that there is a significant need for more forensic mental health services and inpatient beds at James Nash House to support growing demand and avoid admission to mental health psychiatric intensive care units (PICUs). The presence of these clients often requires additional security resulting in PICUs having several security guards present.

Previously, LHNs rotated admissions of forensic clients in need of a PICU bed; but recently only the Royal Adelaide Hospital and the Lyell McEwin Hospital PICUs were able to take clients (other than James Nash House). It is understood that SALHN will be able to accept forensic mental health clients in future.

People in correctional facilities or in custody of the South Australian Police (SAPOL) requiring mental health services, also present to EDs and PICUs, impacting on patient flow across the system, admissions processing and ED wait times. These clients often have complex and high support needs as well as security risks, further increasing the need for security guard presence.

The SA Mental Health Services Plan 2020-2025 noted that, based on demand at the start of the plan, the number of forensic acute inpatient beds needed to increase from 50 to 80 by the conclusion of the Plan, however, this has not yet occurred.

Workforce issues

CVS notes that workforce issues were reported in our 2023-2024 Annual Report and were raised by most LHNs and services in the reporting period. A Health Performance Council report released in June 2025, investigated issues such as improving patient flow, length of stay variations in metropolitan public acute hospitals, and comparisons of state and territory workplace cultures.

Specific examples of workforce issues raised by LHNs in 2024-2025 include:

- In the Riverland, there were difficulties recruiting mental health nurses, a support officer was not replaced resulting in reduced activities for clients, and reliance on agency staff
- At Glenside, Tarnanthi and Subacute service (NALHN), daily programs were conducted by nursing staff and key roles such as an activity supervisor, psychologist and occupational therapist (OT) were either vacant or on extended leave and the position had not been backfilled. It was reported that the OT dedicated a large amount of time to NDIS applications and packages, and there was no transitional nurse to help

plan a client's community discharge.

- At Lyell McEwin Hospital (NALHN), both 1G and 1H were without carer consultants during the year, due to resignations. NALHN advised both positions would be advertised and in the interim carer consultants were to be accessed from other wards.

CVS notes the progress discussed under 4.9 at RMCLHN, where there was an improvement in recruitment resulting from the implementation of the Mental Health Recruitment Strategy, that saw the reduction on the reliance of agency staff. This was also the case at LCLHN where long-standing vacancies were filled. CVS also acknowledges the SA Health International Recruitment Campaign that ran from March to June 2025, designed to deliver on the state government's funded commitment to increasing the health and mental health workforce. The campaign targeted overseas health professionals in the United Kingdom, Ireland, and New Zealand as well as in Victoria and New South Wales to attract new talent to fill new positions for the new to 72 rehabilitation beds, covered under 4.16 Mental health initiatives.

Long wait times in Emergency Department (ED)

The Royal Adelaide Hospital, Lyell McEwin Hospital and Flinders Medical Centre reported issues with long wait times in EDs for mental health clients. CVS received advocacy calls relating to a client who was in ED at Lyell McEwin Hospital for a significant length of time and once the client had both medical and mental health assessments, they had to wait further in ED for a bed.

An ongoing issue across all metropolitan LHNs, was delays caused by the requirement to have both a medical assessment and a mental health assessment in the ED. Timely assessment was also a key issue highlighted in the 2023-2024 CVS Annual Report. Progress occurred in 2024-2025 whereby CALHN, NALHN and SALHN adopted processes for the medical assessment by utilising an Early Assessment Nurse Consultant (or equivalent role) to streamline dual assessments.

Limited beds, shared rooms and accommodation shortages

Bed shortages are systemic across the state and continued to have an ongoing impact on mental health clients across the year. Examples include:

- Flinders Ward 4GP is the only eating disorder unit statewide with a long

waitlist

- at Flinders Ward 18V (Older Persons Mental Health) clients stayed in the service long-term because there was, and continues to be, a shortage of aged care beds
- Morier Ward at Noarlunga had shared rooms, not ideal for client privacy or recovery
- shared rooms at the Cramond Clinic at the Queen Elizabeth Hospital
- at Trevor Parry Centre, although clients were ready to be discharged, the lack of community accommodation saw clients stay longer than needed

Smoking

CVS received calls about clients with Inpatient Treatment Orders (ITO) who were unable to smoke at their place of treatment. This was often highlighted in CV reports and previously raised in the 2023-2024 CVS Annual Report. SA Health's Smoke-Free Policy approved in 2023 mandated the prohibition of smoking and e-cigarette use across all SA Health property (including all buildings, outdoor areas and government vehicles). While services offered clients nicotine replacement therapy, clients often voiced to CVS that they wanted to be able to smoke and access an outside area, which was not available to them, when on an ITO.

Youth Mental Health service model

In the previous reporting year, CVS completed a full year of visitation across a broader range of Child and Adolescent Mental Health Services (CAMHS) for the first time, enhancing our understanding of issues affecting younger clients. A systemic concern was the transition from CAMHS to youth and adult mental health services, particularly for clients aged 16 to 18.

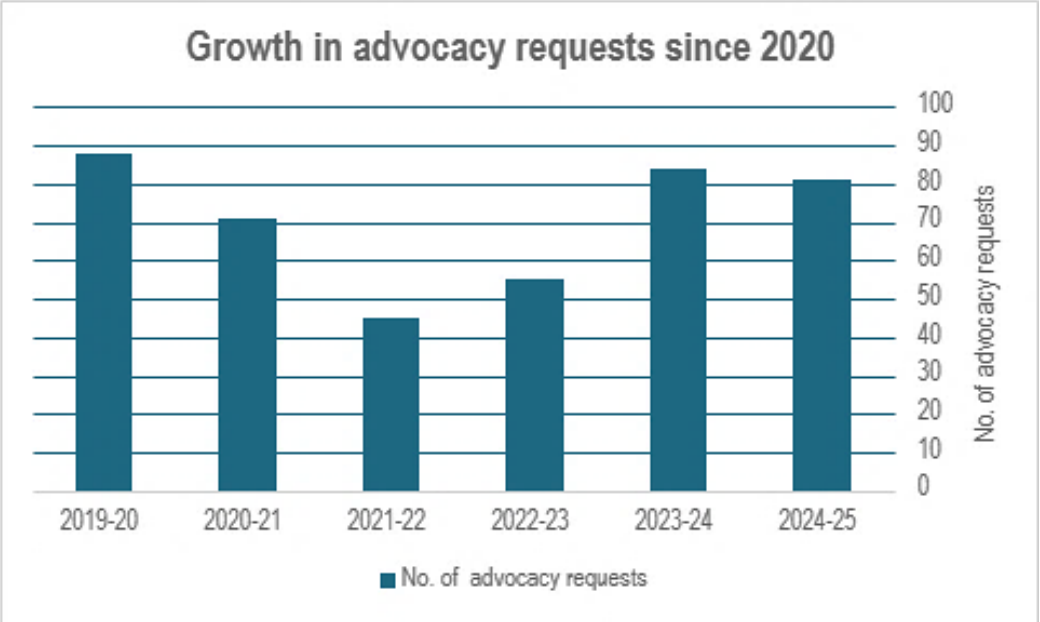
CVs heard from young people and their families about challenges navigating this transition, especially due to differing governance and service delivery models across LHNs. While some LHNs assumed responsibility for youth mental health, others such as those in the northern region remain under the Women's and Children's Health Network (WCHN). Clients' families said the system was confusing and were upset about losing trusted relationships with their previous care teams and having to start again with new connections. Acknowledging these challenges, CVS notes the development of a statewide Youth Mental Health Services Model of Care as a positive system-level initiative. This model is expected to provide strategic guidance

for consistent care delivery across SA Health settings.

During meetings with the Department for Health and Wellbeing (DHW) Policy, Planning and Safety team, CVS was advised that LHN working groups had formed and started work on the Model's implementation phase. CVS will continue to monitor developments through future site visits and engagement with stakeholders.

4.15 Individual advocacy requests

CVS responded to 81 requests for advocacy relating to mental health services in the past year. Requests for advocacy remained steady in this reporting period however, the growth in requests since 2021 – 2022 as shown in Graph 13, illustrates greater awareness of the CVS service and the need for a specifically funded ongoing case-managed advocacy service. While CVS provides preliminary advocacy it does not provide case managed advocacy. CVS refers clients to Disability Advocacy services for longer term support. However, they are often full and are not specialists in mental health. This was also noted in the CVS 2023-2024 Annual Report.



Graph 13: Growth in requests to CVS for mental health advocacy over six years from 2020 period

4.16 Mental Health initiatives

Through the year CVS was involved in various initiatives across the state and contributes to strategy and planning meetings with stakeholders. In the reporting period CVS was involved with the following initiatives:

72 new metropolitan rehabilitation mental health beds

CVS acknowledges the state government's investment commitment of $157.8 million over four years to build and staff 72 new metropolitan mental health rehabilitation beds in three local health networks: NALHN, CALHN and SALHN. Each LHN will offer and manage 24 mental health rehabilitation beds each. CVS received briefings and were consulted on the service models for the new services. Extra capacity to existing services is welcomed and CVS looks forward to visiting the new facilities when completed, in the near future. They include:

Modbury Hospital Mental Health Rehabilitation Unit

NALHN will be responsible for the operation of 24 of these beds in the new Modbury Hospital Health Precinct. The Mental Health Rehabilitation Unit (MHRU), it will support adults who need longer stays in hospital for therapeutic and rehabilitative care, under a model that provides therapy in a specially designed living space to support daily activities. The facility is expected to be operational by early 2026.

The Queen Elizabeth Hospital (TQEH)

In March 2025, CALHN made a presentation to CVS on the new 24 bed rehabilitation facility being built opposite TQEH, pictured in Image 1. The project builds on the acute short term mental health services already offered. The longer stay service will enable rehabilitation therapy and offers private ensuites and outdoor spaces and was co-designed with mental health clients. The facility is expected to be operational in late 2025.

Image 1: Architect's rendition of the new 24 mental health acute facility opposite the Queen Elizabeth Hospital.

Mental Health Rehabilitation Unit at Noarlunga Hospital

The new Mental Health Rehabilitation Unit at Noarlunga Hospital (SALHN) will deliver 24 specialist mental health beds for those with high and complex mental health needs. The service will offer a contemporary model of care for mental health clients requiring rehabilitation. The unit was co-designed with staff and clients and designed to provide an open, spacious and light-filled unit reflecting the local landscape and Aboriginal history. An architect's rendered drawing of one of the rooms is shown in Image 2.

Image 2: Architect's rendered drawing of the internal space at the new Noarlunga Hospital Mental Health Rehabilitation Unit showing a modern interior with curved walls and a large window with an outside view onto nature.

New sub-acute recovery mental health beds in Limestone Coast

In May 2025, the LCLHN presented at the CVS Community Visitor Forum about the new unit plans for this facility, the model of care and advised building works were scheduled for completion in 2026. The anti-ligature entrance to the bathroom replaces the need for ensuite doors are shown in Image 3. LCLHN advised that the redevelopment included a separate entrance allowing for direct access to both the new sub-acute unit and the Integrated Mental Health Unit. This is a positive outcome for mental health clients who currently access mental health services via the Hospital's main entrance.

Image 3: Architect's rendered drawing of the new anti-ligature bathroom entrance at the new mental health sub-acute unit in Mt Gambier, LCLHN

Images 4 and 5: Proposed designs for the LCLHN mental health sub-acute care unit showing a bright modern kitchen with shared facilities and natural light, and the building from the outside with greenery and sitting areas.

Aboriginal Social and Emotional Wellbeing Centre

The Aboriginal Social and Emotional Wellbeing Centre will deliver culturally aligned support and wellbeing services to Aboriginal and Torres Strait Islander people in SA. The service is planned to commence in October 2025 and operate from South Terrace in Adelaide. The Centre will be managed by a consortium of the National Indigenous Network Initiative Ltd, Sonder Care Limited and OARS Community Transitions. The new Centre will offer an all-age mental health and wellbeing service to improve health outcomes for Aboriginal and Torres Strait Islander people accessing mental health and social and emotional wellbeing support. The Centre aims to link existing services for accessibility, and culturally appropriate mental health services for ATSI clients.

5. COMMUNITY VISITS – DISABILITY

Under the *Disability Services (Community Visitor Scheme) Regulations 2013*, CVs have the function to visit disability services operated or funded by Disability Services, Department of Human Services (DHS). This enables CVs to inquire about a range of matters including, but not limited to:

- the appropriateness and standards of the premises used for services for residents
- the adequacy of opportunities for inclusion and participation by residents in the community, and
- whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities.

The CVs can also visit or follow up any complaint made to a community visitor by a resident, guardian, medical practitioner, relative, carer or friend, or any other person providing support to a resident and can, through the PCV, refer matters of concern to the Minister.

Legislative powers gives the PCV the function to undertake an audiovisual inspection if it is not reasonably practical for a community visit or to physically visit or enter the relevant premises.

Disability visits

Disability Services (DHS) provides accommodation services to up to 572 NDIS participants at 228 sites, an increase of five sites since the last reporting period. CVS aims to visit premises at least once a year, but if a site had past issues requiring an earlier visit, then CVS will visit every six months or as needed.

As per Table 5, CVs completed visits and inspections at 230 individual houses at 128 sites. Many of these houses are shared accommodation. There were 20 less sites visited than last reporting period, due to volunteer unavailability, or site and resident unavailability. These 20 sites are a priority for visiting early in the next reporting period. Of the 128 visitable sites, 69 were visited once and 28 were visited more than once. On the 22 August 2024, one visit was undertaken by audiovisual means due to

a client in Mt Gambier refusing a physical visit. However, the client agreed to a subsequent visit being face-to-face and will occur and be recorded in the next reporting period.

Visits to individual DHS houses	Potential client reach*	Request for advocacy	No. of issues opened	No. of issues closed
2024-2025				
230 houses on 128 visitable sites	572	7	223	156
2023-2024				
250	582	17	144	N/A
2022-2023				
251	594	7	128	N/A

Table 5: Comparison of the Community Visitors disability visits between the last three reporting periods
** Total number of clients residing in houses visited by the Community Visitors, but not all clients were present at time of visit*

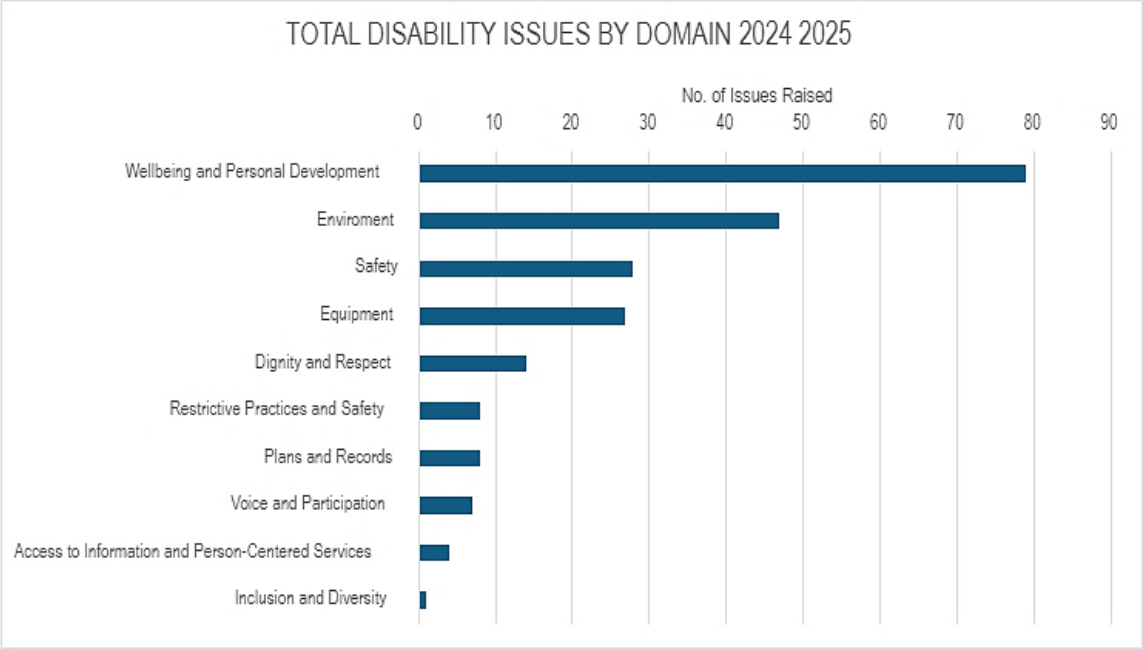
CVS will also conduct visits on request made by a client, carer, guardian, family or any person or organisation providing support to a client, however none was requested in the year. CVS received seven phone calls and emails requesting advocacy.

From all visits completed in 2024-2025, 223 issues were raised, which is 79 (55% increase) more than in the last period. This increase can be attributed to several factors, including systemic challenges related to NDIS funding (affecting staffing levels and community participation funding), and issues related to ageing infrastructure at disability service sites. There were 156 issues closed with 67 open at the end of the reporting period. CVS also introduced enhanced reporting capabilities allowing for increased clarity and detail in CV reports. These combined factors have

contributed to a more comprehensive identification and documentation of issues in 2024-2025.

Key findings

CVs report on observations and issues in line with the visit and inspection domains. Issues were raised across all ten domains, with 79 issues reported in wellbeing and personal development (35%), 47 in environment (21%), 28 in safety (13%) and 27 in equipment (12%). These are shown in Graph 14.



Graph 14: Total disability sector issues by domain theme raised with Community Visitors in 2024-2025

5.1 Wellbeing and personal development

With 79 issues raised under this domain, the wellbeing and personal development of clients raised the greatest number of issues. The following matters were raised in reports.

Health and medication

Of the 79 issues reported within this domain, 27 were related to medical care, health concerns, and medication management. Seven reports highlighted challenges with timely access to GPs, noting that some clients were unable to secure regular appointments with a consistent doctor.

Lack of timely access to updated medical information, including comprehensive and current medication charts, was also identified as an issue in some instances.

Eight health-related concerns were raised with CVs about delays in the completion and delivery of updated assessments, such as:

- continence assessments
- occupational therapy assessments
- cognitive capacity reports

Delays are often linked to systemic issues by the National Disability Insurance Agency (NDIA), particularly the lack of timely and flexible funding to accommodate reassessments when a client's care needs change. In the current reporting period five clients experienced administrative and financial barriers when attempting to secure updated assessments outside of scheduled plan reviews.

Community engagement and activities

Community engagement is essential to a client's wellbeing by supporting their strengths, development and any areas of interest. Many reports submitted during this period were positive, outlining a diverse range of community engagement that included accessing local green spaces, attending events at local libraries, hydrotherapy, art classes as well as engagement in offsite programs and supported employment. However, several reports identified insufficient funding for community participation and staff support ratios in client NDIS plans. This included access to holidays and Return to Country trips for Aboriginal clients, and broader community engagement.

5.2 Environment

Relating to the environment theme, 47 issues were raised with six specifically about the condition of outdoor areas, including five reports of overgrown gardens limiting safe and enjoyable use by residents. Inadequate lighting, both internal and external, were noted in four reports along with issues regarding the condition of furnishings in communal areas. Specific examples included broken lighting in bedrooms, curtains hanging off tracks and worn or damaged floor coverings. Eight reports highlighted the need for bathroom maintenance such as mould being present, uneven flooring and the need for showerhead replacements.

Some maintenance and cleanliness issues were raised with Disability Services (DHS) management for addressing. Examples included: bed linen requiring laundering on a more regular basis, stains on carpet and consideration to replacing it and two clients

keeping pets in their rooms.

Positive outcomes in this domain show that DHS have been receptive to feedback, with linen being laundered more frequently and deep cleaning of carpets being undertaken.

5.3 Safety

In the reporting period, a total of 28 safety-related issues were recorded by CVs. There were nine issues reported about staffing ratios that resulted in periods where clients are left with reduced supervision, increasing risks related to safe transfers, community access, and overall client wellbeing. One client raised with CVs that they felt unsupported by agency staff as they were unfamiliar with their needs. This was raised with the DHS area manager and in response, a roster review was undertaken, and the client now has several familiar staff supporting them and the issues were resolved

While positive feedback was recorded relating to essential emergency procedures such as fire plans and evacuation protocols, five issues were raised with CVs about:

- clients who had limited access to their individual plans
- staff often lacking clear, accessible information about emergency protocols
- inconsistent understanding of how fire alarm systems operate within the settings

These issues have been reported to DHS with clear recommendations provided for resolution. At quarterly meetings with Area Managers, CVS was advised that emergency protocols were updated, and education provided to staff regularly. Reports noted tailored fire plans and evacuation protocols were developed for clients at the five sites and they would continue to update all fire safety and emergency proctocols at other DHS sites.

5.4 Equipment

Of the 28 issues recorded in this domain, most related to difficulty accessing wheelchairs, shower chairs, ceiling hoists and the storage of excess equipment at houses. It was reported that there were lengthy wait times for new wheelchairs and delays in NDIS approval and delivery of new equipment. This has led to cases where temporary equipment was hired in the interim.

In eleven cases, where CVs had previously raised concerns about equipment delays, it was noted that new equipment had been delivered within the 2024-2025 period.

5.5 Dignity and respect

Across most sites it was reported that privacy was maintained, and clients were treated with care and respect. Staff provided strong support to residents in managing their day-to-day needs, promoting dignity and autonomy.

One issue was recorded about a client exhibiting behaviours that impacted a housemate. This issue was escalated and the client received updated Positive Behaviour Support (PBS) funding and successful strategies to address the behaviours were implemented.

Thirty reports noted that clients had individualised and well-decorated rooms, reflecting both personal choice and creativity. Many properties displayed client artwork in shared spaces, fostering a sense of pride and belonging.

One report spoke positively about staff engagement with clients during the Christmas period, where clients were supported to decorate their homes and individual doors.

Other positive observations included houses where photographs of clients, accompanied by notes detailing their individual likes and dislikes, were displayed. This initiative supported visitors to quickly gain an understanding of personal preferences, enabling more informed engagement. Another report highlighted the respectful approach staff took in relation to client privacy and control of their environment, noting that autonomy was actively promoted and upheld as a central principle of support.

Reports emphasised the strong focus on inclusion and responsiveness to clients with higher support needs. One example detailed the experiences of two clients who are non-verbal. Staff were attentive to non-verbal cues, interpreting facial expressions and providing a range of choices about daily activities.

5.6 Restrictive practices and safety

This domain is based on the rights of clients to be safe in the provision of services ensuring that if restrictive practices are used, it is for the shortest time possible and as a last resort.

If there is a need for restrictive practices, they must always be used in a way that is least restrictive and supports the client's care and protection. This is achieved via a required Positive Behaviour Support Plan (PBSP), created by PBS practitioners, often in collaboration with professionals such as occupational therapists and psychologists. These plans are often lengthy (40-60 pages) and a summary document is useful for staff. Summaries were not always in place, however staff frequently reported that the PBS practitioner had trained them in implementing a PBSP.

CVs reported some concerns regarding restrictive practices. Key issues identified included:

- PBSPs not being updated in a timely manner
- hard copies of plans being unavailable for easy access while transitioning to the new Lumery online system
- the need for a summary document for lengthy PBSPs

5.7 Plans and records

This domain relates to the right to accurate record keeping, that is up to date, easily understood and person centred. The CV has the legislative power to review a client's plan and records.

During visits staff reported that while clients were aware of their records and documents some could not fully understand the concepts involved. To support understanding and engagement, staff were observed using a range of communication tools including easy-read formats, house diaries and noticeboards to improve sharing information with clients and their families, carers and guardians.

In the previous year, out-of-date personal care plans and PBSPs were reported due to the transition to electronic records. While still present to some extent in this period, there was improvement with many client documents updated and the use of a new secure electronic records system, Lumary. CVs reviewed client documentation to ensure that it was person centred, with the client voice documented.

CASE STUDY: Community Visitors – Identifying Issues and Solutions

A visit occurred to the Transition to Home (T2H) service at North Brighton (Brightt units) where clients receive disability support operated by DHS whilst awaiting longer term accommodation. Following a meeting with a client on site, the report raised multiple concerns that warranted further investigation from the PCV. In a letter to the Executive Director, Disability Services (DHS), the Chief Executive, Department of Human Services, and the Minister for Human Services, the following issues were raised, requesting a response. In summary:

- **Communication and client participation in planning** - both client and parent were unaware of any formal process to address complaints, provide feedback, or participate in client care planning at T2H
- **Client safety and wellbeing** - the client required 2:1 staff ratio support, preferring female staff but often only one male or female agency staff were available
- **Lack of staff interaction** - issues were raised about staff not interacting with the residents; and the parents' view was that agency staff were used too often and lacked adequate training
- **Smoking** - staff and other clients were said to smoke outside the front door, and another smoked in their room at night, so cigarette smoke filtered into the client's home impacting their health and wellbeing
- **Physical environment** - facilities lacking natural light and fresh air; walls were bare and painted white. Furniture was required in the common areas, such as a dining table and chair as clients ate food sitting on a sofa
- **Food choice and insecurity** - there was a limited choice of daily meals. The parent provided food for their adult child, but it often went missing from the fridge
- **Access to transport** - there was reported inequitable access among the clients concerning the use of the shared vehicle and disagreement about access to other transport options such as taxis
- **Hygiene and cleanliness** - cleanliness was a concern and bed linen required more frequent laundering

- **Lack of appropriate community housing options** - resulting in this client being housed at T2H for 18 months instead of three

All issues were addressed, and constructive responses were received from the Executive Director, Disability Services (DHS). The PCV then wrote to the parent and the client to close the matter after significant efforts had been made to resolve all the issues.

The next visit to T2H was undertaken by the PCV and APCV where they spoke with clients regarding any wellbeing and safety issues. At this visit, a different parent, who spoke highly of the service, discussed mental health issues for their adult child, specifically the inability to access a psychiatrist for a mental health assessment. With the parent's permission the PCV followed up with the SA Intellectual Disability Health Service (SAIDHS) to advocate for an appointment for the client. It was pleasing to note that SAIDHS accepted a referral to see the client onsite at T2H.

5.8 Escalations

If matters are serious or are not being resolved in a timely manner, or to the satisfaction of the PCV, CVS escalates issues to the attention of the Minister for Human Services and Departmental Executives with whom the PCV meets regularly. Five matters with a disability focus were escalated to DHS by the PCV in the reporting period.

1. Escalation to the Executive Director of DHS regarding high staff turnover at a site, with staff not being familiar with clients. There were issues regarding appropriate meal planning, management of fluid intake, and the location of fire safety equipment. Issues were also raised regarding communication engagement for clients. The Executive Director responded to this escalation with appropriate strategies, and the situation was resolved with positive client outcomes.

2. Escalation to the Executive Director, DHS, regarding a client's behaviours and the difficulties faced by staff (supporting at a 1:2 ratio). Advocacy occurred to ensure that the client had a Change of Circumstances lodged with the NDIS to ensure funding aligned with adequate staff and client safety. The situation is being reviewed by the NDIS and CVS will monitor the situation.

3. Escalation to the Executive Director, DHS, regarding concerns about client safety and appropriate knowledge of Percutaneous Endoscopic Gastrostomy (PEG) tube for feeding, and high risks associated with the frequent use of casual staff in the provision of client care. The client had a PEG tube for liquid nutrition, fluids, and medication directly into their stomach. PEG tubes require regular flushing and maintenance to ensure appropriate feeding and that the insertion site is kept clean and free of infection. There were concerns regarding the provision of continence care and overnight client management. These were echoed by family members, dissatisfied with DHS communication and distressed at inconsistent staffing. As a result of the escalation, DHS responded with the steps taken to resolve issues and ensure quality care provision. Reviews were undertaken of staffing levels, staff knowledge of client needs and communication expectations with families. Reports that followed, indicated that the reviews led to a positive resolution.

4. Escalation to DHS and community housing provider Access2Place about property maintenance issues, such as uneven flooring, slip risks, unkempt front and back gardens, and the need for repainting. Access2Place undertook painting and the structural maintenance issues were referred to the property owner, the South Australian Housing Trust (SAHT), for resolution.

5. A second housing maintenance issue was escalated regarding similar issues and referred to Access2Place. CVS acknowledged the prompt response from Access2Place to the issues raised and noted that the provider did work beyond their role, offering value and service to the clients.

5.9 Systemic issues

Limited community participation, social activities and the risk of isolation

Connection with community and access to a broad range of activities contributes to the wellbeing of people with disability. The issue of low community participation and few activities available in homes, was stated in eight reports. Visit reports highlighted the connection between clients' ability to engage in community activities, and NDIS funding available to them. A timely review of a client's NDIS plan should ensure adequate consultation for appropriate funding, addressing the funding barriers to meaningful community participation.

As DHS continues to evolve as a NDIS provider, clients, families, carers and guardians are experiencing notable changes, particularly in how funding within individual plans is allocated for external activities.

There can be an increased risk to clients when they do not have regular visits from family, friends, or external advocates. CVS plays a vital role by providing independent oversight to ensure that clients' rights, safety, and dignity are upheld. When limited community access is combined with the absence of trusted relationships, the risks to individuals become more pronounced, which makes proactive, community-based engagement and safeguarding essential.

Staffing issues and rostering changes

Staffing ratios were reported in some instances with CVs and families, carers and guardians raising issues about staff turnover and roster changes. Eleven concerns were raised by family, carers or guardians relating to frequent changes to staff rosters resulting in support workers being unfamiliar with clients' individual needs. In turn, clients reported feeling unsettled and distressed by the lack of consistency in their support staff. These issues were identified in several reports and underscore the ongoing need for regular staffing arrangements to ensure clients receive consistent, high-quality care with familiar staff.

It is encouraging that Disability Services (DHS) is actively implementing measures to address these issues, such as a roster review process and efforts to better align staff schedules with NDIS funding packages, CVS will monitor this issue.

Maintenance – indoors and outdoors

Housing maintenance is a reported issue in some houses with 48 reports identifying concerns. Key issues included both internal and external property conditions such as:

- the need for repainting interiors
- persistent bathroom mould and water damage
- and unresolved repairs related to wheelchair access

Uneven flooring was reported four times as a safety risk, presenting potential trip hazards for clients. Two concerns related to lack of fresh air and six concerns related to the need for window and curtain maintenance.

Some outdoor areas require improvements, such as enhanced lighting to increase

safety around entry and exit points, particularly for clients who use mobility aids. Four reports stated the need for better maintenance and use of garden spaces. Eight issues related to uneven pavement and the lack of shade in outdoor areas. Clients expressed interest in being involved in gardening activities, such as creating vegetable patches or planting flowers, which would support enjoyment of outdoor green spaces, a positive for client wellbeing.

In Focus: Advocacy for housing maintenance for people living with disability

In June 2025, CVs visited two adjacent DHS houses and identified several maintenance and safety issues including an uneven floor in the accessible bathroom where water did not drain away easily. The client had showered just prior to the visit and there were small puddles of water on the floor, creating a slip hazard for the residents and staff. It was also observed that both houses would benefit from internal repainting.

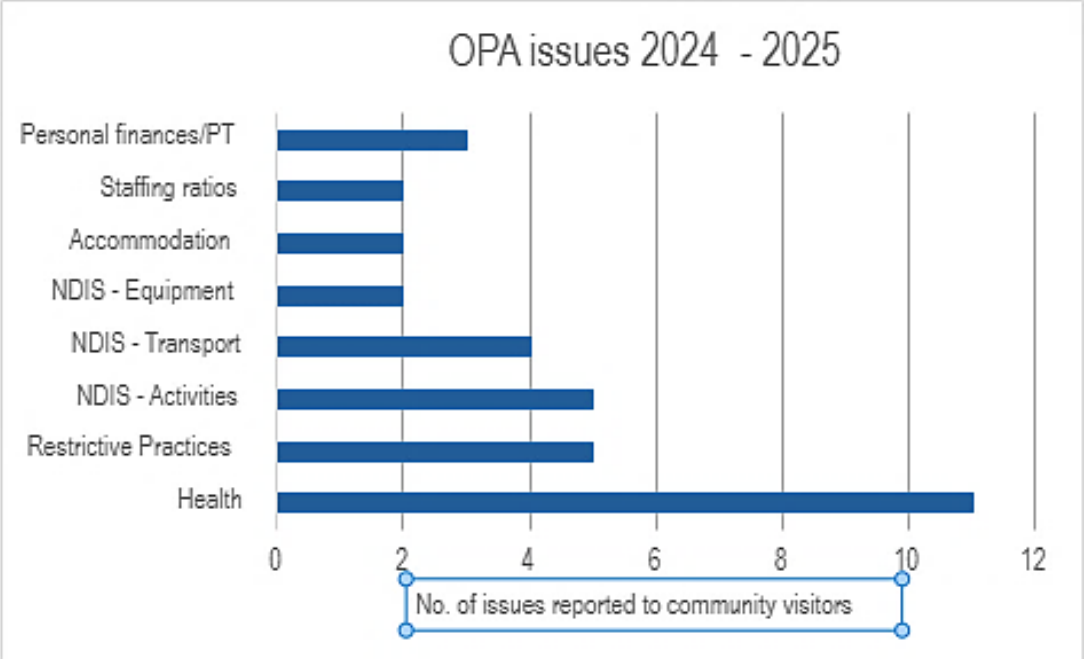
The PCV wrote to the community housing provider, Access2Place, who acknowledged the issues and undertook internal painting of the common areas. Access2Place advised that the bathroom issues were the responsibility of the property owner, the South Australian Housing Trust (SAHT) and the PCV escalated the matter to the Chief Executive, SAHT in June 2025.

This case demonstrates the role of the CVs in identifying and advocating for the resolution of maintenance issues in disability services, in particular navigating multiple providers to resolve important maintenance matters. There is a need for clear processes to ensure timely responses to maintenance requests.

6. COMMUNITY VISITS – PUBLIC ADVOCATE CLIENTS (NDIS Participants)

In 2024–2025, 39 visits were undertaken to clients of the Office of the Public Advocate (OPA) in both regional and metropolitan areas. Six clients received services from non-government providers and the remaining 29 clients received support from DHS Disability Services.

Of the 39 community visits, 20 reports raised 26 issues, and all matters were well received and addressed. The most frequent issues related to health (11), restrictive practices (5) and NDIS activities (5) as shown in Graph 15 below.



Graph 15: Number of issues reported to visitors visiting OPA NDIS clients 2024–2025

Issues

Health

Eleven issues related to health themes, such as limited access to appropriate GPs impacting ongoing healthcare, and the need for GPs who are skilled in managing clients with complex disabilities and intellectual disabilities. Four reports showed low engagement with allied health professionals (e.g. physiotherapists, dietitians,

occupational therapists, podiatrists) to support clients' needs.

Restrictive practices

Five concerns were raised about potential use of unauthorised restrictive practices which were resolved in the reporting period. These included PBSPs being updated and the use of medication being reviewed in two instances. PBSPs and the need for restrictive practices authorisations were reported six times for not being updated nor available. This was raised with DHS, who advised PBSPs are being reviewed and updated and will be available on Lumary in the future.

NDIS activities

There were five reports of insufficient funding for community-based activities and supports, reducing opportunities for social inclusion. OPA alerted the clients' Support Coordinator who would advocate for more funding at a scheduled NDIS Plan review or collect evidence for a submission of a change of situation. This is a systemic issue and was highlighted earlier (in Chapter 5 Community Visits – Disability under 5.1 Wellbeing and Personal Development).

NDIS transport

Lack of access to appropriate vehicles such as wheelchair-accessible vans, restricted community participation and transport for appointments. Issues highlighted insufficient transport funding in NDIS plans and lack of available vehicles to meet prioritised clients' needs. At times, an accessible vehicle was available for clients but not able to transport all clients together. As a result, some clients remained at home while others travelled to appointments.

Personal finances

There were ongoing issues raised about the lack of knowledge about the distinct roles and responsibilities of the Public Trustee and the Public Advocate. Misunderstandings about who had financial decision-making authority was raised in five reports by CVs. DHS staff would benefit from understanding the different roles of these offices.

7. STRATEGIC POLICY AND ADVOCACY

Advocacy is central to the purpose of CVS to achieve positive systemic change within services. CVS does this by influencing strategic policy and having input into relevant legislative and program reform. CV reports are a rich source of information that gives the basis for our advocacy efforts for both individual clients and on a systemic level.

7.1 Scheduled meetings with stakeholders

The PCV has a schedule of regular meetings to discuss emerging issues outlined in CV reports. Issues may be client specific, systemic, or any other matters of concern that the PCV considers necessary to raise with CVS' stakeholders.

In the reporting period the PCV met regularly with the:

- Hon Chris Picton MP, Minister for Health and Wellbeing
- Hon Nat Cook MP, Minister for Human Services
- Chief Executive, Department of Human Services
- Chief Psychiatrist
- Senior executives and management from the Department of Human Services and the Department for Health and Wellbeing
- the NDIS Quality and Safeguards Commission.

The PCV met with Mental Health Directors of:

- Northern Local Health Network (NALHN)
- Central Adelaide Local Health Network (CALHN)
- Southern Adelaide Local Health Network (SALHN)
- Women's and Children's Health Network (WCHN)
- Barossa Hills Fleurieu Local Health Network (BHFLHN)
- Limestone Coast Local Health Network (LCLHN)
- Flinders Upper North Local Health Network (FUNLHN)
- Riverland Coorong Mallee Local Health Network (RMCLHN)

Table 6 below shows the number of meetings the PCV held with each stakeholder.

Stakeholder 2024-2025	No. of meetings
The Hon Minister Chris Picton MP	1
The Hon Minister Nat Cook MP	5
Meeting with the PCV Executive Director, Mental Health Strategy and Planning, SA Health	4
Chief Psychiatrist	5
WCHN Mental Health and CVS	2
BHFLHN Mental Health and CVS	2
LCLHN Mental Health and CVS	2
RMCLHN Mental Health and CVS	2
FUNLHN Mental Health and CVS	2
PCV and DHS Disability Services Director, ED Office for Ageing Well	3
PCV and the CE, Department of Human Services	5
DHS-NDIS Quality and Safeguarding team & CVS	4

Table 6: Number of visits with stakeholders in 2024-2025

7.2 Meetings with Local Health Networks

The PCV meets regularly with Local Health Network Mental Health Executive/Director and Clinical Director at the services. CVS is in the unique position of having a statewide vantage point across all LHNs, and some non-government providers. These meetings facilitated discussion and follow-up of outstanding and systemic issues raised through CVS visits, as well as sharing the learnings across other LHNs.

Meetings with Disability Services, Department of Human Services

Regular meetings occurred with senior executives in Disability Services (DHS) to review the outcomes of CV reports and discuss outstanding issues or systemic issues.

The CVS Disability Coordinator maintained regular contact with Disability Services staff at the Area Manager level and with officers from the DHS Quality and Safeguarding team. These conversations ensured that any issues, either from reports or through advocacy requests, were resolved in a timely manner.

7.3 Site meetings

The PCV and APCV attended the Modbury Hospital Health Precinct prototype room on 25 September 2024. This room showcased the new Mental Health Rehabilitation Service and Older Person's Mental Health Service (moving from Ward 1G, Lyell McEwin Hospital) that are currently being built. Feedback in terms of the design features and aesthetics was encouraged and welcomed by the Project Team.

In November 2024, CVS attended NALHN'S Mental Health Rehabilitation Patient Journey Workshop. The workshop brought together multi-disciplinary Mental Health Division staff, peer workers, lived experience, clients and carers to discuss and determine key aspects of a client's journey when admitted to the Mental Health Rehabilitation Unit.

State and national policy submissions

The PCV makes submissions to state and national strategic policy, legislative and program initiatives as an integral part of advocacy efforts. CVS is invited to comment and actively participate in policy making, models of care, client journeys of mental health and disability pathways. In the 2024–2025 reporting period submissions were:

National

- The Human Rights and Coercion Reduction Committee
- The Forensic Mental Health Services Independent Review 2023
- CVS National Inter-jurisdictional Working Group

State

- Input into the SA Autism Strategy and attendance at launch and training
- Input into legislative reform, such as the SA Law Reform Institute review of the *Mental Health Act 2009*
- Office of Chief Psychiatrist Suicide Prevention Pathways
- Mental health models of care such as:
    - Limestone Coast Local Health Network Mental Health Sub Acute and Rehabilitation Model of Care
    - Youth Mental Health Services for the South Australia Model of Care

In addition, CVS provided input into:

- Review of the *Mental Health Act 2009*
- Forensic Mental Health Services Independent Review issued by Northern Adelaide Local Health Network
- Prototype design features for the new mental health facility at Modbury Hospital

7.4 National policy and strategic advice

CVS worked closely with our Community Visitors Interjurisdictional Partners to proactively engage with national policy and program reform initiatives. Jurisdictions that manage CVs programs met on a quarterly basis to share information and discuss strategic matters in relation to Community Visitor work.

CVS is a member of the SA Disability Intergovernmental Committee (SADRIC) where input is provided about the disability reform agenda stemming from the NDIS Review and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission).

The South Australian CVS initially convened the inter-jurisdictional CVS group and led the development of draft national principles for Community Visitor Schemes in future. This work was guided by and in response to recommendation 11.12 from the Royal Commission and 16.4 from the NDIS Review (2023), calling for nationally consistent community visitor schemes that interface with NDIS. While working with other jurisdictions it was evident that, whilst there were differences across jurisdictions in terms of the program structure, there were important consistencies.

Strategic advice in state and national initiatives

- Disability legislative considerations
- Chief Psychiatrist Sexual Safety Standard
- National Disability Insurance Scheme (NDIS) Review
- Disability Royal Commission (DRC) into Violence, Abuse, Neglect and Exploitation of People with Disability
- Forensic Mental Health Services Independent Review issued by Northern Adelaide Local Health Network (NAHLN)
- Key Recommendations from South Australian Law Reform Institute (SALRI) review of the *Mental Health Act 2009*
- Review of the *Mental Health Act* Supplementary Consultation
- Forensic Mental Health Services Independent Review issued by Northern Adelaide Local Health Network (NAHLN)

8. BUSINESS IMPROVEMENTS

The CVS office has a continuous improvement ethos that ensures its operations and policies are regularly reviewed. CVS is engaged with national and state strategic matters to ensure CVS practices are current, relevant and best practice in the safeguarding system. Key business improvements in the period are outlined below.

8.1 Business operations

During the year, CVS made improvements to conducting mental health visits to larger hospitals with multiple wards and units on each site. For example, one large hospital may have four service sites to be visited. Visits were split into two service visits at the large hospitals to ensure more time and opportunity for client engagement.

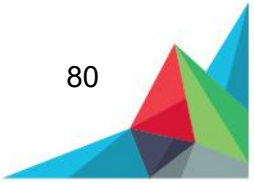
There is also national reform work occurring in relation to the consistency of state and territory Community Visitors Schemes as a result of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, and the NDIS Review. Outcomes of the reform work will require consideration of scope, capacity and resources.

8.2 Report writing template

A new report writing template was uploaded to the Volunteer portal along with a guide for CVs to assess each report domain. This will enhance data collection, monitoring and evaluation from qualitative reports.

8.3 Salesforce dashboard and data capture

On 12 August 2024 CVS went live with an upgraded Salesforce system. Work began in March 2024, with support from the DHS Business Improvement Technology and Salesforce IT specialists over a two-phase process. Phase one of the project focused on upgrading the current Salesforce system and creating a Community Visitor portal making inspection templates tools and policies available to CVs. Phase two saw the CVs and staff use Salesforce to track hundreds of visits, correlate scheduling and view CV reports to follow up on matters and track systemic issues.



8.4 Operating policies and procedures

The following operational policies and procedures were reviewed and updated in the reporting period:

- Community Visitors Advisory Committee Terms of Reference Review
- Announced visits and inspections for Authorised Community Mental Health Facilities (outpatient)
- Honorarium Policy
- Refusal of Entry Policy for Disability visits and a new questionnaire to ensure that if there is a refusal of entry, DHS will complete the questionnaire to advise of client wellbeing and safety.
- Community Visitors Guide to Responding to Community Visitors Advocacy Requests – Mental Health
- Community Visitors Guide to Responding to Community Visitors Advocacy Requests – Disability
- Procedure for reporting on visit issues to DHS Disability Services (DHS) that sets out the agreed basis and process for the CVs and/or PCV reporting
- A new reporting template on the web portal for volunteers including how to raise matters of concern and seek a request for response and timeframes
- Community Visitors Wellbeing and Safety Policy was updated to ensure CVs are aware of work, health and safety parameters within the context of the volunteer work undertaken. Work is ongoing at the end of the reporting period
- The Undertaking Visits and Inspections on Days of Extreme Weather Policy was updated to ensure clarity of process and CV safety in extreme weather conditions

9. APPENDIX

9.1 Acronyms

ABC	Australian Broadcasting Association
ADHD	Attention deficit hyperactivity disorder
ANMF	Australian Nursing and Midwifery Foundation
APCV	Assistant Principal Community Visitor
ASD	Autism spectrum disorder
ATSI	Aboriginal and Torres Strait Islander
BHFLHN	Barossa Hills Fleurieu Local Health Network
BPDCo	Borderline Personality Disorder Collaborative
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Service
COVID-19	Coronavirus 2019
CV	Community Visitor
CVS	Community Visitor Scheme
DCS	Department of Correctional Services
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
Disability Services, DHS	Disability Services, Department of Human Services
DRC	Disability Royal Commission
ED	Emergency Department
FMC	Flinders Medical Centre
FMHS	Forensic Mental Health Service

FUNLHN	Flinders and Upper North Local Health Network
GP	General Practitioner
IT	Information Technology
ITO	Inpatient Treatment Order
LCLHN	Limestone Coast Local Health Network
LGBTQIA+	Lesbian Gay Binary Transgender Queer Intersex Asexual and other sexual orientations and gender identities
LHN	Local Health Network
MHRU	Mental Health Rehabilitation Unit
NALHN	Northern Adelaide Local Health Network
NBU	Neuro-Behavioural Unit
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NPM	National Preventive Mechanism
OCP	Office of the Chief Psychiatrist
OPA	Office of the Public Advocate
OT	Occupational Therapist
PBSP	Positive Behaviour Support Plan
PCV	Principal Community Visitor
PEG	Percutaneous Endoscopic Gastrostomy
PICU	Psychiatric Intensive Care Unit
RAH	Royal Adelaide Hospital
RFDS	Royal Flying Doctor Service
RMCLHN	Riverland Mallee Coorong Local Health Network
SACAT	South Australian Civil and Administrative Tribunal

SADRIC	SA Disability Intergovernmental Committee
SAHT	South Australian Housing Trust
SALHN	Southern Adelaide Local Health Network
SALRI	South Australian Law Reform Institute
SAPOL	SA Police
SEDS	Statewide Eating Disorder Service
T2H	Transition to Home
TQEH	The Queen Elizabeth Hospital
UMHCC	Urgent Mental Health Care Centre
UNCRPD	United Nations Convention on the Rights of People with Disability
WCHN	Women's and Children's Health Network

Table 7: Acronyms used in this report and full spelling

9.2 Community Visitors in 2024–2025

The following people were appointed during the 2024–2025 period to serve as CVs:

Amalia Azis	Jenny Singh
Andrew Crowther	Juliet Koikai
Anne Burgess	Karen Rogers
Anne Gale	Kate McPhee
Brigitte Squire	Lisa Chua
Briony Lia	Livinia Xia-Bednikov
Cecil Camilleri	Lou McLennan
Dana Alexander	Maree Hollard
David Meldrum	Margaret Behn
Di Wheeler	Martin Lockwood

Eimear Muir-Cochrane	Meredyth Taylor
Elizabeth Iussa	Muyang Li
Eric Ford	Pam Simmons
Frank Walsh	Paul Glaze
Helen Jones	Sabrina Ottaviano
Helen Mitchard	Sally Fox
Jacy Arthur	Sally Goode
Jade McInerney	Shana McCormack
Janet Adams	Tanya Seslija
Janice Clark	Terry Hernen
Judy Harvey	Vicki Toovey

Table 8: Appointed Community Visitors in 2024–2025

9.3 Functions under the Act

Mental Health Act 2009

The Act creates the role of PCV and CVs. Under section 51 of the *Mental Health Act 2009*, CVs have the following functions:

- to conduct visits and inspections of treatment centres and authorised community mental health facilities as required or authorised by the Act
- to refer matters of concern relating to the organisation or delivery of mental health services in South Australia or the care, treatment or control of patients to the Minister, the Chief Psychiatrist or any other appropriate person or body
- to act as advocates for patients to promote the proper resolution of issues relating to the care, treatment or control of patients, including issues raised by a guardian, medical agent, relative, carer or friend of the patient or any other person who is providing support to a client under the Act
- any other functions that may be assigned to them by the *Mental Health Act 2009* or any other Act.

The PCV has the following additional functions:

- to oversee and coordinate the performance of the Community Visitor's functions
- to advise and assist other CVs in the performance of their functions
- to report to the Minister about the performance of the Community Visitor's functions
- any other functions assigned to the Principal Community Visitor by the *Mental Health Act 2009* or any other Act.

Disability Services (Community Visitor Scheme) Regulations 2013

The *Disability Services (Community Visitor Scheme) Regulations 2013*, allocates the following additional functions to CVs:

- to visit state-run disability accommodation premises to inquire into the following matters:
- the appropriateness and standard of the premises for the accommodation of residents
- the adequacy of opportunities for inclusion and participation by residents in the community
- whether the accommodation services are being provided in accordance with the principles and objectives specified in Schedules 1 and 2 of the Act *(Disability Services Act 1993)*
- whether residents are provided with adequate information to enable them to make informed decisions about their accommodation, care and activities
- any case of abuse or neglect, or suspected abuse or neglect, of a resident
- the use of restrictive interventions and compulsory treatment
- any failure to comply with the provisions of the Act or a performance agreement entered into between a disability services provider and the Minister
- any complaint made to a community visitor by a resident, guardian, medical agent, relative, carer or friend of a client, or any other person providing support to a resident
- to refer matters of concern relating to the organisation or delivery of disability services in South Australia to the Minister
- acting as advocates for disability residents living in state-government run

disability accommodation to promote the proper resolution of issues relating to their care, treatment or control, including issues raised by a guardian, medical agent, relative, carer, friend or any other person who is providing them support.

Guardianship and Administration Act 1993

The CVS visits people under guardianship of the Public Advocate who are participants in the National Disability Insurance Scheme (NDIS).

The Public Advocate has delegated authority under the Act to CVS to undertake visits.

The CVS report to the Office of the Public Advocate (OPA) about those visits.

9.4 Report Template used by Community Visitors

Ratings available to use: OFFICIAL

- Practices related to this domain require development
- Practices related to this domain are present with solid foundations
- Practices related to this domain are positive and innovative

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

ABOUT THE VISITOR(S)	
Community Visitor (writer):	
Community Visitor (contributor):	
Community Visitor (other) - Details of any other community visitors present during the visit	
Visit Type:	

ABOUT THE VISIT	
LHN or Service Provider:	
Site:	
Unit/Ward:	
Address:	

ABOUT THE VISIT	
Bed capacity:	
Date of last visit:	
Visit by phone/face to face/audio visual:	
Is this an unannounced visit:	
Is this a requested visit? Visit requested by a client/family member/carer etc.	

ABOUT THE	

Time spent at visit (in minutes):	
Number of clients present during the visit:	
Number of clients spoken/engaged with by CV during visit:	
Family or carer notified:	
Family or carer of client present/ spoken to:	
Name/role of staff who greeted and/or facilitated the visit:	

VISIT DOMAIN 1: VOICE AND PARTICIPATION	
How is client voice and participation promoted within the service?	
How do clients and families participate in care planning, reviews and decisions about their everyday care?	
Rating for Visit Domain 1:	

VISIT DOMAIN 2: RESTRICTIVE PRACTICES AND SAFETY	
Are restrictive practices used in the service and why? Is the client aware of restrictive practices being used?	
report they felt safe?	
Please elaborate:	
Rating for Visit Domain 2:	

VISIT DOMAIN 3: INCLUSION AND DIVERSITY	
How does the service meet individual and diverse needs?	
How are the cultural needs and safety of Aboriginal and Torres Strait Islander people met. Also, for culturally and linguistically diverse people?	
Rating for Visit Domain 3:	

VISIT DOMAIN 4: WELLBEING AND PERSONAL DEVELOPMENT	
What physical, emotional, spiritual wellbeing strategies support client care and wishes.	
What kinds of programs and opportunities do clients access?	
Rating for Visit Domain 4:	

VISIT DOMAIN 5: ACCESS TO INFORMATION AND PERSON CENTERED RECORDS	
Can clients access their records and information, with or without support?	
How is client centred care ensured throughout a client's service experience?	
Rating for Visit Domain 5:	

VISIT DOMAIN 6: DIGNITY AND RESPECT	
Is there evidence of client autonomy, care, privacy and respectful relationships in the service?	
Rating for Visit Domain 6:	

INSPECTION DOMAIN 1: RECORDS	
Please tick what you inspected in relation to client records	No records inspected / reviewed Report(s)

9.5 Advisory Committee members 2024-2025

NAME	ROLE
Anne Burgess	Chair
Anne Gale	Principal Community Visitor and Public Advocate
Dr David Caudrey	Manager, Strategy and Advocacy, Office of the Public Advocate

Commissions

Debbie Martin	Interim Commissioner, Health and Community Services Complaints Commissioner
Matthew Dempsey	Acting Deputy Commissioner, Code of Conduct, Health and Community Services Complaints Commission
Taimi Allan	Mental Health Commissioner

Office of the Chief Psychiatrist

Dr John Brayley	Chief Psychiatrist
Sally Cunningham	Manager Legislation and Policy

SA Health

Liz Prowse	Director, Policy Planning & Safety
Skye Lang	Senior Program Manager, Access to Services

Department of Human Services (DHS)

Kirsty Del Guste	Executive Director, Disability and Specialised Services
Nicole Keller	Director, Disability and Community Services
Gabrielle Hummel	Director, Disability Policy and Reform

Community Visitor / Community Representatives

Professor Richard Bruggemann	Independent Advocate (Disability)
Andrew Crowther	Community Visitor - CVS Mental Health Representative
Jayne Lehmann	Disability Carer Representative
Sue Dixon	Disability Consumer Representative
David Meldrum	Community Visitor, CVS Disability Representative

Table 9: Advisory Committee Members 2024-2025

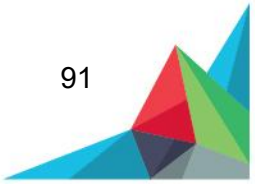
The following people also served as proxies or presented to the Advisory Committee during the year:

- Hannah White, Assistant Director National Reform and Executive Services, Disability Services, Equipment Services
- Melanie Meaney, Manager Disability Policy and Projects DHS
- Vanessa Owen Adj. Associate Professor Executive Director Nursing and Midwifery NALHN
- Helen Jones, Community Visitor, CVS Mental Health Representative
- Trinh Mai, Senior Authorising Officer, DHS
- Hannah White Assistant Director, National Reform and Executive Services, Disability Services Equipment Services
- Trudy Gilligan, Allied Health Lead
- Tracey Vonthien, Project Manager, CALHN
- Chantelle Bala, Principal Officer, Corporate & Strategic Advice, Mental Health Strategy & Planning Strategy & Governance, Department for Health and Wellbeing

9.6 Approved Mental Health Treatment Centres in SA (A-Z)

The following approved treatment centres have been approved under the *Mental Health Act 2009* and were current in 2024–2025 as recorded in the Government Gazette.

Treatment Centre	Units Visited
Flinders Medical Centre	• Emergency Department (ED) • Margaret Tobin Centre – Ward 5H, 5J & 5K • Short Stay Unit • Ward 4G Statewide Eating Disorder Unit • Ward 18V – Older Person's Mental Health Unit
Glenside Health Services	• Eastern Acute Helen Mayo House • Inpatient Rehabilitation Services • Jamie Larcombe Centre • Rural and Remote • Tarnanthi and Subacute Unit
James Nash House	• Aldgate Ward • Birdwood Ward • Clare Ward • Ken O'Brien Centre – East & West
Lyell McEwin Hospital	• Emergency Department • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward 1G – Open Ward • Ward 1H – Older Persons Mental Health Unit
Modbury Hospital	• Emergency Department • Woodleigh House
Mount Gambier and Districts Health Service	• Emergency Department • Integrated Mental Health Inpatient Unit
Noarlunga Health Service	• Emergency Department • Morier Ward
Queen Elizabeth Hospital	• Emergency Department • Cramond Clinic • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward Southeast
Ramsay Clinic Adelaide	• Parks Ward • Rose Ward • Torrens Ward
Repat Health Precinct	• Specialist Advanced Dementia Unit • Timor 6 • Neuro-Behavioural Unit
Riverland General Hospital	• Emergency Department • Integrated Mental Health Inpatient Unit



Royal Adelaide Hospital	• Emergency Department • Psychiatric Intensive Care Unit (PICU) • Short Stay Unit • Ward 2G
Whyalla Hospital	• Emergency Department • Integrated Mental Health Inpatient Unit
Women's and Children's Hospital	• Adolescent Ward • Emergency Department • Mallee Ward

Table 10: List of units in approved Treatment Centres visited by the Community Visitors

9.7 Authorised community mental health facilities in SA

The following authorised community mental health facilities were current in 2024–2025 as recorded in the Government Gazette. Due to the late inclusion of some facilities in 2023-2024 some services were not included in the Annual Report and are included here.

Adelaide Hills Community Mental Health Service, Mount Barker (Gazetted 26 June 2025)
Ashton House
Borderline Personality Disorder Collaborative (BPDCo)
Central Metropolitan Child and Adolescent Mental Health Service (Eastern Team)
Central Metropolitan Child and Adolescent Mental Health Service (Western Team)
Eastern Community Mental Health Centre
Elpida House
Forensic Community Mental Health Service
Flinders and Far North Community Mental Health Service, Port Augusta (Gazetted 26 June 2025)
Inner South Community Mental Health Service
Mt Barker Medicare Mental Health Centre (Gazetted 20 April 2025)
Mt Gambier Child and Adolescent Mental Health Service
Mt Gambier Community Mental Health Team
Northeast Community Mental Health Centre
Northern Community Mental Health Centre
Northern Metropolitan Child and Adolescent Mental Health Service
Northern Older Persons Community Mental Health Service
Northgate House – Beachside Ward

Northgate House – Woodlands Ward
Port Lincoln Community Mental Health Service, Port Lincoln Hospital (Gazetted 26 June 2025)
Riverland Child and Adolescent Mental Health Service
Riverland Community Mental Health Team
Southern Metropolitan Child and Adolescent Mental Health Service
Southern Older Persons Community Mental Health Service
Trevor Parry Centre
Urgent Mental Health Care Centre
Western Community Mental Health Centre
Western Intermediate Care Centre
Whyalla Child and Adolescent Mental Health Service
Whyalla Community Mental Health Service
Wondakka Community Rehabilitation Centre

Table 11: List of authorised community mental health facilities visited by the Community Visitors

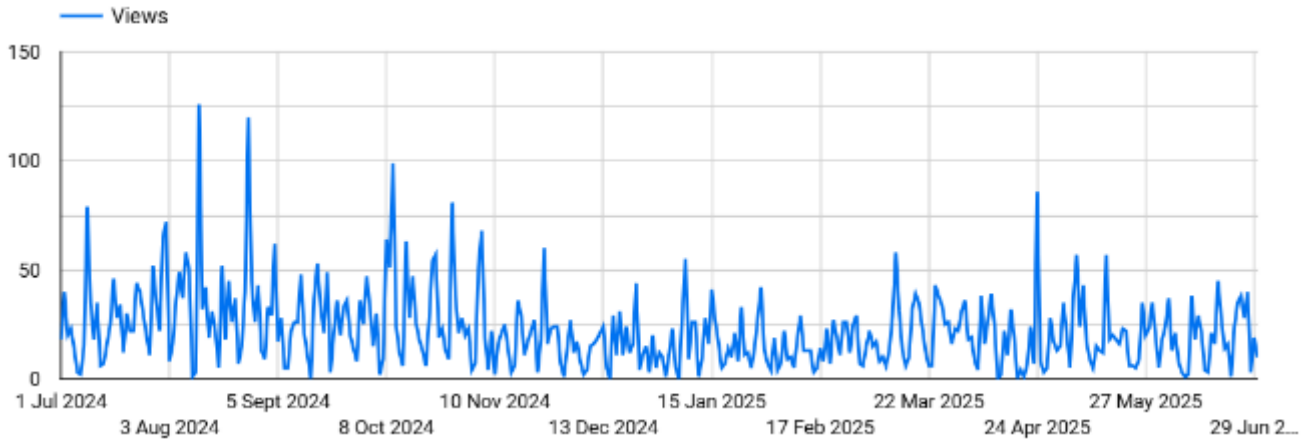
9.8 Disability Services

Disability Services DHS	Houses/Units Visited
Disability Services DHS	223 houses/units
Includes the following sites	Transition to Home – Bright, North Brighton Transition to Home – South, Noarlunga Transition to Home – South, Repat Hospital Transition to Home – West, Semaphore Aged Care – Northgate Disability Aged Care Service

Table 12: List of Disability Services locations visited by Community Visitors

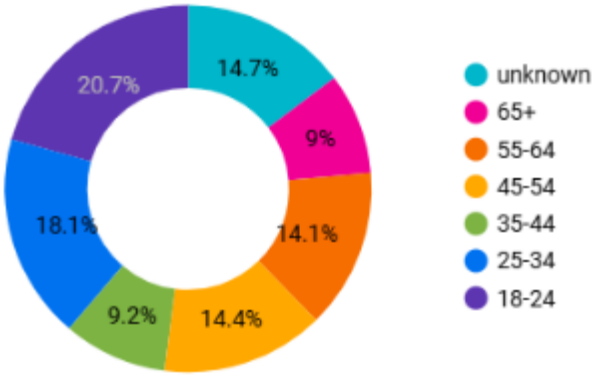
9.10 Website visits

The new volunteer portal was activated on CVS website in the 2024–2025 reporting period. As shown in Graph 14 the website had 8,152 views from 2,878 total users. The most frequent visits were in August and September 2024 and April 2025. The spikes in April visits correlates to CVs volunteer training sessions.



Graph 14: Total number of Community Visitors web visits in 2024-2025

Most visits came from Google searches with the most visited pages the Home page (2686), Become a Community Visitor Volunteer (834) and Role of a Community Visitor (592), followed by About Us, Contact Us and Advocacy and Assistance. The greatest downloads were the Role Description (259) followed by the Annual Report (100) and the Easy Read version (47). 20.7% of visitors are 18-24 and 18% in the 25-34 age group indicating a younger demographic visiting and using the site.



Pie chart 2: Community Visitors web hits by age

The demographic profile of web users is 70.7% female and 29.3% male. The gender split in web visitors reflects the gender split of volunteers recruited. In 2023–2024 slightly more men than women visited the site.