The South Australian Community Visitor Scheme

Principal Community Visitor

ANNUAL REPORT

Mental Health Services 2019-20

FOR FURTHER INFORMATION:

P R I N C I P A L C O M M U N I T Y V I S I T O R

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Hon. Stephen Wade, MLC
Minister for Health and Wellbeing
Level 9, Citi Centre Building
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Dear Minister

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 Mental Health Services Annual Report of the Principal Community Visitor 2019-20 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 2020, in compliance with the Act and the Department of Premier and Cabinet Circular (PCO13) on Annual Reporting Requirements.

Yours sincerely

Anne Gale

Acting Principal Community Visitor

29 September 2020

Contents

1. INTRODUCTION 6

1.1 Message from the Principal Community Visitor 6

1.2 Highlights and achievements 8

2. FUNCTIONS OF THE COMMUNITY VISITOR SCHEME 10

2.1 The purpose & objectives 10

2.2 Conducting monthly visits and inspections 11

2.3 Impact of COVID-19 on CVS activities 12
2.3.1 Detention orders under the COVID-19 Emergency Response Act 2020 12
2.3.2 Expanded role for the CVS 13
2.3.3 CVS visits to detained persons 13
2.3.4 CVS visits by audiovisual or other electronic means 13
2.3.5 Expiry of the COVID-19 Emergency Response Act 2020 15

2.4 Advocacy 16
2.4.1 Individual advocacy 16
2.4.2 Systematic advocacy 16

2.5 Referring matters of concern 17

2.6 Influence plans, policy and practice development 18

3. MENTAL HEALTH OUTCOMES AND THEMES 20

3.1 Visit and data 20

3.2 Key Report findings 20
3.2.1 Communication – client and staff interaction/respectful communication 20
3.2.2 Environment – suitability of facilities and their maintenance 22
3.2.3 Quality of client services and access 24
3.2.4 Safety and Rights – least restrictive practices 33
3.2.5 Treatment and care planning 34

3.3 Issues and Challenges impacting on Mental Health Services 36
3.3.1 NDIS Psychosocial Disability Pathway 36
3.3.2 Length of stay in Emergency Departments 37
3.3.3 Accommodation Shortages 37

4. WORKFORCE 39

4.1 Principal Community Visitor (PCV) and Community Visitors 39

4.2 Staff of the Community Visitor Scheme 40

4.3 Advisory Committee 40

4.4 Community Visitors 41
4.4.1 Appointments and resignations 41
4.4.2 Community Visitor Recruitment 44
4.4.3 Initial and Ongoing Training for Community Visitors 46

5. REVIEWS AND THE COMMUNITY VISITOR SCHEME 49

5.1 Department of Social Security Review 49

5.2 Oakden: A Shameful Chapter in South Australia's History' '—A report by the Hon Bruce Lander QC, Independent Commissioner against Corruption 50

5.3 Safeguarding Taskforce-Interim report 50

5.4 Independent review into the death of Ms Anne Marie Smith by Hon Alan Robertson SC 51

6. ACRONYMS 52

7. APPENDICES 54

Appendix 1: Mental Health Act 2009, Part 8, Division 2 — Community Visitor Scheme 54

Appendix 2: List of units within Treatment Centres visited by the CVS 58

Appendix 3: List of Authorised Community Mental Health Facilities visited by the CVS 60

Appendix 4: Visit and Inspection Prompt (Mental Health) 61

Appendix 5: Visit Report 63

Appendix 6: Compliance with Premier and Cabinet Circular (PCO13) on Annual Report Requirements 67

1. Introduction

1.1 Message from the Principal Community Visitor

This is my first report since being appointed as Acting Community Visitor in September 2019. I wish to acknowledge the contribution of Mr Maurice Corcoran, who held the role of Principal Community Visitor from July 2011 to 13 September 2019.

This report represents the work of the South Australian Community Visitor Scheme (CVS) for 2019- 20. It is the culmination of the combined efforts of all our Community Visitors and staff who coordinate the scheme.

COVID-19 significantly impacted the ability of the CVS to conduct visits as outlined in more detail later in this report. This has reduced the number of visits conducted during the year but has also led to the use of technology to conduct visits where possible and in line with the guidance and directions of the Chief Public Health Officer and directions of the State Coordinator.

The CVS, through its volunteer Community Visitors, has visited many individuals who have been using mental health services within Treatment Centres and Authorised Community Mental Health Facilities in South Australia over this past year and 133 visits were completed.

Community Visitors report on key elements of mental health services, such as:

- communication between staff and residents
- responsiveness of staff to client's needs
- standard and quality of food
- standard of the accommodation and facilities
- development of treatment and care plans and level of involvement of clients and families in shaping these plans, and
- restrictive practices.

The work of the Community Visitors allows the CVS to monitor, report, advocate for individuals and on systemic issues for people using mental health services.

Following a visit CVS reports are provided to services for a response with a focus on service improvements and any issues being addressed. The CVS has received positive feedback from mental health sites, with visits being regarded as an opportunity to review and improve service provision for clients.

The culmination of all our reports and related work is compiled into our Annual Reports to Parliament which includes matters not yet addressed or resolved.

Overall the mental health services visited by the CVS over the past year were rated positively and there was generally satisfaction with the services being provided to clients. In particular there was high satisfaction with the levels of building facilities and equipment, the provision of meaningful and recovery focused activities provided to clients and incidence and implementation of client treatment and care plans. Across the system a common issue remains with smoking provisions and adherence to the SA Health Smoke Free policy. This raises difficulties for those in temporary accommodation or restricted environments such as Emergency Departments (ED) and Psychiatrist Intensive Care Units (PICU).

The COVID-19 pandemic posed significant challenges for the delivery of CVS services in 2019-20. In March 2020 I cancelled in-person visits by Community Visitors due to the risk of exposure to COVID-19 for both Community Visitors and clients. Following legislative changes, the CVS moved to audiovisual visits with clients. An 'in-person' visit is preferred however the audiovisual option has provided a valuable means of delivering services in circumstances where physical visits may be difficult or pose risks to the participants. The CVS will resume in-person visits as soon as it is safe to do so but may seek to retain the option of audiovisual visits beyond the current COVID-19 arrangements.

In early 2020 South Australians were shocked by the tragic death of Ms Ann Marie Smith. The State Government announced a taskforce to examine gaps in oversight and safeguarding for people living with profound disability in South Australia. I participated in the Safeguarding Taskforce.

The Safeguarding Taskforce delivered an interim report to the Minister for Human Services on 15 June 2020 and included a recommendation that "*the State Government reaffirms the value of a Community Visitor Scheme as an additional safeguard for vulnerable participants*…". I was pleased that the Taskforce recognised the valuable role of the CVS in reviewing or inspecting services and advocating on behalf of vulnerable people in South Australia. It is anticipated that the final report (due by 31 July 2020) will confirm this recommendation. The CVS will be ready to respond to any proposed changes to the scope of the scheme. It was pleasing that the report also includes recommendations to broaden the scope of the Adult Safeguarding Unit earlier than originally intended to include all vulnerable adults of any age living with a disability.

Ms Smith's death also raised questions about the role of the CVS in safeguarding people who receive services under the National Disability Insurance Scheme. The CVS has a legislated mandate to visit people in state funded mental health facilities and state funded disability accommodation services. The CVS has never had legal authority to visit people in their private homes, and such power may be considered intrusive and unwelcome by some people. The CVS welcomes the community interest and discussion about improved safeguards for vulnerable people and will work with state and commonwealth agencies and the community on any proposal to increase those safeguards.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disabilities has also focussed the spotlight on the treatment of people living with a disability, including psychosocial disability and mental illness, and the need for a comprehensive review of the supports, services and safeguards provided to them. I welcome this discussion and look forward to the CVS continuing to provide a high quality of service in this area and supporting any proposals to enhance the delivery of services to people with a disability and safeguarding their welfare.

A highlight this year was receiving The Premier's Certificate of Recognition for Outstanding Volunteer Service for the CVS. This Certificate has now been awarded to the CVS two years running. The Certificate acknowledges the contribution, commitment and leadership demonstrated by volunteers across South Australia. I was very proud to receive this Certificate on behalf of our team of dedicated Community Visitors, and the award is for them collectively and individually.

I acknowledge and thank the members of the CVS Strategic Advisory Committee, chaired by Ms Anne Burgess. The Committee provides a forum for robust discussion and strategy development to assist the CVS to address issues that arise from our collective work. I thank them for their dedication and commitment to their work.

I also wish to acknowledge the staff of the CVS who have faced many challenges this year and continued to provide a high level of service to me, Community Visitors and the people who seek assistance from the CVS. I thank them for their support and commitment.

1.2 Highlights and achievements

The COVID-19 pandemic and business continuity

In March 2020 all in-person CVS visits were cancelled in accordance with public health advice regarding the risks posed by COVID-19. The CVS did not have the legal authority to undertake anything other than in-person visits under current legislation so urgent action was taken to implement alternative methods for visits. In May 2020 the South Australian Parliament passed legislation authorising the CVS to undertake audiovisual visits with clients. The scope of the CVS was also expanded to include visits to people detained under Schedule 1 of the *COVID-19 Emergency Response Act 2020* (see section 2.3 of this report).

CVS rapidly developed and implemented a business continuity plan which enabled the CVS staff to continue administrative and information services for the CVS during the pandemic. Staff were able to work from home, adopting a paperless working strategy from March 2020, and coordinating 'virtual' client visits by telephone or audio-visual links from May 2020.

Community Visitor Activities

The 2019-20 year saw a different approach to visiting mental health treatment centres and community mental health facilities due to the impacts resulting from COVID-19. The CVS conducted 133 visits to mental health treatment centres and community mental health facilities during 2019-20. Most visits and inspections attend multiple units within a health facility, including the different mental health wards and the emergency department.

Although CVS visits were impacted during some of the year, the CVS continued providing important advocacy and support for many consumers, families, carers and staff, both individually and systemically.

The issues tracking and follow up of issues raised with the Local Health Networks (LHNs) continues to be a strength of the CVS. In the past year 54 issues were raised in reports that required follow up with mental health services management with 44 (81%) being resolved during the reporting period. LHNs have been prompt in their responses to issues raised. Whilst a number of issues raised with LHNs are systemic issues, we have also seen many local issues resolved, providing positive outcomes for consumers. A number of suggestions made by consumers during CVS visits have also been acted on by LHNs.

The level of contact to the office from patients, their families and from staff seeking support with both individual and systemic advocacy has also been significant. The office has responded to 88 calls of concern or requesting advocacy covering a vast range of issues. In the majority of cases, the person seeking support with treatment orders or discharge have

appreciated the assistance of the CVS as an external agency who can present their concerns to the treatment team and ensure they are aware of their rights and options available.

The CVS continues to undertake requested visits to facilities where concerns were raised, either at scheduled visits or by the department, family, friends or others. For these unannounced visits, we draw on the skills of CVs who have specialist backgrounds and professional qualifications in investigative processes and interviewing techniques. The CVS also conducted two requested visits specifically to clients in treatment centre's that requested CVS support.

The past year also saw the further embedding on the CVS visitation to authorised community mental health facilities. This has been important for the CVS to see the whole spectrum of the mental health system and allowed us to monitor the difficulties often reported for clients between an inpatient stay in a treatment centre and their ongoing care through a community mental health service. Whilst these visits have been important for CVS, it has presented difficulties with gaining client involvement and perspective at every visit due to the nature of the community mental health services. This was particularly impacted in the COVID-19 safe environment, where a number of community mental health services are visiting clients in their home, rather than have them come in to the centres for all appointments. The CVS will continue to work with the staff and clients at these services to improve the effectiveness of visits to these services.

CVS office arrangements

In late March 2020 the CVS office relocated to another building at 108 North Terrace, Adelaide. The CVS staff are to be congratulated for undertaking this move during a very challenging time at the start of the COVID-19 pandemic while still maintaining the CVS service.

The CVS provides services under several Acts and reports to the Minister for Health and Wellbeing and the Minister for Human Services. The Department of Human Services provides the administrative support for CVS.

Further enhancements to the database utilised for storing site information occurred and an automated messaging system was developed to ensure CVs were reminded in a timely manner of their upcoming visits.

2. Functions of the Community Visitor Scheme

2.1 The purpose & objectives

The Community Visitor Scheme (CVS) is an independent statutory body, reporting 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 (Community Visitor Scheme) Regulations, 2013.*

Under the *Mental Health Act 2009*, the purpose of the CVS is to further protect the rights of people with a mental illness who are admitted to mental health units and community mental health facilities.

The independence of the CVS is integral to the Scheme, enabling patients/residents, workers and family members to speak with individuals who are not associated with the provision of support and services.

Section 51 of the *Mental Health Act, 2009* describes Community Visitors as having the following functions:

- to conduct visits and inspections of treatment centres as required or authorised by the Act
- to conduct visits to and inspections of authorised community mental health facilities as required or authorised under this Division
- 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 patient under the Act, and
- any other functions that may be assigned to them by the *Mental Health Act, 2009* or any other Act.

The PCV through the support of the CVS office team also undertakes the following additional functions:

- recruit, train and coordinate the performance of the Community Visitors and provide advice and assistance in the performance of their functions
- through reports, representation on committees and input into consultations, influence plans, policy and practice development across the sector, and
- report to the Minister about the performance of the Community Visitors functions.

2.2 Conducting monthly visits and inspections

The *Mental Health Act 2009* mandates that each approved treatment centre and authorised community mental health facility will have a visit and inspection by two or more Community Visitors at least once in every 2 month period. As explained further in section 2.3, the CVS was not able to meet the bi-monthly requirement for the months of March to June due to the impact of COVID-19. Whilst the CVS was not able to visit mental health facilities in person, Community Visitors were able to adapt to audiovisual visits during this time to ensure that some sites were still visited by CVS (see section 2.3).

In 2019-20 , there were 11 facilities within South Australia that were gazetted as approved treatment centres for the purposes of administering the Act. They were:

- Adelaide Clinic
- Flinders Medical Centre
- Glenside Health Services
- James Nash House
- Lyell McEwin Health Service
- Modbury Hospital
- Noarlunga Health Services
- Northgate House
- Royal Adelaide Hospital
- The Queen Elizabeth Hospital
- Women's and Children's Hospital

Treatment centres may have a number of units within them, these are listed in Appendix 2.

Three gazetted Integrated Mental Health Units located in regional areas received visits:

- Whyalla Hospital and Health Service;
- Riverland General Hospital
- Mount Gambier and Districts Health Service

Ten gazetted Authorised Community Mental Health Facilities were visited by the CVS in 2019-20 (listed in Appendix 3).

The CVS notes that the Borderline Personality Disorder Cooperative service was gazetted in the latter part of the year and will become part of the CVS visitation in the coming year.

Community Visitors inspect all areas of the facilities used to provide treatment, care and rehabilitation to people experiencing mental illness.

In response to the ICAC Oakden report, the CVS has continued to undertake approximately 50% of scheduled visits as unannounced visits. The Community Mental Health Centres have been excluded from unannounced visits at present as clients only attend Community Mental Health Centres for short appointments or medication. It is more effective to schedule a visit with these facilities to allow as many clients as possible the opportunity to attend when Community Visitors (CVs) are present.

In addition to the scheduled bi-monthly visits, the CVS also conducts visits on request. A client, carer, guardian, relative, friend, or any person or organisation who is providing support to a client may request a visit by a CV. If a request is made to a manager of, or a person in a position of authority at a treatment centre or community mental health facility, that person must advise the CVS office of the request within two working days.

CVs are provided with a prompt sheet (Appendix 4) to guide CVs on the matters they should observe and consider during their visits and inspections.

Where possible at the time of the visit, CVs will provide the site staff with informal verbal

feedback about any concerns and/or positive observations.

On completion of the visit, the CVs complete an online report that contains a variety of predetermined questions relevant to the visit. The report is provided to the Principal Community Visitor (PCV) and to the sites, as well as any identified issues requiring action.

Section 3 of the report provides a summary of the observations from visit reports.

Issues of concern are referred to the PCV and tracked on the mental health CVS *Issues Register and Tracking Documents*. When required, the PCV can escalate an issue to the appropriate body for action and resolution.

2.3 Impact of COVID-19 on CVS activities

2.3.1 Detention orders under the COVID-19 Emergency Response Act 2020

On 26 March 2020 the State Coordinator declared a major emergency in relation to the COVID-19 pandemic. It was apparent at that time that some protected persons may not have the capacity to understand or comply with public health guidance and directions issued by the State Coordinator in relation to the COVID-19 pandemic.

Where supported accommodation providers, including: aged care; mental health and disability service providers, needed to be able to limit the movement of some protected people to ensure they were not exposed to COVID-19 or spread the virus in the broader community it was essential that this be done lawfully. It was imperative that people were protected from unlawful detention and that their human rights were upheld by ensuring that appropriate checks, balances and safeguards were in place in the circumstances.

On 9 April 2020, the *COVID-19 Emergency Response Act 2020* came into effect. Schedule 1 of the Act contains a scheme for authorisation of the detention of persons with a mental incapacity to ensure:

- compliance with guidelines of the Chief Public Health Officer and directions of the State Coordinator; and
- that the rights of such persons were protected by ensuring that detention was the least restrictive alternative and subject to independent oversight and review.

The scheme empowers a person's guardian to authorise detention for a period not exceeding 28 days. If there is no guardian appointed, the Authorising Officer or the South Australian Civil and Administrative Tribunal (SACAT) may approve the detention.

Strict time limits applied before a matter would need to be brought to the SACAT for a hearing and determination.

The purpose of the scheme is to prevent protected persons being detained unlawfully and that if any limitation of movement was required, there is a level of independent oversight by a guardian or Authorising Officer to ensure this is done lawfully. The legislation enables accommodation service providers to lawfully and urgently detain persons who are at risk of exposure to COVID-19 and/or non-compliant with public health guidance, for a short period. The approved detention will generally be at the protected person's usual home.

Any approval will seek to implement the least restrictive approach that balances the protected person's freedom with both the person's and the broader community's right to be protected from the possible spread of COVID-19. The Authorising Officer and Public Advocate have determined and published that any application made to them requesting

authorisation of detention of a protected person must be accompanied by information about positive behaviour support strategies to assist the protected person so that they can be assured that the protected person's daily routine is maintained as much as possible. These might include, for example, how any exercise that might be prevented by the detention is replaced; how any personal development, such as might be provided in a day options program, is replaced; any changes to diet to reflect the changed circumstances of the person; and any relationship issues with other residents.

The detention must also comply with guidelines published by the Attorney-General.

2.3.2 Expanded role for the CVS

The COVID-19 Emergency Response Act 2020 and subsequent COVID-19 Emergency Response (Schedule 1) Regulations 2020 expanded the role of the CVS, enabling appointed Community Visitors to visit protected persons who are detained under the new temporary COVID-19 detention order.

Four Community Visitors were appointed under this Act for the purpose of conducting visits to protected persons under a COVID-19 detention order.

The scheme also provided for the CVS to visit people under these special detention orders using video conferencing or other electronic means to check on their welfare and to ensure that the accommodation service provider was adopting least restrictive practices and keeping a register of orders.

2.3.3 CVS visits to detained persons

The Public Advocate approved the detention of two protected persons under guardianship for the period from 9 April to 30 June 2020. In both cases, the protected persons did not have the capacity to understand social distancing requirements. Both persons were leaving their residence against advice and engaging in behaviour that put them and other residents, staff and the community at risk of exposure to COVID-19.

The Public Advocate advised the CVS of the detention orders and requested that the persons be visited to check on their welfare.

The CVS conducted one visit to a person in an aged care facility who was subject to a temporary detention order. The CVS provided a report to OPA, as guardian, on the circumstances of that person.

OPA advised the CVS that the other person subject to a detention order was injured while he was away from his residence. He was hospitalised for treatment of the injury and other unrelated medical conditions. The detention period expired while the person was still in hospital. The CVS did not conduct a visit with that person.

2.3.4 CVS visits by audiovisual or other electronic means

The *Mental Health Act 2009* requires that a visit or inspection to a mental health treatment centre or authorised community mental health facility by a community visitor must be conducted in-person. It was not possible to continue the usual schedule of in-person visits from mid-March 2020 due to the COVID-19 pandemic. An urgent solution was required to allow the CVS to undertake visits by other means and maintain oversight of the welfare of people in mental health facilities.

On 15 May 2020, section 10A of the COVID-19 Emergency Response Act 2020 came into

effect, authorising the CVS to undertake visits and inspections by audiovisual means, where practical, to clients under the:

- Mental Health Act 2009
- Disability Services (Community Visitor Scheme) Regulations 2013, and
- COVID-19 Emergency Response (Schedule 1) Regulations 2020.

To ensure transparency of the visiting arrangements, the *COVID-19 Emergency Response Act 2020* requires the PCV to publish a monthly report of the audiovisual visits and inspections undertaken by the CVS. This report is required to be publicly accessible and is published on the CVS website.

In the period of 15 May 2020 to 30 June 2020, the CVS undertook 11 audio-visual visits and inspections as detailed below.

- 5 visits to Disability Services accommodation sites
- 6 visits to Mental Health facilities

The number of visits and inspections undertaken in this reporting period was lower than the usual number of visits to mental health facilities over the same period last year. This was due to several factors:

- The pool of Community Visitors available to undertake audiovisual visits was smaller than would normally be available for in-person visits. Community Visitors needed access to, and training on, appropriate technology to participate in visits. Only a small group of volunteers self-nominated to participate in this process.
- Audiovisual visits are undertaken by two Community Visitors to assist with the objectivity and confidence of the visit.
- An audiovisual visit was not suitable for all clients in mental health facilities.
- Scheduling an audiovisual visit required additional work by the CVS staff to familiarise mental health facility site management and staff with the new visiting process.
- Mental health facility site management and staff were required to be present to facilitate the audiovisual visit. This had to be negotiated around their usual commitments at the service.
- Many visits had to be rescheduled or cancelled at late notice due to unexpected issues arising such as staff absence or client or community visitor illness (particularly in the context of COVID-19).
- There are also a number of mental health facilities where it was not practical to undertake an audiovisual visit and inspection. For example, in the early stages of the COVID-19 pandemic, Community Mental Health Centres moved to predominately home visits to patients and there were few, if any, patients to speak with on site. It is also difficult to visit Emergency Departments by audiovisual means where it may be unreasonable to expect medical staff to participate in this type of visit and inspection in the context of an emergency treatment environment.

Suspension of obligation to visit

The *Mental Health Act 2009* requires the CVS to visit mental health facilities bi-monthly. While the CVS may undertake audiovisual visits, there are sites that have not been visited in accordance with the legislated timeframes.

Section 10A(1)(a)(ii) of the *COVID-19 Emergency Response Act 2020* provides that any visits required under the *Mental Health Act 2009* that were not able to be undertaken by audiovisual means will be automatically suspended until the expiry of the Act.

2.3.5 Expiry of the COVID-19 Emergency Response Act 2020

At the time of writing this report the *COVID-19 Emergency Response Act 2020* and the ability to undertake audiovisual visits will expire on 9 October 2020 or the end of the emergency declaration, whichever is sooner.

The legislation has allowed the CVS to continue its services despite the challenges of COVID-19. Overall, an in-person visit is a preferred approach for visits, however, the audiovisual option has provided an additional means of delivering services in circumstances where a physical visits may be difficult or pose risks to the participants and I may seek to retain this option beyond the current COVID-19 arrangements for future flexibility.

2.4 Advocacy

2.4.1 Individual advocacy

A key element of the Community Visitors' role is to provide support and advocacy in referring matters of concern arising from visits to the Principal Community Visitor (PCV). On a daily basis, the CVS also provides information regarding patient rights and supports individuals via phone and in-person. In addition, the PCV responds to individual advocacy requests as per examples provided below. While the CVS is not a complaints resolution body or an investigation unit, it will refer individuals to other agencies and support them through formal complaints processes as needed.

During 2019-20, the CVS received approximately 88 requests for advocacy from clients, family members, carers and staff members. Following are examples of the advocacy undertaken by the CVS office:

- The treating team of an Older Person's Mental Health client contacted the CVS seeking assistance in providing advocacy support for the client and involvement at family meetings. The CVS has attended regular family meetings with the family and treating team, providing assistance and reassurance as an independent party present at meetings.
- The CVS was contacted by a family member of a client in a mental health treatment centre, who was having trouble building a therapeutic relationship with the treating team, and felt that a number of decisions made for them were not made in consultation with the family member and primary carer. The CVS made a referral to the Carer Consultant at this service, who met with the family members and client, and assisted in building a more positive relationship between the family and treating team.
- A family member contacted CVS on behalf of her sister, seeking advocacy with concerns about the adverse side effects of a medication they were given while in hospital under an Inpatient Treatment Order. The CVS referred this to the Chief Psychiatrist who has initiated an independent clinical review of the medication treatment.

2.4.2 Systematic advocacy

During this period, the CVS has continued to lobby for systemic change that would deliver improved outcomes for service consumers. Some of the CVS's key foci during 2019-20 were:

Inpatient Rehabilitation Service

Following the release of the independent review of the Inpatient Rehabilitation Service (IRS) unit at the Glenside Campus in April 2019, the PCV participated in the Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee. The CVS continued to conduct additional visits to IRS over the past year, continuing as fortnightly visits and then reducing to monthly visits. The CVS has conducted 22 visits to IRS since May 2019.

The CVS has noted improvements in a number of areas monitored at IRS, namely:

- improvement in communication and interactions between staff and patients
- general unit culture and staff morale has increased
- a reported reduction in aggression and restrictive practices
- greater offering of meaningful activities for clients, including an increase on weekends

which has been noticed by clients
- reduction of security guards in the unit.

There are still a small number of long-term issues to be resolved or are in progress:

- new Model of Care to be completed and implemented
- physical layout of the unit to be addressed
- issues related to the smoke free policy.

The CVS will continue to visit IRS monthly until the intensive monitoring conditions on the service are revoked by the Chief Psychiatrist.

NDIS transitions in Forensic Mental Health Services

The CVS has identified delays for forensic mental health clients who were transitioning to NDIS as a systemic issue. Over the past year the CVS continued to play a role in advocating for these clients, at both an individual and systemic level. Whilst there are still a number of clients awaiting transition to more appropriate NDIS supported accommodation, some long-term clients that the CVS has engaged with have successfully transitioned to their new accommodation after many months and in some cases, years of planning.

SA Mental Health Services Plan 2020-2025

The SA Mental Health Services Plan 2020-2025 developed by the Office of the Chief Psychiatrist and the SA Mental Health Commission was released this year. The plan highlights a number of areas of improvement needed within the mental health system and is supported by the CVS. The plan also includes some important initiatives, such as the Urgent Mental Health Care Centres, which may ease the demand on Emergency Departments (ED) and provide a more suitable environment for mental health consumers in a crisis.

The CVS also supports the introduction of mobile crisis teams (based on a similar successful model in the United States of America) that would have a trial of 2x 24/7 teams of a health professional and peer worker to attend to clients in need of assistance in the community. If successful, this will replace the current model of ambulance and police response and assist with ED avoidance. The CVS has already received positive feedback from a number of clients about this initiative as an alternative to the current police and ambulance response, which can often be distressing and traumatising for clients.

Other specific areas of focus and expansion that the CVS supports include:

- child and adolescent mental health
- older person's mental health
- forensic mental health.

The CVS looks forward to monitoring the progress of the initiatives detailed in the Plan over the next year.

2.5 Referring matters of concern

A key component of the role of the CVS is to refer matters of concern raised in visits reports to the appropriate agencies for resolution. Dependent on the nature and scope of the issue, these referrals can be to management of the service provider, the Minister's delegate or to the Minister. Matters of concern can also be referred to other external bodies for

investigation such as the Office of the Chief Psychiatrist, Health & Community Services Complaints Commissioner, Public Advocate or Ombudsman.

Any significant issues of concern or recurring themes indicating a possible systemic issue that are raised within visit reports, are transferred to the Issues Register and referred to the CVS Advisory Committee meetings for discussion. The Advisory Committee provides advice to the PCV about potential actions and develops shared, cross agency strategies and responses where there are common issues.

Fifty-four issues were raised in reports that required follow up with mental health services management with 44 (81%) being resolved during the reporting period. The numbers of issues raised in reports were down on last year due to the reduction in number of visits over the period of March to July 2020.

Common themes raised in visit reports that were followed up with mental health services management include:

- Lack of meaningful activities available or activities timetables not going ahead due to staffing shortages. The response from mental health units has improved with Occupational Therapists and Activity Coordinators commencing dedicated activity programs, however the issue still remains about staffing shortages impacting on the provision of activities.
- Inappropriate and un-useable outdoor spaces for clients in mental health treatment centres, including sparse and bare courtyards or ligature risks. There has been an improvement in this area with multiple mental health units updating outdoor courtyards and spaces to provide a calming and relaxed outdoor space, including the addition of vegetable gardens and shaded spaces for use in summer.
- Concerns with NDIS application processes and delays in plan approvals, impacting on patient discharge. This is an ongoing systemic issue which is discussed further in section 3.3.1.
- Lack of variety in meal plans and reduced access to healthy snacks and food for clients in mental health units. In some cases client feedback and meal suggestions was adopted by the kitchen and improved following the CVS visit.

These issues and themes are discussed further through section 3.2 of this report.

Concerns regarding the length of stay in the RAH Emergency Department and use of substantial security guards for these clients was raised with the Chief Psychiatrist, who is working with CALHN to develop a Model of Care and improve this issue.

2.6 Influence plans, policy and practice development

A significant and important role the CVS performs is its contribution to planning, policy, strategy, reviews and investigations at both a commonwealth and state level. In addition, the CVS has an important role to play to ensure policy and clinical practice development is influenced by the experience of people with a mental illness and their relative, guardian, carer, friend or supporter.

In 2019–20, the PCV met regularly with the following Ministers to discuss the CVS:

- Hon Vickie Chapman MP, Attorney-General

- Hon Stephen Wade, MLC, Minister for Health and Wellbeing
- Hon Michelle Lensink MLC, Minister for Human Services.

The PCV has regular meetings with other Statutory Officers and senior public servants, including:

- Chief Psychiatrist
- Health and Community Services Complaints Commissioner
- Office of the Public Advocate
- Chief Executive and other senior staff from Department of Human Services, and senior staff of Attorney-General's Department and Department of Health.

The PCV been invited to participate on committees and discussion panels and contribute to reviews, investigations, reports and discussion papers. Examples include:

- Intensive Monitoring and Inpatient Rehabilitation Governance Steering Committee
- Meetings with Mental Health Directors of NALHN, CALHN and SALHN
- NDIS Quality and Safeguard Commission meetings
- Northern Adelaide Local Health Network Strategic Plan 2020-2025
- Office of the Chief Psychiatrist Restraint and Seclusion Standard
- SA NDIS Psychosocial Disability Transition Taskforce
- Statutory Authorities Group and Rights Protection Agencies meeting.

3. Mental Health outcomes and themes

3.1 Visit and data

Community Visitors complete an online report to the PCV after each visit. CVs are requested to provide a rating out of five, and any relevant comments, for the following matters:

- communication – resident and staff interaction/respectful communication
- environment – suitability of facilities, grounds and their maintenance
- quality of client services and access

Ratings of 3-5 are classed as positive. Ratings of 1-2 are classed as issues requiring improvement and further investigation.

CVs comment on, but do not rate, the following matters:

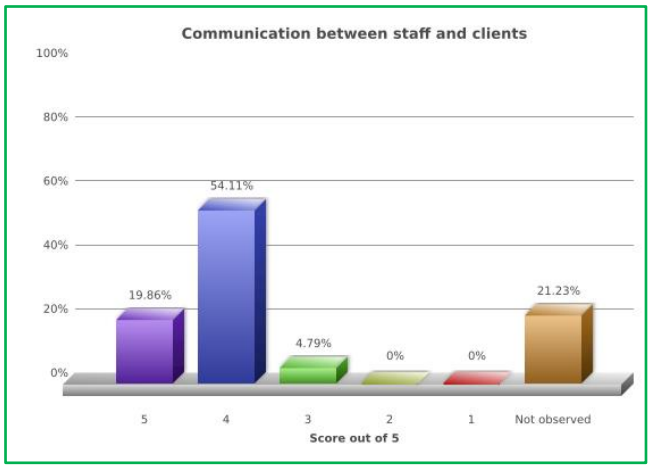
- safety and rights
- least restrictive practices
- treatment and care planning

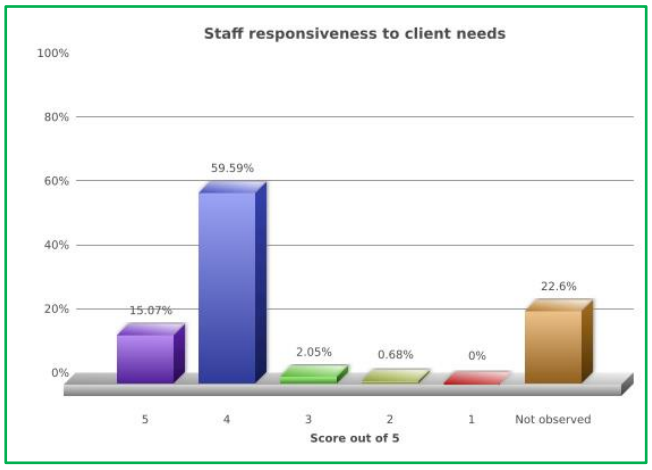
The report also provides opportunity for any issue of concern or request for advocacy to be presented to the Principal Community Visitor for follow up.

3.2 Key Report findings

3.2.1 Communication – client and staff interaction/respectful communication

CV ratings for communication between staff and clients and staff responsiveness to client needs





Overall staff responsiveness and communication with clients scored well and a large number of positive interactions (**75**%) observed by CVs during visits.

A common theme in the positive feedback noted at visits by Community Visitors and clients was the occurrence of regular client or community meetings. These forums, often held daily or weekly, provide an additional opportunity for communication between clients and staff and clients can raise issues or suggestions in a relaxed setting. These forums also provide

clients with opportunities to be involved in decision making such as choosing activities for the week or meals to be made in cooking classes.

An aspect limiting effective communication and responsiveness to clients is the need for appropriate cultural staffing and resources including access to Aboriginal Liaison Officers, with a visit report noting '*currently there is no Aboriginal Liaison Officer; we were told that the Executive is moving to have this important position filled. At the time of our visit, there are currently 3 Indigenous clients in XXX'.*

Timely access to interpreters for clients where English is not their prominent language was also raised, and this is important in ensuring meaningful communication between treating staff and clients and ensuring clients understand their rights.

Examples of positive comments and issues of concern noted by CVs relating to communication and staff responsiveness are following:

Having a person such as a Carer Consultant on the client-side of the counter, welcoming and assisting clients and family as well as visitors and others is a very positive innovation. Clearly this innovation also assists clinical staff to attend the matters of concern to them, all the while meeting the immediate queries and questions of clients, friends, and visitors.

We experienced several staff client discussions, each time between different staff and clients. All were very positive and respectful, undertaken with good humour. There was a lovely picture display that had a mix of staff and client's posters with photos and several facts about them on a main wall. This makes staff more accessible to clients.

Staff/clients communication depends on different factors, appears that was very tense in PICU compared with SSU. One of the factors is smoking that always triggers friction in the staff/clients interaction.

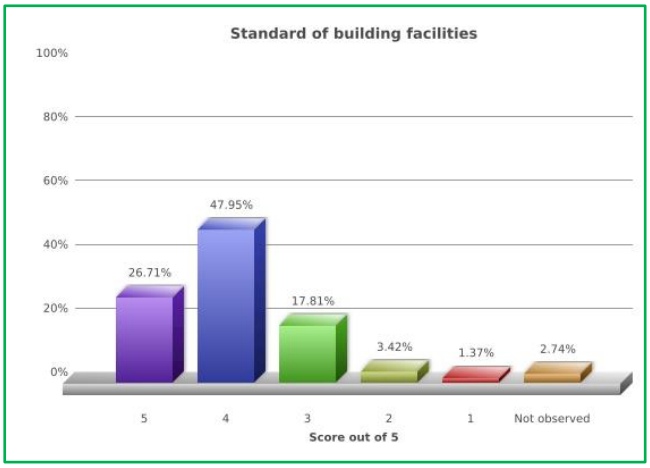
Other than with the Peer Specialist, we observed little contact between staff and clients. It was raised by a number of clients that communication with them did not seem to be a priority.

3.2.2 Environment – suitability of facilities and their maintenance

The following charts present data on CV ratings of services in respect to standard and appropriateness of the physical environment of the mental health facilities, including observations of the standard of the building, grounds, equipment and privacy for clients.

Building facilities, equipment and grounds

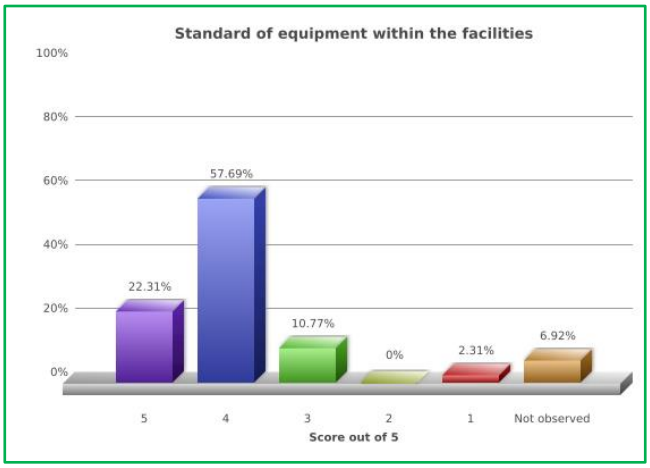
Overall the building facilities, grounds and equipment were rated positively, with the standard of building facilities being the best rated aspect at **92.6%**, followed by standard of equipment (**90.7**%) and facility grounds (**84.6%**).



The CVS learnt of a number of units over the past year establishing or reinvigorating the available garden areas or courtyards for clients, including wellness or recovery gardens. Many of these were undertaken as activities by clients, staff and local volunteers and in particular, in one unit staff came in during their spare time to complete the garden.

Difficulties faced with the building environment at James Nash House include its age, currency, and outdated infrastructure, were particularly noted. It has now been acknowledged in the *SA Mental Health Services Plan 2020-2025* that the building is outdated and no longer suitable for contemporary forensic mental health care and this is noticed on every visit to the facility, by both Community Visitors and the clients residing there.

While there are many great improvements occurring, there are still some issues raised in regards to the facilities, equipment and grounds. Common themes included lack of access to outdoor spaces, stark and bare internal courtyards, tired and ageing facilities and litter from cigarette butts around outdoor areas.



The CVS would also like to see a requirement for comfort rooms and access to sensory modulation equipment in all acute and rehabilitation inpatient units including emergency departments (ED) and short stay

units. Access to sensory modulation in an ED environment would be very beneficial to assist in counteracting the often distressing environment.

The following comments are examples of positive comments issues noted from visit reports regarding standards of building facilities, grounds and equipment:

All private rooms and shared common areas were clean and appropriate for client needs. Every room has ample natural light, it is comfy with neutral paint colour. Nice homely touches in the XX ward and sensory rooms in wards, including the PICU, noted.

The Recovery Garden under construction at our last visit has been completed and opened. It is a very important and beautiful achievement of staff and volunteers from the community and local schools. Vegetables, herbs and flowers are flourishing, there are beautiful water features. The Unit is to be commended for this initiative.

There are no open spaces or fresh air spaces within the wards.

PICU has no ensuite doors installed as the patients could easily rip down the current anti-ligature doors and rip them up. They also come off easily as they are attached by magnets and staff need to keep placing them back up. There are no plans to install any bathroom doors in PICU but new doors have been installed in all bathrooms in XX.

Privacy and appropriate spaces for clients

Privacy arrangements and appropriate spaces available for clients in the facilities were reported positively with **82.9**%. A common occurrence in many in patient units now is individual wristbands for clients to enable entry to their bedrooms, which assists with privacy in the bedrooms.

Some aspects that have been noted at visits and raised by clients in regard to inadequate privacy include limited access to private rooms or spaces to meet with family or have private phone calls. Not all facilities have cordless phone access for clients and this was specifically noted at one visit '*a patient noted that he has to use the phone near the nurses station which is a very public space and does not feel [that]privacy needs are being met'.*

Another issue raised amongst both clients and staff is the difficulties addressing ligature risks in bathrooms, and the practice of either locking the ensuite bathroom doors open or removing the doors altogether. This practice gives little privacy for clients when using their ensuite bathroom, as staff could enter their bedroom and see straight into the ensuite.

The following comments are examples of positive comments from visit reports regarding suitable privacy for clients:

The individual swipe armbands used to get into the patient's room ensure levels of privacy and safety.

All the clients have their own room. Each room has a small window (with lock) for the staff to check on the clients without opening the door.

Some examples of issues noted by CVs are following:

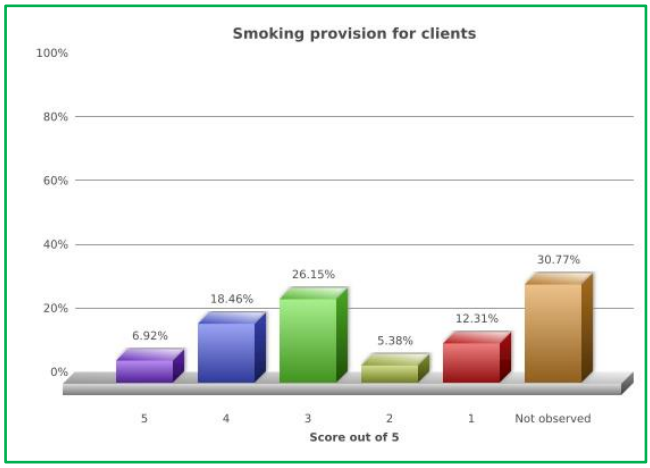
Client's advised there are limited spaces to meet with family in private. Most of the rooms are shared, leaving only the lounge and the dining room (which has a high level of utilisation for the needs of the program).

The ensuite doors is an issue of privacy for clients when staff do the checks ups rounds, they could walk into the bedroom without the privacy of a door for an in-use toilet.

3.2.3 Quality of client services and access

The following charts present data on CV ratings of services in respect to smoking provisions for clients and quality and choice of food.

Smoking provisions



Whilst **51.5**% of services rated positively for smoking provision, **17.6**% were rated as poor and needing improvement, the most significant area across the domains assessed. Once again, the issue of smoking for clients in mental health facilities remains a struggle and the CVS notes this at many visits and also receives phone calls from clients in treatment centres who are often distressed and frustrated with the Smoke Free Policy.

Whilst the CVS supports the principles of the SA Health Smoke Free policy in reducing tobacco addiction and providing a smoke free environment for staff and patients, enforcing this policy does create difficulties, particularly in PICU's, and often leads to behaviour and code back incidents. Whilst Nicotine Replacement Therapy is offered to clients, for those that are unable to leave the unit (usually due to an Inpatient Treatment Order), they often report that this is not sufficient and feel that being allowed a short opportunity to have a cigarette would significantly ease their distress.

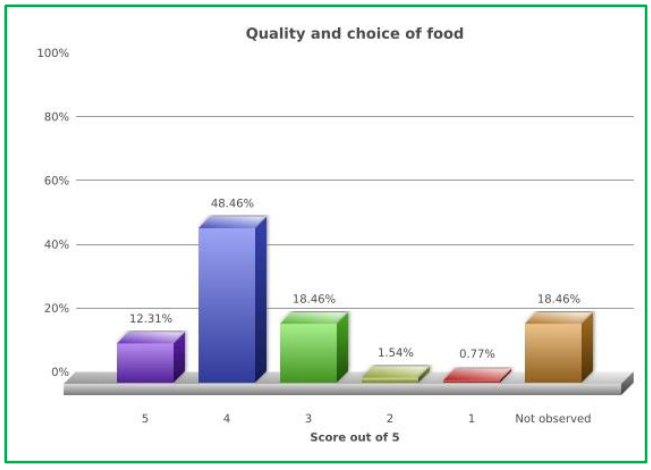
One particular unit sought an exemption of the policy allow clients up to 6 cigarettes per day in an internal courtyard. These times were managed and supervised by staff. At the time

there was positive feedback from clients about this and all those who utilised it were appreciative of the exemption. An immediate decrease of smoking related incidents was seen during this period, however this decrease was not sustained long term and was not seen as a possible long term solution to address the smoking related concerns.

The following comments from visit reports highlight the complaints and issues raised to CVs regarding the smoking provisions, from the perspective of clients and staff:

> *Clients smoke outside the buildings….The hospital has a 'No Smoking' policy; yet special secluded outdoor smoking areas would mean that the clients are less frustrated and anxious, can respond to treatment quicker, and thus be discharged sooner.*
>
> *Smoking is a very contentious issue due to the conflict between SA Health's no-smoking policy and clients' long-term habits. A previous CVS report noted that allowing clients to smoke up to 6 cigarettes per day, in an internal courtyard, had resulted in less aggression towards staff. XX said the effect had not fully lasted, as some clients then began to ask for more cigarettes, etc. Also there have been several recent fire alarm incidents due to clients smuggling cigarettes back to their bedrooms and setting off fire alarms.*
>
> *The lack of an area in the grounds for smoking has been raised again as it is each visit. Residents are concerned for their safety especially at night as there is often passers by going through the butt bins and they are sitting on the pavement as vehicles drive past.*

Quality and choice of food



The quality and choice of food provided to clients is an important consideration for the wellbeing of clients in mental health facilities, particularly for those in long term facilities and overall was rated positively with **79.2**%.

Activities where clients can be involved in meal planning, preparation and cooking provide a range of benefits including promoting healthy lifestyle and skills for daily living, as well as fun activity for staff and clients to be involved in together and reduce the boredom often experienced. Facilities that provided free access to snack such as fresh fruit and sandwiches were seen positively by clients. Clients in longer term facilities, such as James Nash House, often report how much they look forward to the days where they are able to be involved in cooking their own meals, and much prefer this to the meals that come from the kitchen.

One particular issue of concern regarding meals was related to an eating disorder service, where meals were often, late, the wrong type or served cold. For these clients, where food and meal times can cause distress, this was an important issue. The CVS understands this has now been addressed by the kitchen and has been improved, however the CVS will

continue to monitor this an important part of the treatment and recovery of this client group.

The following comments from visit reports highlight examples of positive comments and issues of concern regarding the choice and quality of food for clients.

A patient in XX was happy with meals especially with the cheesecake. It was good to know that in response to the last CVS report staff raised the option of providing more variety in the menu with the kitchen. It was also discussed that culturally appropriate meals are more available now.

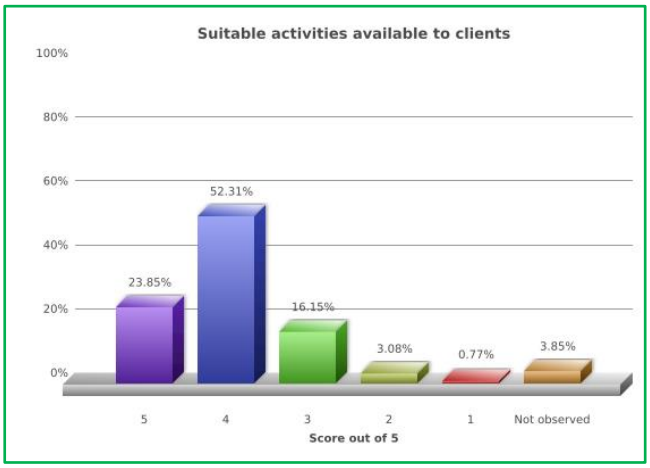
It was evident from the documentation, together with the kitchen pantry and fridge contents that the residents are eating a healthy, well-balanced diet. XX is a former chef and advises individuals on healthy eating. Cooking classes are also provided.

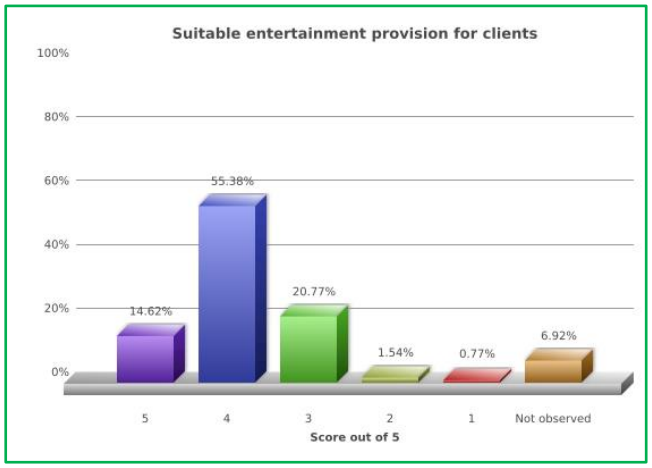
Menu is planned weekly in conjunction with residents who also participate in the preparation and the cooking of the food. Fresh fruit and other options are provided during the day.

The average time of admission in ED exceed the expected and is no less of 36 hrs as a repetitive pattern, but food cannot be order before 24 hrs (hot food may be provided after 24 hours in ED, clients rely on snacks if available until the first full meal arrives; that could be a significant time without a proper meal.

The clients have the opportunity to prepare their own evening meals at least 3 times a week. At other times, food prepared and sent in from outside kitchen remains predominantly unsatisfactory according to those most.

Activities and entertainment





Overall suitable activities and entertainment rate positively across visits (suitable activities with **92.3**% and entertainment with **90.8**%), and many services recognise the importance of providing a meaningful and structured activity program for clients to assist in their recovery and significantly break the boredom that can occur, particularly in a hospital environment. Sensory rooms and equipment have also become more prevalent over the past year and are another option to assist clients in removing themselves from stimulation and busy environments.

Clients reported the weekends still remain a time of boredom, as meaningful activities are not generally scheduled over this time. For clients who are unable to have visitors, this can be frustrating to spend the weekend feeling bored and with nothing to assist their recovery. When facilities are under-staffed, scheduled activities can be cancelled and unable to be delivered. This can also be the case when important roles such as Occupational Therapists or Activities Coordinators are on leave and their role is not backfilled.

At the Glenside Campus, an issue often raised at visits across the campus is access to the Shared Activity Centre (SHAC) on the campus. Whilst the SHAC is managed as part of the Central Adelaide Local Health Network (CALHN), the Glenside Campus includes units and services governed by a number of different Local Health Networks (LHNs). Due to the difference in governance arrangements across the campus, it has been reported that many units find it difficult to have regular access to the SHAC for clients, and its' use is not necessarily shared across the services.

This was particularly noted by community visitors '*there are a range of activities available to clients but one issue of note is access to the shared activity centre. There are differences of opinion as to whether these facilities should prioritise IRS clients or whether all clients should have equal access. The net result is restrictions on access and underutilisation of the music room, the gym and other facilities. It is important that these restrictions are lifted as soon as possible. There is already a shortage of meaningful activities available whilst folk are in active treatment'.*

Following are examples of positive comments and issues raised by CVs:

Fantastic gym well used, pool table, table tennis, gardening, library, computers, television, art, basketball hoop, jigsaws. They have a soccer team which competes against other wards on the grounds. Outpatients have a 10-12 week program which includes guest speakers; and therapy dogs are discussed as an option for outpatients.

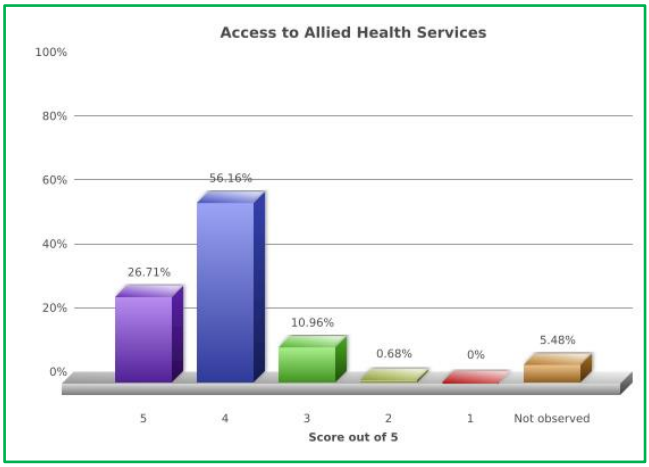
A new audio system that will allow clients to have their own music in their room will shortly be commissioned in the HD unit. Staff believe this will be highly beneficial to clients (CV's agree). A new water feature is also due for completion in the HD unit. The unit will be outside the unit visible through a window but able to be controlled by clients inside the quiet room in the HDU. The water feature was funded through a grant obtain from the Hospital Volunteers by the unit's Occupational Therapist. The decision on what to fund was made through consultation with clients.

A number of clients spoke of the boredom they were experiencing. On enquiry it was found that there was not an OT on the unit, but a 0.5 OT was on the way.

TV and one basketball hoop are basically the extent of it. Clients are said to aimlessly wander around, sleep or just complain about being bored.

Access to Allied Health Services

Access to allied health services has increased in positive ratings on last year, with overall **93.8**% rated well. Compared with last year there has been a 9% increase in a rating of 5.



The importance of the roles of Consumer and Carer Consultants has been raised by clients and family at visits and the CVS looks forward to the work being done for this workforce group as noted in the Mental Health Service Plan 2020-2025, to embed these roles further across the mental health system and services.

One area that continues to be noted as a deficiency across the mental health system is access to specialist drug and alcohol workers. The use of illicit drugs and alcohol continues to be prevalent across the community and staff have reported they feel they do not feel equipped to provide the support needed to help clients in this area. This was a common need and request across both inpatient settings and community mental health services. There have also been reports at visits of clients bringing illicit substances back into the facilities to use, or unfortunately some occasions of drug dealers targeting areas around the hospitals and supplying these substances to already vulnerable people. In response to this need, the Inpatient Rehabilitation Service at Glenside

employed a dedicated drug and alcohol worker, which provided clients and staff with education and support.

Examples of positive comments and issues raised by CVs are following:

A comprehensive set of Allied Health Services is provided, in conjunction with the Allied Health Assistant staff member.

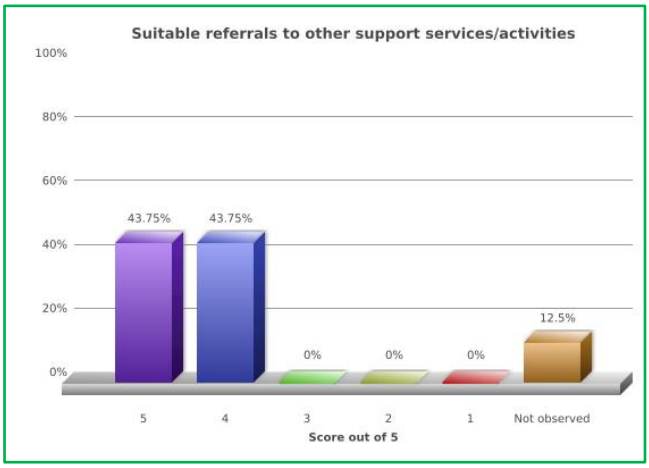
Access to allied health is outlined in each resident's treatment-&-care plan. XX has a number of assigned allied health services including occupational therapy, psychology, social work, community rehabilitation, and mental health nurses.

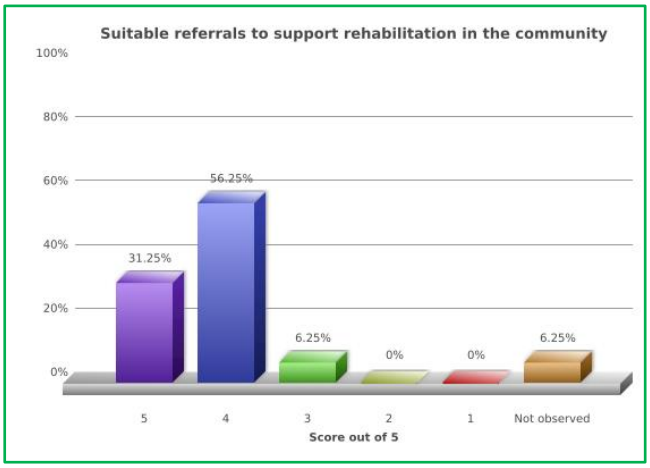
Long-standing vacancy for a psychologist remains--observed on a previous visit several months ago. The need remains for this group of residents--such skills as CBT and dealing with anxiety are important gaps

Staff report an obvious lack of allied health support in both the XX and XX. XX has not had a full-time Psychologist for 2 years, although the recruitment process is underway and the position has been advertised. Currently, a Psychologist only does one or two shifts per fortnight! There is also limited access to a Social Worker, Occupational Therapist and Activities Coordinator. There are two Mental Health Nurses in ED, and no cover for sick leave.

Suitable referrals to other support services/activities and rehabilitation support in the community

The following charts highlight data on CV ratings of suitable referrals to other support services and rehabilitation support. These questions are only noted for visits to community mental health facilities and services and consider aspects such as referrals or support for appropriate accommodation, employment, support groups etc. Overall both aspects were rated positively at **87.5**% and were seen as a common occurrence in the work of community mental health services.





Over the past year, NDIS has become an additional and important service available to eligible mental health clients and in some aspects has replaced the referrals and support provided by previous programs such as Individual Psychosocial Recovery Support Service (IPRSS) and Personal Helpers and Mentors (PHaMs). The transition to the NDIS for these services that support clients in the community however hasn't come without its challenges and this is reported on further in section 3.3.1 of this report.

Difficulties with finding appropriate accommodation is also another barrier in supporting recovery and rehabilitation for clients.

Examples of positive comments and issues noted by CVs at visits are following:

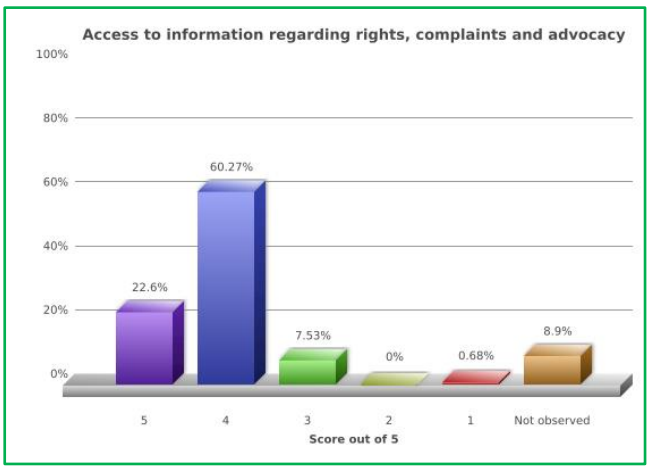
Staff work with Care Coordinators to assist clients to access other support services (both internal or external), e.g. Hospital at Home, NDIS and IPRSS services, as needed.

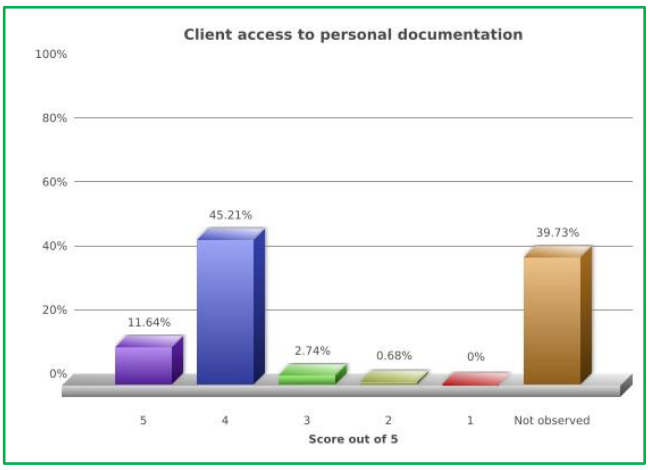
Staff support clients with NDIS applications and meetings, and applications for IPRSS support following a stay in hospital or National Psycho-social Support. A Cooking Program that incorporates multi-cultural/international cuisine has been started by the Older Person's Occupational Therapist in partnership with an IPRSS provider. My Aged Care provides practical assistance for older clients. The Adult Mental Health Team are working with NGOs to set up a Hospital at Home service, assisting clients who are transitioning into community housing from XX and XX.

Due to the addition of NDIS, some previously liked services (e.g. Skylight) are unable to provide services to those who are not under NDIS.

Each client has their own support plan. There can be delays for appropriate accommodation to facilitate discharge to the community.

Client access to personal documentation and access to information regarding rights, complaints and advocacy





Mental health services rated positively in the provision of access to information for clients regarding their rights, complaints and advocacy with **90.4**%. CVS visits were commonly noted as being well promoted prior to visits and information about the CVS is also included admission packs/information in many services. Depending on the acuity of a client when they are admitted and given information about their rights and advocacy available, it is important that this is reinforced and readily available for clients when they are in a state to take in the information and possibly not in a state of crisis. Clients often comment that they remember being given 'paperwork' when being admitted but they were not well enough to understand this information at the time of admission.

Client access to personal documentation was also generally rated well with **59.6**% positively rated however anecdotal evidence at visits highlights that not every facility has the same ease of access and some requests by clients become lengthy processes including applications for records.

The following provides examples of positive aspects and issues noted by CVs:

Clients we spoke to confirmed they were aware of their treatment plans. One client advised he had found the medication information provided by the pharmacist informative and helpful.

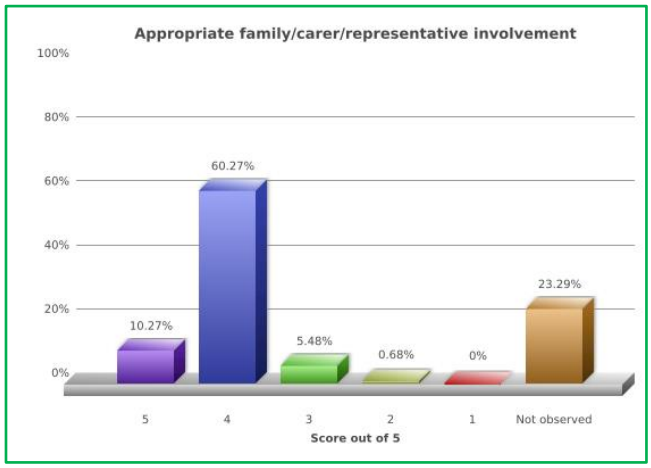
At the commencement of each stay, a client is provided with a comprehensive (but still easy to read), folder that includes a recovery plan, goals, a CVS pamphlet, how to make a complaint, useful contacts and other relevant information.

Client's advised they were not aware of their individual care plans.

Patient spoken to felt he wanted more of a 'roadmap' to what is happening with his care. He expressed that 'written proof' of what is happening would be beneficial.

Appropriate family/carer/representative involvement

There was an improvement in the higher rating of family and carer involvement since last year's report, with **76**% of visits rating positively, compared with **69**% last year.



The role of a Carer Consultant has been helpful in supporting family involvement in their loved one's treatment and care where appropriate, and the CVS has made numerous referrals to Carer Consultants within treatment centres over the past year.

For the long stay facilities, offering regular family and carer forums have been noted as a helpful opportunity to improve relationships between staff and families and increase opportunities for their involvement. It also assists in keeping family and carers up to date on any recent or upcoming changes.

Particularly during the recent period of COVID-19, with visitor restrictions in place, family involvement has been important and the CVS heard of a number of units quickly finding alternative ways, using technology such as FaceTime and Skype, to allow clients to see their family and carers, when they are unable to visit in person. It is hoped that this use of technology for involvement of family is able to be continued, particularly for services such as Rural and Remote or the regional facilities, where family often are unable to visit or be involved in person due to the distance.

Examples of positive comments and issues noted by CVs are following:

Contact with family (especially partners and other children), is very much encouraged, and there are good facilities available to facilitate that.

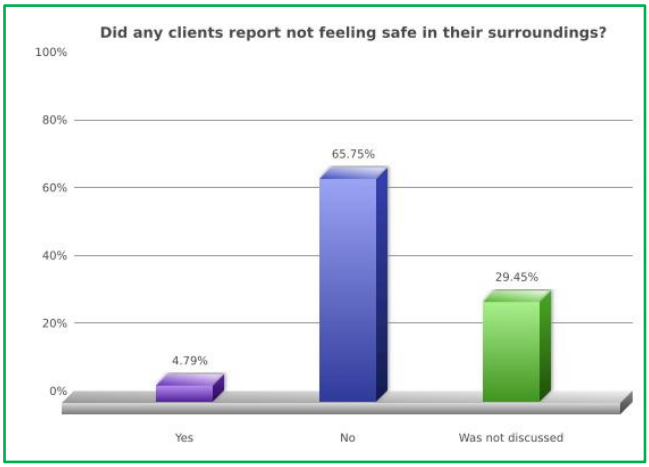
During this difficult time with social distancing requirements staff have recognised the importance of family involvement and made special provisions to ensure that visiting was facilitated as much as possible and as safely as possible.

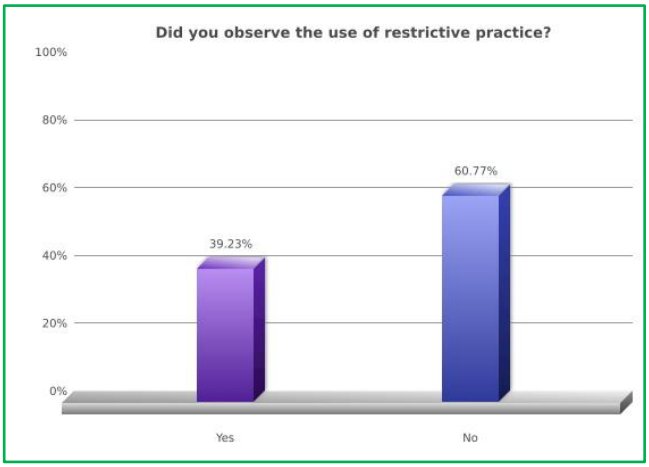
Interesting diversity of input, from Carer Consultant who sees carer involvement as inadequate, and other staff who see it as routine practice that is essential.

Many clients are from out of town, so families find it hard to be involved. If appropriate clients are encouraged to work with supportive people. At the start of their stay, they are strongly encouraged to only ensure positive people are allowed to visit.

3.2.4 Safety and Rights – least restrictive practices

The following charts present CV observations of client's safety and rights, including whether any clients reported not feeling safe in their surroundings and whether any restrictive practice was observed.





The CVS continues to monitor personal safety at all visits drawing attention to situations and environments which could potentially expose individuals to risk. It is also important that clients feel safe themselves while staying in a mental health facility and whilst it is positive to note that only **5**% of clients reports to CVs that they did not feel safe, that is still a concern for those clients. A common concern reported for clients regarding this was the challenging behaviour displayed by other clients in the unit, often in the PICU where the acuity of clients is higher.

An aspect that could be improved across the system is the engagement of carers, family members and guardians in minimising a person's use of restrictive practice. This is an important step in reducing restraint and seclusion, particularly for people with a dual disability such as Autism, where carers are often skilled at de-escalating a person's behaviour. Unfortunately, the CVS often hears of incidents where staff go against the advice of a person's carer or family member in the use of restrictive practice, which can then escalate distressing situations.

Another issue that can impact on the behaviour and risk to safety of clients is the lengthy times being spent in Emergency Departments and therefore a delay in appropriate mental health treatment and care commencing, while waiting to be transferred to the mental health unit. The ED environment is often not suitable for clients experiencing a mental health crisis and can cause challenging behaviours.

The following provides examples of positive comments and issues noted by CVs:

Restrictive practices are used as a last resort and staff feel that this happens less frequently than it used to..

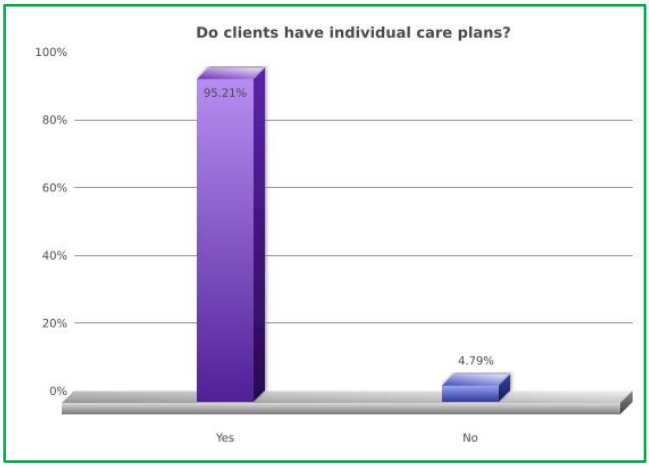
For the past 6 months, a new casual position called Safety Nurse has been in operation at XX…XX is purely responsible for client safety and does not have a caseload. She does the daily rounds and keeps track of where clients are located. Particular attention to safety is given when clients are using the upstairs bathrooms in the morning, and downstairs bathroom areas throughout the day.

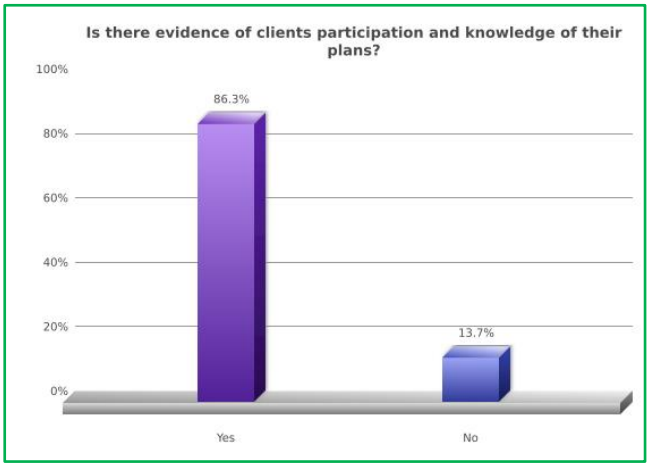
A female client CVs spoke to had mentioned having previously not felt safe because of bullying from other clients but had also mentioned that this bullying has since stopped.

We observed that in ED and PICU there is little option in treatment other than medication. Chemical restraint is applied when needed; many times with the agreement of clients and sometimes by force. There was a client in ED that described the use of force to inject him during his admission, staff are committed to avoid these practices including seclusion, however there is sometimes a need the more therapeutic options to manage acuteness.

3.2.5 Treatment and care planning

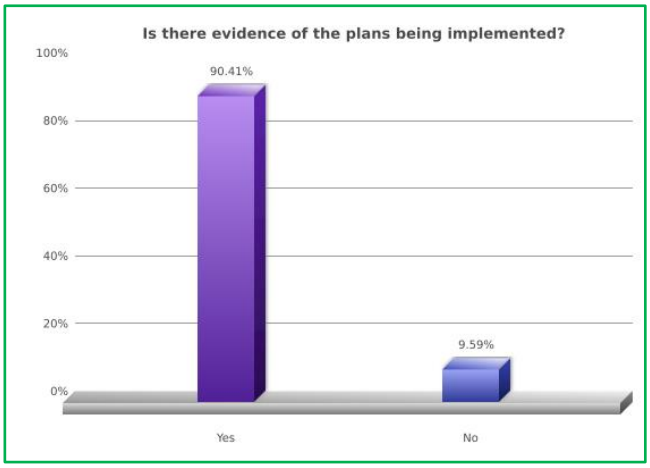
The following charts present CV observations of the development, use and review of treatment and care plans, including client expectations and participation in their care plans.

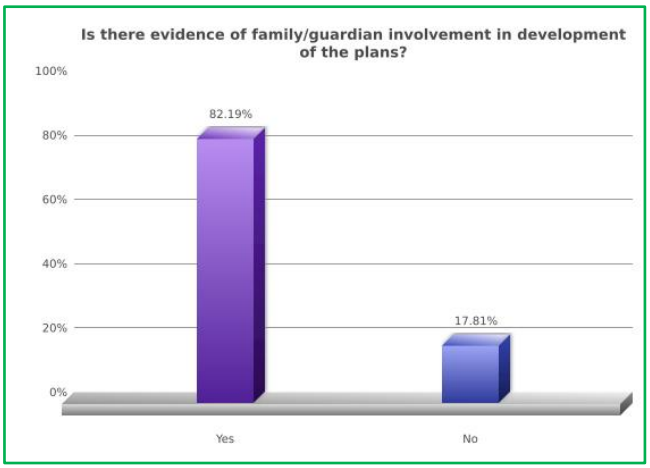




It is positive to note that **95**% of clients at visits were reported to have treatment and care plans, and strong client and family/carer involvement in the development (**82**%) and implementation of plans (**90**%). Services that valued client involvement and decision making in the development and review of plans were commented on much more favourably by clients and helped with clients feeling of control or inclusiveness in their own treatment and recovery.

An important aspect of treatment and care plans is that they are regularly reviewed by community mental health services where appropriate or at a time when a client feels they are able to articulate their wishes and plans for if they do become unwell or in a crisis. Where this is included in a treatment and care plan, it can be valuable for staff in an ED or admission environment, to know what the clients' wishes are when they aren't able to articulate them at that particular time.





Some examples of positive comments and issues noted by CVs as follows:

From discussions with both clients, the impression is that care plans are appropriate, well negotiated and strengths-based. In addition, the plans included a range of relevant services to support the client depending on their individual needs.

We had a look at one client's care plan (Wellness folder, Risk assessment). The care plan is developed by the involvement of the client, physio, GP, pharmacist, family and other allied health team. It was a very thorough description of the client, including how to approach the client and what he/she likes to do things…It was very thorough and client-centred care plan.

A client in XX shared that he felt that there was not enough communication by medical staff in regards to the changing of medication and the discharge plan. He stated that it all came through the nurses and so there has been instances where clients have lashed out at the nursing staff due to a lack of prior communication by doctors.

There does not appear to be a streamlined or cohesive process of planning and implementation of Care Plans due to the coordination of and with the in-patient team and the Community team. Meetings between the teams occur weekly, outside the facility.

3.3 Issues and Challenges impacting on Mental Health Services

3.3.1 NDIS Psychosocial Disability Pathway

As mentioned in section 3.2, the NDIS Psychosocial Disability pathway has grown this year and the expansion of the Complex Support Needs pathway has also assisted in the progression and support of NDIS support for mental health clients.

Whilst the numbers of mental health clients receiving NDIS plans and support has increased, there are still common concerns noted at CVS visits across the system, occurring within both inpatient treatment centres and community mental health facilities. A consistent issue raised is the delays and length of time it can take for a client to be approved for a NDIS plan and actually receiving the support. This is particularly critical for clients requiring Specialist Disability Housing or accommodation needs. These delays cause a flow on effect in clients transitioning to new accommodation or being discharged, therefore delaying capacity in the facilities for new clients to be admitted.

It was also reported that there is often a difference in the NDIS plan and package clients are approved for in comparison to what their treating team think they require. This can cause delays in transitions due to reviews being lodged or leaves clients vulnerable to insufficient support.

Some examples of comments noted by CVs regarding these issues are included below:

Whilst generally good, there remains one major issue that is causing considerable concern and angst across the organisation and having a detrimental impact upon this criteria. Delays are occurring in patients transitioning out due to funding not being released. Numerous patients raised the issues associated with a lack of movement for those awaiting NDIA funding & assignment into their housing. Patients are becoming concerned and stressed that they are unsure about what is happening.

They also try to assist clients to access NDIS if this is required. XX states that the NDIS process is difficult and can take a long time for clients to be accepted. XX states that there is a large disparity of what people will be approved for vs what they need.

The last 6 months has seen more clients of XX gain access to the NDIS. Due to insufficient training of staff, there was confusion around how to access the NDIS, e.g. who makes the referral, and how to structure OT reports. While a Service Coordinator manages the clients' supports, staff mentioned a lack of communication with clinicians regarding the planning of appropriate care. A barrier to communication was the issue of confidentiality that prevented the sharing of information between clinicians and NDIS Service Coordinators. Staff also mentioned that it would be helpful to have NDIS representatives visit the site to assist both clients and clinicians.

The NDIS has become a constraint. Relatively often, the NDIS process develops into a bottleneck of patients who cannot be discharged to the community because their NDIS support plan has not yet been approved. Individuals who have the comorbidity of an intellectual disability are particularly vulnerable to the NDIS process.

The CVS is aware of the work of the SA NDIS Psychosocial Disability Transition Taskforce in raising and progressing the issues faced by these clients and the Taskforce continues to work with the National Disability Insurance Agency in addressing issues of concern.

3.3.2 Length of stay in Emergency Departments

The length of stay for mental health clients in Emergency Departments (ED) has been widely reported on over previous years and has again been noted as a particular concern across the system. At one ED the CVS has continually noted the average length of stay exceeding the expected 24hr target and is no less of 36 hrs as a repetitive pattern. At multiple CVS visits there was an average of 13 patients waiting for a mental health bed in ED, with some waiting 48 hours and up to 70 hours for a bed. It was also noted that patients may wait 18-20 hours before seeing a Consultant Psychiatrist.

Given the inappropriateness of an ED environment for an acutely unwell client, it has been reported to CVs that this extended length of stay contributes significantly to increased Code Blacks (personal threat, such as assault, violence, threatening behaviour) regularly. At one CVS visit there were approximately 13 security personnel stationed outside mental health patients' rooms. This high security presence is considered to be in conflict to providing a therapeutic environment for mental health clients.

The CVS notes the work that the Local Health Network's and the Office of the Chief Psychiatrist are doing in relation to ED demand for mental health clients. The planned opening of the Urgent Mental Health Care Centre in the CBD in 2021 will also provide an alternative for mental health clients and is anticipated to free up some demand on the hospital EDs, however until this centre is operational, there is a need to move clients through the ED at a better rate and decrease the average length of stay to below the 24 hour target.

3.3.3 Accommodation Shortages

The issue of a lack of suitable accommodation for clients with long term mental health or complex and challenging behaviours has remained a concern. A number of clients have remained in hospital or mental health facilities for significantly longer than clinically required, due to the lack of appropriate accommodation to be discharged to. Many of these clients require Specialist Disability Accommodation (SDA) housing through NDIS.

This issue has been particularly noted within forensic mental health services and rehabilitation services, where clients often require a period of time to transition their new accommodation. The delay in appropriate accommodation being allocated for a client delays their transition period commencing.

The Housing and Support Partnership (HASP) Program remains in high demand as an option for clients with mental health needs or psychosocial disability, however the demand is much greater than the supply of packages. The HASP Program is a state government initiative operating as a four-way partnership between the consumer, a housing provider, psychosocial rehabilitation and support services and community mental health services.

The Supported Residential Facility (SRF) sector remains another option for mental health clients as community based supported accommodation however many clients who have complex needs or behaviours of concern are often deemed ineligible for SRF accommodation as they require higher levels of support or supervision than an SRF provides. SRF

accommodation is not always suitable for all clients, due to the congregate and communal living and often shared rooms. This can also be problematic for vulnerable or at-risk clients. Anecdotally it has also been reported that some SRFs are only accepting clients with an NDIS package, leaving many clients without this option of accommodation.

The state government initiative *1000 Homes in 1000 Days* allocated 100 properties to people living with disability, of which 31 properties were allocated to people with mental health needs or psycho-social disability. This initiative has been a positive strategy to assist people with mental health needs to transition to community living. It is important that people continue to have access to suitable accommodation in the community in future.

During the year, there was a concerted effort for people in hospital to transition to the community. This has been welcomed and will be an ongoing priority in future.

Whilst these developments have been welcomed, appropriate, modified housing in the community is an ongoing need and the matching of supply and demand for housing is important to enable people to access housing in a timely way. The Specialist Disability Accommodation (SDA) funding from the NDIS is a significant support for people with ongoing mental health needs to access suitable housing.

4. Workforce

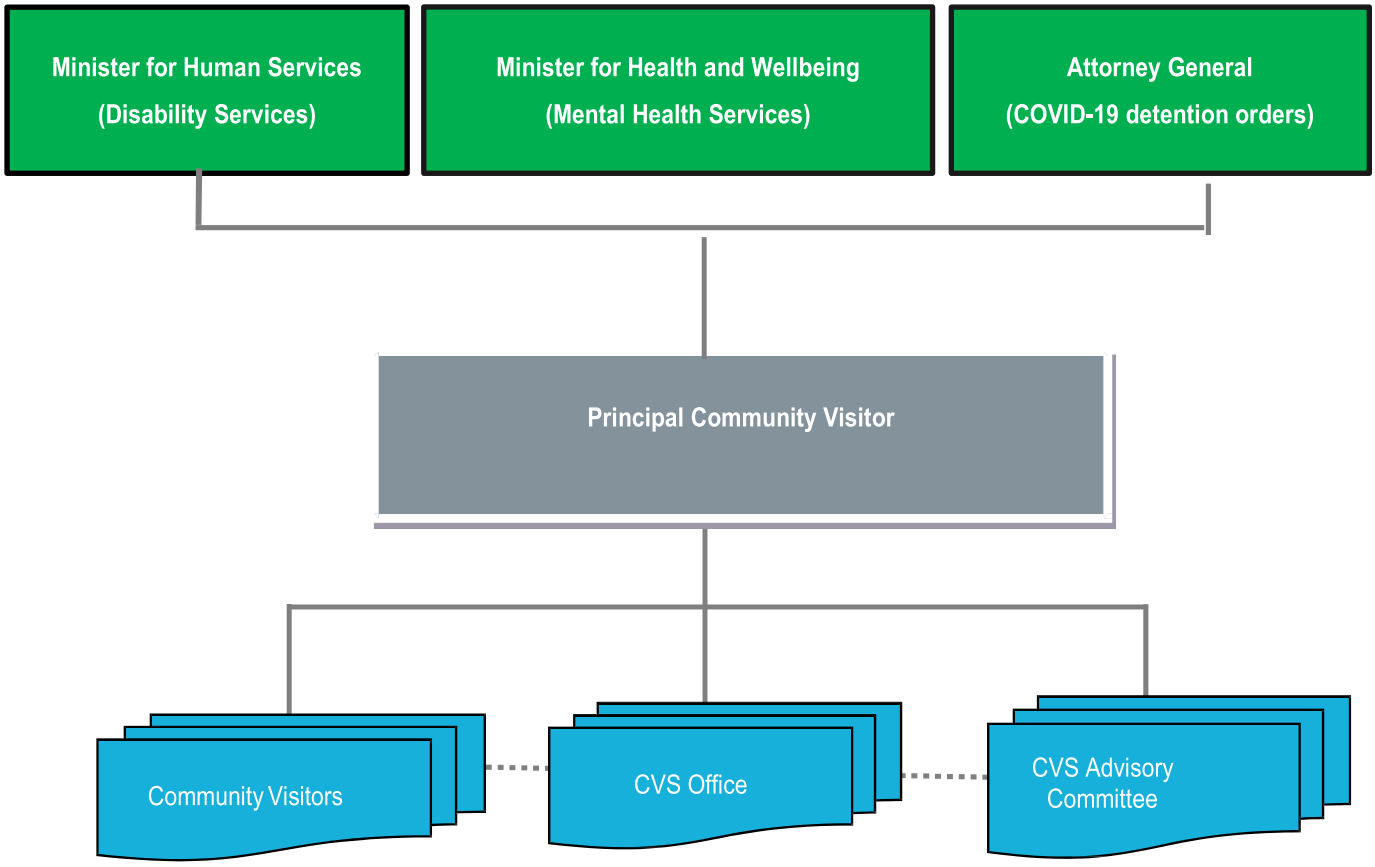
4.1 Principal Community Visitor (PCV) and Community Visitors

The Principal Community Visitor (PCV) and Community Visitors are independent statutory appointments by the Governor of South Australia. The PCV reports to the Minister for Health and Wellbeing (Minister for Mental Health Services) on matters related to the Scheme's functions under the *Mental Health Act 2009*; the Minister for Human Services (Minister for Disability Services) on matters related to the Scheme's functions under the *Disability Services (Community Visitor Scheme) Regulations 2013*.

During the COVID-19 pandemic, additional powers and functions were assigned and reportable to the Attorney-General.

The independence of the CVS is integral to the program, enabling patients/residents, carers and family members to speak with individuals who are not associated with the provision of support and services.

An Advisory Committee provides strategic advice and support to the PCV, monitors the key issues arising from the work of the CVS, and contributes to strategic networks and relationships.



The Community Visitor Scheme is hosted by the Department for Human Services (DHS) for administrative purposes only.

4.2 Staff of the Community Visitor Scheme

Following is a list of paid staff members who worked either full or part time in the Community Visitor Scheme Office during the 2019-20 reporting period:

Acting Principal Community Visitor	Ms Anne Gale (from 14 September 2019)
Principal Community Visitor	Mr Maurice Corcoran AM (1 July 2019 to 13 September 2019)
CVS Manager	Ms Zora Doukas
Mental Health CVS Coordinator	Ms Kate Thomas
Disability Services CVS Coordinator	Ms Michelle Egel
CVS Coordinator / Projects	Ms Leanne Rana
Recruitment and Training Officer	Ms Rondelle Oster
Administration Officer	Mr Micah Mango

4.3 Advisory Committee

The members of the Advisory Committee as at 30 June 2020 were:

Ms Anne Burgess	Chairperson
Ms Anne Gale	Acting Principal Community Visitor and Public Advocate
Dr Grant Davies	Health and Community Services Complaints Commissioner
Mr John Hermann	proxy for Health and Community Services Complaints Commissioner

Mental Health Representatives:

Dr John Brayley	Chief Psychiatrist and Director Mental Health Policy
Ms Lisa Huber	proxy for Chief Psychiatrist and Director Mental Health Policy
Ms Heather Nowak	Commissioner, SA Mental Health Commission
Ms Carol Turnbull	Private Mental Health Services Representative
Ms Ellie Hodges	Consumer Representative
Mr Kim Steinle	Community Visitor Representative (Mental Health)
Mr Andrew Crowther	proxy for Community Visitor Representative (Mental Health)

Disability Representatives:

Dr David Caudrey	Disability Advocate
Prof Richard Bruggemann	Independent Advocate (Disability)
Mr Joe Young	Executive Director, Disability Services, Department of Human Services
Mr Peter Hoppo	Non-Government Disability Accommodation Representative
Ms Jayne Lehmann	Disability Carer Representative
Ms Marianne Dahl	Community Visitor Representative (Disability)

In addition, the following people also served on the Advisory Committee during the 2019-20 reporting period:

Dr Niki Vincent	Equal Opportunity Commissioner

Mental Health Representatives:

Mr Chris Burns	Mental Health Commissioner
Ms Charmaine Gallagher	Carer Representative (Mental Health)
Mr Tony Rankine	Community Visitor Representative (Mental Health)

Disability Representatives:

Ms Muriel Kirkby	Director, Accommodation Services, DHS
Ms Kris Maroney	SRF Association President
Ms Zofia Nowak	Director, NDIS Implementation, DHS
Ms Michele Slatter	Community Visitor Representative (Disability)

4.4 Community Visitors

4.4.1 Appointments and resignations

As at 30 June 2020, there are 35 appointed Community Visitors however these numbers fluctuate over a year.

During the reporting period, twelve (12) new CVs were appointed, twenty-two (22) CVs were reappointed for a further year, twenty-two (22) CVs resigned or were not reappointed during this same period. Reasons for resignation vary but include CVs gaining work; changes in health or family circumstances; or moving interstate.

Appointed Community Visitors for the 2019-20 reporting period	
Adele Querzoli	Janice Clark
Amalia Azis	Jenni Kendal
Andrew Crowther	Joanna Zhuang
Angela Jheun	John Munro
Angelika Szulborska	John Leahy
Anna Segreto	Judy Harvey
Anne Burgess	Karen Rogers
Ayu Pamungkas	Kim Steinle
Brian Day	Lindy Thai
Bryn Williams	Maddy Menzel
Cathy Walsh	Maree Hollard
Cecil Camilleri	Margaret Elfenbein
Dana Alexander	Marianne Dahl
David Meldrum	Maurice Corcoran
Elizabeth Megaw	Michele Slatter
Elle Petersen	Nirvana Hurworth
Greg Fulton	Sally Goode
Helen Winefield	Sharon Hughes
Ingrid Davies	Sue Whitington
Jacy Arthur	Tony Rankine
Jane Meegan	Anne Gale (Acting Principal Community Visitor)

The Community Visitors (CVs) have impressive backgrounds, skills and passion which have helped to deliver the Scheme's key outcomes of monthly visits and inspections and associated reports at a very high level.

Community Visitors are an integral and valued component of the Scheme and it is with great pleasure that we introduce two of our long-serving CVs:

Anthony (Tony) Rankine – appointed 23/10/2014

My motivation to become a Community Visitor came from my belief that the role provides an extra layer of help and support to vulnerable people living in our community. After being a Police Officer for 45 years, I saw the opportunity to volunteer my acquired knowledge and skills, particularly in regards to serving the community and trying to prevent an injustice, to help give the vulnerable a voice.

The most rewarding *aspect* of *my role* is seeing *a smile on someone's face when I have helped them gain access to the level of support they actually need and helped make a positive difference to their lives.*

Judith (Judy) Harvey – appointed 29/01/2015

Having studied *and practiced social work, teaching and management, I have many decades of experience, mostly in the family, health, ageing, disability and community care arenas.*

Volunteering with the Community Visitor Scheme, with its evidence-based, client-focussed approach, and with likeminded people from such a variety of backgrounds, has been a privilege and an opportunity. I continue to learn from other community visitors and to contribute, through staff actions from reports of visits*, to positive change at both the individual and organisational level.*

Other feedback from Community Visitors

CVs often provide feedback when leaving the scheme and their experiences are overwhelmingly positive. Following are comments from resigning community visitors:

- *"I am extremely grateful for this opportunity to work with the most supportive and wonderful people I have met in this scheme. It taught me so much more* about *the disability and mental health industry. Thus, I have to thank the CVS team for this amazing opportunity. From the bottom of my heart, I really do."*

- *"I will always treasure my memories of my CVS experience and all the wonderful people – staff, fellow visitors and service deliverers and recipients – who I met through it."*

- *"I have always found the work at CVS to be useful and constructive. I have learned an enormous amount and have had the privilege of working with amazing people. I am truly grateful to have had those opportunities and will always remember the extraordinary examples of courage and caring that I have seen."*

- *"Being a Community Visitor was my first volunteer job. In the past 3 years, I have learned so much from this team and always think that the CVS has the best people. Many moments remain fresh in my mind – from my interview in the CVS office; my first orientation visit; the*

first time I attended a National Volunteer Parade, walking up King William St to Victoria Square; and the volunteers I worked with."

- *"It has been a fantastic journey and I have learned and gained so much from the experience."*

4.4.2 Community Visitor Recruitment

Recruitment Criteria

Whilst there are no formal qualifications required for the role, applicants must be:

- over 18 years of age
- not working full-time
- willing to undergo screening, including a DHS Disability Services Employment Screening Clearance and a DHS Working with Children Check
- able to access a computer and mobile phone.

and demonstrate:

- good communication skills
- a desire to help individuals through advocacy
- dedication to improving services.

People with lived experience and from culturally and linguistically diverse backgrounds and Aboriginal heritage are encouraged to apply.

Before applying, interested people are encouraged to go to the Community Visitor Scheme website, which outlines the attributes and level of commitment required to undertake the role.

Recruitment Strategy

The CVS is a member of Volunteering SA-NT Incorporated, a non-profit organisation and peak body dedicated to promoting and supporting volunteers and volunteering in South Australia and the Northern Territory.

Recruitment advertising for Community Visitors (CVs) is primarily facilitated through the Volunteering SA-NT website. However, the CVS has also used other career sites such as Seek Volunteer and Go Volunteer. In addition, CVs are encouraged to talk about their role within their networks to encourage others to take an interest in the Scheme.

The Recruitment and Training Officer has attended three Central Volunteer Managers and one Public Service Volunteer Policy meeting, in addition to an information session regarding the new Free Volunteer Screening Checks to inform the CVS recruitment strategy

The recruitment process is thorough and robust in matching appropriate applicants to the role. During the reporting period, 107 people sought information on becoming a Community Visitor. Twenty-one applications were received during the reporting period. Ten applicants were shortlisted for an interview. Three interviewees were assessed as being unsuitable or chose to withdraw from the process.

The remaining seven applicants were recommended to undertake the following activities for further assessment:

- attend an interview
- participate in a two day workshop (see section 4.4.2)
- undergo DHS screening checks and referee checks, and
- undertake a minimum of two orientation visits with the PCV.

Six applicants attended training in November 2019 after undergoing a successful interview.

Unfortunately no further training has been possible in 2019-20, due to the restrictions of COVID- 19. Although CVS staff explored the option of interviewing potential applicants and running training virtually, this was deemed impracticable. Due to the nature of the role the Community Visitors perform, it is crucial that the Recruitment and Training Officer and the Acting Principal Community Visitor have the opportunity to meet – and interact – with potential volunteers in a face-to-face setting and perform in-person orientation.

The applicants have not yet had the chance to complete their orientation visits (as at 30 June 2020) however it is hoped that with COVID-19 restrictions easing, their orientation pathway can recommence soon.

If the applicant successfully completes the training and orientation visits, the applicant is nominated for appointment and required to accept and sign a Conditions of Appointment and a Code of Conduct.

Recommendations for appointment to the role of Community Visitor require Cabinet approval and endorsement by His Excellency, the Governor of South Australia. All appointments are published in the Government Gazette.

As reported in previous Annual Reports, the ICAC Commissioner, the Honourable Bruce Lander undertook an enquiry into Oakden which followed a report by the then Chief Psychiatrist. The Commissioner's report, 'Oakden: A Shameful Chapter in South Australia's History' contained a recommendation that a review of Community Visitors training and qualifications be carried out. An independent review was undertaken by Julian Gardner AM review and provided to the Office of the Chief Psychiatrist. As a result of the review, the Minister for Health requested that appointments to the role of CV will be for a one year term (rather than three years) until further notice. The outcome of the review is expected in the near future.

Changes to Working with Children Check (WWCC) screenings were introduced on 1 July 2019. As it has always been a requirement that Community Visitors hold a valid child-related screening, there was minimal impact on the CVS and its' volunteers. Transitional arrangements mean that all current, valid DHS/DCSI child-related employment screening clearances will be recognised as WWCCs under the law, until they expire.

4.4.3 Initial and Ongoing Training for Community Visitors

Initial Training and Orientation

Potential CVs are invited to participate in a two-day training program aimed at providing them with the skills and knowledge required to fulfil the legislative functions of the role. The training program is split into 11 modules and assumes no prior knowledge of mental health or disability services. The content is delivered over two consecutive days with values, exercises, role plays and various guest presenters. The modules covered are:

- **Module One:** Introduction, Overview and History of the Community Visitor Scheme
- **Module Two:** Role, Function and Scope of the Community Visitor Scheme
- **Module Three:** CVS Visits and Inspections
- **Module Four:** Practical Matters for Community Visitors
- **Module Five:** Lived Experience
- **Module Six:** Mental Health
- **Module Seven:** Communication Strategies
- **Module Eight:** Disability
- **Module Nine:** Dual Disability, Gender Safety, Restrictive Practices & Disability and its impact
- **Module Ten:** Cultural Competencies, and
- **Module Eleven:** Values Testing for Disability and Mental Health

Sessions were held in November 2019 with six (6) participants attending.

On completion of the program, attendees are asked to provide anonymous feedback on the training.

All (100%) respondents provided positive feedback that the training was informative and well presented. The CVS team is confident that prospective CVs are receiving the necessary information to prepare them for the role.

A minimum of two observation visits are undertaken with the PCV for further assessment. This provides the trainee Community Visitor with an opportunity to see the practical application of key areas covered in the training program.

During the training and orientation process, the PCV assesses the applicant's suitability and individual capacity to fulfil all of the functions of a CV, as described in section 51(1) of the *Mental Health Act, 2009*.

As detailed in 5.4.1, no further training has been possible in 2019-20, largely due to the restrictions of COVID-19. Due to the nature of the role the Community Visitors perform, it is crucial that the Recruitment and Training Officer and the Acting Principal Community Visitor have the opportunity to interact with potential volunteers in a face-to-face setting and perform in-person orientation.

Ongoing Training and Support

Community Visitors have access to ongoing training and professional development and were offered a number of external training opportunities, including:

- Disability Awareness Training – online course
- Mental Health First Aid
- Mental Health First Aid Refresher
- Your safety as a volunteer during COVID-19—online forum

- World Elder Abuse Awareness Day (WEAAD)—online forum

Six Community Visitors attended Mental Health First Aid training through the Stanton Institute (DHS training provider), while other CVs have also completed the course through other providers.

Appointed Community Visitors are also invited to attend the 'Introduction to the Mental Health Act and basic Communication Strategies in Mental Health' and / or 'Restrictive Practices' sessions of the initial CV training, as a refresher.

Seventeen CVs attended training on how to conduct an OPA visit.

National Volunteer Week was held between 18 and 24 May 2020 and, due to the COVID-19 restrictions, two online campaigns were held—one for South Australia and the other, national.

Volunteering SA-NT gave everyone in the community a chance to thank volunteers with their campaign "Colour Your Community Red". Volunteers and volunteer involving organisations were invited to tie something red out the front of their home and to take a picture to share on social media with the hashtag #colouryourcommunityred.

Nationally, the "Wave for Volunteers" social media campaign encouraged all Australians to put up their hand and thank volunteers by waving a smile of appreciation. Once again, photos were posted to social media, this time with the hashtag #waveforvolunteers.

Staff and volunteers of the CVS showcased their creativity and enthusiastically participated in both campaigns.

Annual development reviews are conducted with the PCV to provide a formal avenue for feedback and development discussions. Reviews are conducted throughout the year as a face-to-face conversation, however since March 2020, these have been held by telephone due to COVID-19

restrictions. Community Visitors are encouraged to pursue development opportunities and discuss other interests with the PCV.

CVs have had the opportunity to meet three times during the year to informally discuss their experiences during visits and provide group feedback for service improvement. These 'Get Togethers' have encouraged a cohesive team approach, provided opportunity for shared learning among peers and been highly valued by the CVs with positive feedback being received.

There were 32 attendances by CVs across the three Get Togethers. Notes from the Get Togethers were available to all CVs through the Members section of the CVS website. Policies and key documents are regularly uploaded to the site for ease of access and use by CVs and is an important means of engaging and communicating with CVs. The PCV has provided regular updates to all CVs during the COVID-19 pandemic and CVS staff are in regular contact with the CVs.

A 'Reflective Practice' session was offered to CVs prior to the forums. This enabled CVs to share their experiences encountered during visits and any challenges faced. They shared what worked for them and provided peer support to one another.

Community Visitors can also access the SA Government Employee Assistance Program.

5. Reviews and the Community Visitor Scheme

5.1 Department of Social Security Review

The Commonwealth government undertook a national review of Disability Visitor Programs to inform the COAG Disability Reform Council about the role (if any) of Community Visitors in and with the NDIS at full scheme.

The report was prepared by Westwood Spice and released to the public on 7 February 2020. The recommendations are:

1. That CVS for disability, while having a broader scope than the NDIS, have a contribution to make to the NDIS Quality and Safeguarding Framework and that the contribution of CVS should be formally recognised within the NDIS Framework.
2. That the role of Community Visitors be provided by state and territory-based schemes where they exist.
3. That Northern Territory, Western Australia and Tasmania may wish to consider the establishment of a CVS as described in the findings where these supports are not provided through other state or territory-based systems.
4. To support CVS's interface with the NDIS Commission, the following matters should be agreed between the NDIS Commission and states and territories:
    a. Authority of Community Visitors to enter the premises of NDIS providers.
    b. Data and information sharing.
    c. Compulsory reporting to the NDIS Commission on alleged reportable incidents and failure to adhere to incident management processes.
    d. Reporting on patterns of concern to the NDIS Commission and state/territory agencies.
    e. Role of CVS in relation to restrictive practices monitoring and reporting.
5. In the medium term, Commonwealth and states and territories should work towards national consistency around key aspects of CVS including:
    a. Reporting
    b. Standards for review (and alignment with practice standards)
    c. Scope
    d. Interface with NDIS Commission to define minimum consistency necessary
    e. Any role within the OPCAT NPM.
6. CVS are working in an evolving context, and will benefit from being included in the broader Quality and Safeguarding Framework review due in 2021-22.

The report affirmed the value of maintaining a state based Community Visitor Schemes and acknowledged that visitor schemes have a role to play in the NDIS context. The recommendations acknowledge that there are many issues to address if there was a proposal for state based schemes to visit NDIS participants.

The South Australian Community Visitor Scheme welcomes the opportunity to participate and contribute to the NDIS Quality and Safeguarding Framework review in 2021-22.

5.2 Oakden: A Shameful Chapter in South Australia's History' '—A report by the Hon Bruce Lander QC, Independent Commissioner against Corruption

The South Australian Independent Commissioner Against Corruption (ICAC) in his report on investigations into Older Persons Mental Health Services at Oakden recommended that elements of the Community Visitor Scheme be reviewed.

The review was undertaken by the Office of the Chief Psychiatrist, who engaged Julian Gardner AM to consider the recommendations relating to the CVS.

The CVS welcomed the review and had the opportunity to provide input into Mr Gardner's report.

The outcomes of this review will be important to the CVS when available.

5.3 Safeguarding Taskforce-Interim report

On 21 May 2020 the South Australian Government announced the formation of a Safeguarding Taskforce chaired by Dr David Caudrey, Disability Advocate and Ms Kelly Vincent to examine and report quickly on gaps and areas that need strengthening in safeguarding arrangements for people with disabilities living in the State.

Ms Anne Gale, Acting Principal Community Visitor participated in the Safeguarding Taskforce.

The Safeguarding Taskforce delivered an interim report to the Minister for Human Services on 15 June 2020.

The Taskforce identified the majority of gaps in safeguarding or areas for improvement as relating to the NDIS.

The report noted:

> *There is general acceptance that the Community Visitor Scheme has great merit in that it provides more eyes to observe what is happening in a vulnerable person's life*

The Taskforce considered the role of the Community Visitor Scheme in the NDIS environment and noted:

> *The State no longer has a funding relationship with non-government agencies and the State needs to work within its responsibilities rather than in the domain of the Commonwealth. The future role of the CVS has to accommodate the roles and functions of the NDIA and of the Commission under the Commonwealth's NDIS Act 2013.*
>
> *Following the commencement of the NDIS Quality and Safeguards Commission on 1 July 2018, there are issues with State legislation creating a Community Visitors Scheme with powers to enter properties operated by registered NDIS providers. The Community Visitors Scheme does not currently have the power to visit anyone who is receiving NDIS services from a non-government provider, including on their request.*

The Taskforce provided 15 interim recommendations including:

"*the State Government reaffirms the value of a Community Visitor Scheme as an additional safeguard for vulnerable participants…*".

It is anticipated that the final report (due by 31 July 2020) will confirm this recommendation.

The CVS will be ready to respond to any proposed changes to the scope of the scheme.

5.4 Independent review into the death of Ms Anne Marie Smith by Hon Alan Robertson SC

On 26 May 2020 the Commissioner of the NDIS Quality and Safeguards Commission (the NDIS Commission) appointed the Hon. Alan Robertson SC, a former judge of the Federal Court of Australia, to conduct an independent review into the NDIS Commission's regulation of the provider of NDIS supports and services to Ms Ann-Marie Smith, an NDIS participant.

Mr Robertson is due to report to the NDIS on 31 August 2020.

6. Acronyms

Acronym	Definition
AM	Member of the Order
CALHN	Central Adelaide Local Health Network
CBD	Central Business District
COAG	Council of Australian Governments
COVID-19	Corona Virus Disease of 2019
CV(s)	Community Visitor(s)
CVS	Community Visitor Scheme
DCS	Department of Correctional Services
DCSI	Department for Communities and Social Inclusion
DHS	Department of Human Services
DOP(s)	Day Options Program(s)
DRC	Disability Reform Council
ED(s)	Emergency Department(s)
GP	General Practitioner
HCSCC	Health and Community Services Complaints Commissioner
HD(U)	High Dependency (Unit)
ICAC	Independent Commissioner Against Corruption
ICP	Individual Care Plan
IPRSS	Individual Psychosocial Recovery Support Service
IRS	Inpatient Rehabilitation Service
LHN(s)	Local Health Network(s)
MLC	Member of the Legislative Council
MOAA	Memorandum of Administrative Arrangement
MP	Member of Parliament
NALHN	Northern Adelaide Local Health Network
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Q&SC	National Disability Insurance Scheme Quality and Safeguards Commission
NEAT	National Emergency Access Target
NGO	Non-Government Organisation
OCP	Office of the Chief Psychiatrist
OPA	Office of Public Advocate
OT	Occupational Therapy

PCP	Person Centred Plan
PCV	Principal Community Visitor
PHaMs	Personal Helpers and Mentors
PICU	Psychiatric Intensive Care Unit
PRN	Pro re nata (“As needed”)
QC	Queen's Counsel
RAH	Royal Adelaide Hospital
SACAT	South Australian Civil and Administrative Tribunal
SALHN	Southern Adelaide Local Health Network
SC	Senior Counsel
SDA	Specialist Disability Accommodation
SHAC	Shared Activity Centre
SRF(s)	Supported Residential Facility(s)
SSU(s)	Short Stay Unit(s)
TAFE	Technical and Further Education
US	United States
WEAAD	World Elder Abuse Awareness Day
WWCC	Working with Children Check

7. Appendices

Appendix 1: Mental Health Act 2009, Part 8, Division 2 — Community Visitor Scheme

Division 2—Community visitor scheme

50—Community visitors

(1) There will be a position of Principal Community Visitor.

(2) There will be such number of positions of Community Visitor as the Governor considers necessary for the proper performance of the community visitors' functions under this Division.

(3) A person will be appointed to the position of Principal Community Visitor, or a position of Community Visitor, on conditions determined by the Governor and for a term, not exceeding 3 years, specified in the instrument of appointment and, at the expiration of a term of appointment, will be eligible for reappointment.

(5) The Governor may remove a person from the position of Principal Community Visitor, or a position of Community Visitor, on the presentation of an address from both Houses of Parliament seeking the person's removal.

(6) The Governor may suspend a person from the position of Principal Community Visitor, or a position of Community Visitor, on the ground of incompetence or misbehaviour and, in that event—

(a) a full statement of the reason for the suspension must be laid before both Houses of Parliament within 3 sitting days of the suspension; and

(b) if, at the expiration of 1 month from the date on which the statement was laid before Parliament, an address from both Houses of Parliament seeking the person's removal has not been presented to the Governor, the person must be restored to the position.

(7) The position of Principal Community Visitor, or a position of Community Visitor, becomes vacant if the person appointed to the position—

(a) dies; or

(b) resigns by written notice given to the Minister; or

(c) completes a term of appointment and is not reappointed; or

(d) is removed from the position by the Governor under subsection (5); or

(e) becomes bankrupt or applies as a debtor to take the benefit of the laws relating to bankruptcy; or

(f) is convicted of an indictable offence or sentenced to imprisonment for an offence; or

(g) becomes a member of the Parliament of this State or any other State of the Commonwealth or of the Commonwealth or becomes a member of a Legislative Assembly of a Territory of the Commonwealth; or

(h) becomes, in the opinion of the Governor, mentally or physically incapable of performing satisfactorily the functions of the position.

(8) The Minister may appoint a person to act in the position of Principal Community Visitor—

(a) during a vacancy in the position; or

(b) when the Principal Community Visitor is absent or unable to perform the functions of the position; or

(c) if the Principal Community Visitor is suspended from the position under subsection (6).

51—Community visitors' functions and powers

(1) Community visitors have the following functions:

(a) to conduct visits to and inspections of treatment centres as required or authorised under this Division;

(ab) to conduct visits to and inspections of authorised community mental health facilities as required or authorised under this Division;

(b) 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;

(c) 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 a patient or any person who is providing support to a patient under this Act;

(d) any other functions assigned to community visitors by this Act or any other Act.

(2) The Principal Community Visitor has the following additional functions:

(a) to oversee and coordinate the performance of the community visitors' functions;

(b) to advise and assist other community visitors in the performance of their functions, including the reference of matters of concern to the Minister, the Chief Psychiatrist or any other appropriate person or body;

(c) to report to the Minister, as directed by the Minister, about the performance of the community visitors' functions;

(d) any other functions assigned to the Principal Community Visitor by this Act or any other Act.

(3) A community visitor will, for the purposes of this Division—

(a) have the authority to conduct inspections of the premises and operations of any hospital that is an incorporated hospital under the *Health Care Act 2008*; and

(b) be taken to be an inspector under Part 10 of the *Health Care Act 2008*.

51A—Delegation by Principal Community Visitor

(1) The Principal Community Visitor may delegate a power or function of the Principal Community Visitor under this Act to another community visitor.

(2) A delegation under this section—

(a) may be absolute or conditional; and

(b) does not derogate from the power of the Principal Community Visitor to act in a matter; and

(c) is revocable at will by the Principal Community Visitor.

52—Visits to and inspections of treatment centres

(1) Subject to subsection (2), each treatment centre—

(a) must be visited and inspected at least once in every 2-month period by 2 or more community visitors; and

(b) may be visited at any time by 2 or more community visitors.

(2) The Principal Community Visitor may, at any time, visit a treatment centre alone.

(3) On a visit to a treatment centre under this section, a community visitor must—

(a) so far as practicable, inspect all parts of the centre used for or relevant to the care, treatment or control of patients; and

(b) so far as practicable, make any necessary inquiries about the care, treatment and control of each inpatient; and

(c) take any other action required under the regulations.

(4) After any visit to a treatment centre, the community visitors must (unless 1 of them is the Principal Community Visitor) report to the Principal Community Visitor about the visit in accordance with the requirements of the Principal Community Visitor.

(5) A visit may be made with or without previous notice and at any time of the day or night, and be of such length, as the community visitors think appropriate.

(6) A visit may be made at the request of a patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act.

52A—Visits to and inspection of authorised community mental health facilities

(1) An authorised community mental health facility—

(a) must be visited and inspected at least once in every 2-month period by 2 or more community visitors; and

(b) may be visited at any time by 2 or more community visitors.

(2) However, the Principal Community Visitor may visit an authorised community mental health facility alone at any time.

(3) On a visit to an authorised community mental health facility, a community visitor must—

(a) so far as practicable, inspect all parts of the facility used for or relevant to the care, treatment or control of patients; and

(b) take any other action required under the regulations.

(4) After any visit to an authorised community mental health facility, the community visitors must (unless 1 of them is the Principal Community Visitor) report to the Principal Community Visitor about the visit in accordance with the requirements of the Principal Community Visitor.

(5) A visit may be made with or without previous notice and at any time of the day or night, and be of such length, as the community visitors think appropriate.

(6) A visit may be made at the request of a patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act.

53—Requests to see community visitors

(1) A patient or a guardian, medical agent, relative, carer or friend of a patient or any person who is providing support to a patient under this Act may make a request to see a community visitor.

(2) If such a request is made to the director of a treatment centre in which the patient is an inpatient, the director must advise a community visitor of the request within 2 days after receipt of the request.

54—Reports by Principal Community Visitor

(1) The Principal Community Visitor must, on or before 30 September in every year, forward a report to the Minister on the performance of the community visitors' functions during the financial year ending on the preceding 30 June.

(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), have copies of the report laid before both Houses of Parliament.

(3) The Principal Community Visitor may, at any time, prepare a special report to the Minister on any matter arising out of the performance of the community visitors' functions.

(4) Subject to subsection (5), the Minister must, within 2 weeks after receiving a special report, have copies of the report laid before both Houses of Parliament.

(5) If the Minister cannot comply with subsection (4) because Parliament is not sitting, the Minister must deliver copies of the report to the President and the Speaker and the President and the Speaker must then—

(a) immediately cause the report to be published; and

(b) lay the report before their respective Houses at the earliest opportunity.

(6) A report will, when published under subsection (5)(a), be taken for the purposes of any other Act or law to be a report of the Parliament published under the authority of the Legislative Council and the House of Assembly.

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Appendix 2: List of units within Treatment Centres visited by the CVS

Treatment Centre	Units Visited
Adelaide Clinic	Parks Torrens
Flinders Medical Centre	Margaret Tobin Centre – Ward 5H, 5J & 5K Ward 4G Ward 18V Emergency Department and Short Stay Unit
Glenside Campus	Rural and Remote - Country Mental Health beds Inpatient Rehabilitation Services Helen Mayo House - Women's and Children's beds Eastern Acute Jamie Larcombe Centre Tarnanthi and Sub-Acute Unit
James Nash House	Birdwood Aldgate Clare Ken O'Brien Centre – East & West
Lyell McEwin Health Service	Ward 1G Ward 1H – Older Persons Mental Health beds Mental Health Assessment Unit Emergency Department
Modbury Public Hospital	Woodleigh House Emergency Department
Mount Gambier and Districts Health Service	Integrated Mental Health Unit Emergency Department
Noarlunga Health Service	Morier Ward Emergency Department
Northgate House	Beachside Ward Woodlands Ward
Riverland General Hospital	Integrated Mental Health Unit Emergency Department
Royal Adelaide Hospital	Psychiatric Intensive Care Unit (PICU) Ward 2G Emergency Department Short Stay Unit
The Queen Elizabeth Hospital	Cramond Unit Emergency Department Short Stay Unit South East (SE) Ward – Older Persons Mental Health beds
Whyalla Hospital	Integrated Mental Health Unit Emergency Department

Women's and Children's Hospital	Boylan Ward Adolescent Ward Emergency Department

Appendix 3: List of Authorised Community Mental Health Facilities visited by the CVS

Ashton House
Eastern Community Mental Health Centre
Elpida House
Marion Community Mental Health Centre
North East Community Mental Health Centre
Northern Community Mental Health Centre
Northern Older Persons Mental Health Service
Southern Intermediate Care Centre
Trevor Parry Centre
Western Intermediate Care Centre
Wondakka Community Rehabilitation Centre

Appendix 4: Visit and Inspection Prompt (Mental Health)

The Visit and Inspection Prompt is designed to guide and assist Community Visitors through the visit and inspection process. The areas highlighted within this prompt are in line with the Australian Government's '*National Standards for Mental Health Services, 2010'.*

The prompt should not be used as a 'step-by-step checklist' as this may inadvertently narrow the Community Visitors observations. This document should be read in conjunction of the 'Community Visitor Scheme Visit and Inspection Protocol'.

Prompts to observe whilst undertaking a Visit and Inspection of the Treatment Centre:

Customer Service	Introduction and welcome/reception to the unit Personal interactions between staff and patients/Community Visitors (including attitude) Adequate and accurate information provision (both in discussions with patients and CVs and provided on the ward in pamphlet stands and posters).
Environment	How does the unit feel? e.g. warmth, clinical vs private and personalised spaces for patients Are patient's room and amenities well maintained? e.g. cleanliness and furnishings of the unit Temperature Are patients happy with their food? General maintenance is of a good standard and patients feel any reported concerns are addressed in a timely manner Sufficient provision for private space for patients to spend time in as well as conduct conversations with Visitors in Are patients personal/hygiene needs being met?
Rights	Have patients who are on an order under the *Mental Health Act, 2009* been given a Statement of Rights regarding that order? Do patients feel they (and their carer, family member or other supporter) are being involved in their treatment and care planning? Do patients feel safe? Are patients treated in the least restrictive environment? Are patients provided with access to advocacy and legal representation?
Access to Information	Is there sufficient information provided for patients in communal areas (regarding the CVS as well as other agencies, events and information)? Do patients whose first language is something other than English have sufficient access to information pertinent to them (including interpreters if required)? Are patients or CVs provided with access to records (when appropriate processes have been undertaken)?
Activity/Entertainment Provisions	Is there provision for entertainment for patients? e.g. television, exercise equipment. Keep in mind, patient who are detained under the *Mental Health Act, 2009* cannot freely leave the ward and therefore require options for self-entertainment throughout the day Does the unit provide any activities? e.g. music therapy, art and craft, cooking groups

Treatment and Care	Patients feel engaged in their treatment and care? Do patients feel they have been treated in the least restrictive manner? Is there a treatment plan for each patient? How frequently are they reviewed? Seclusion and restraint reports.
Grievances	Do patients feel they are safe to make a complaint if need be (free from any reprisal)? Is the complaint treated confidentially and efficiently? Is the complaints resolution process open and transparent?

Appendix 5: Visit Report

(MH) = Mental Health CVS
(CMH) = Community Mental Health CVS
(S) = Scheduled Visit
(R) = Requested Visit

REPORT TYPE	
Select report type	**Mental Health CVS - Scheduled Visit and Inspection Report to Principal Community Visitor**
ABOUT THE SITE	
(MH) Ward/Unit	
ABOUT THE VISIT	
Date of Visit	
Details of any Senior Staff spoken to during the visit (Name and Position):	
ABOUT THE VISITOR(S)	
Community Visitor (writer)	
Community Visitor (contributor)	
Community Visitor (other) **- Details of any other community visitors present during the visit**	
ENVIRONMENT AND SERVICES	
Communication (5 = Excellent – 1 = Poor, Not Observed)	
Communication between staff and clients	

Staff responsiveness to client needs	
Quality of Site (5 = Excellent – 1 = Poor, Not Observed)	
Standard of building facilities	
Standard of equipment within the facilities	
Standard of facility grounds	
Appropriate emergency procedures	
Suitable privacy for clients	
Quality of Services (5 = Excellent – 1 = Poor, Not Observed)	
Suitable client transport	
Smoking provision for clients	
Quality and choice of food	
Suitable activities available to clients	
Suitable entertainment provision for clients	
(CMH) Suitable referrals to other support services/activities	
(CMH) Suitable referrals to support rehabilitation in the community	
Access to Allied Health Services	
Rights and Responsibilities (5 = Excellent – 1 = Poor, Not Observed)	

Client access to personal documentation	
Access to information regarding rights, complaints and advocacy	
Appropriate family/carer/representative involvement	
Adequate opportunity to access day leave/holidays	
Rights	
Did any clients report not feeling safe in their surroundings?	
Did you observe the use of restrictive practice?	
If yes, did you enquire as to why restrictive practice was utilised?	
Additional comments regarding the rights of clients	
Individual Care Plans	
Do clients have individual care plans?	
How frequently are the plans reviewed?	
Is there evidence of clients participation and knowledge of their plans?	
(MH) Is there evidence of family/guardian involvement in development of the plans?	
(MH) Is there evidence of the plans being implemented?	
(MH) Do the plans appear to match the	

expectations and capacity of the clients?	
Additional comments regarding Individual Care Plans	
FINAL COMMENTS	
Please provide any additional comments and/or a short overview regarding this visit	
Please outline any issues for CVS office attention	
Please confirm that both Community Visitors have agreed to the content of this report	

Appendix 6: Compliance with Premier and Cabinet Circular (PCO13) on Annual Report Requirements

The following table provides CVS compliance with the Department of Premier and Cabinet Circular (PCO13) on Annual Report Requirements.

PC013 Statutory Reporting Requirement	
Employment opportunity programs	Refer to the Department of Human Services Annual Report 2019-20
Agency performance management and development systems	Refer to the Department of Human Services Annual Report 2019-20
Work health, safety and return to work programs of the agency and their effectiveness	Refer to the Department of Human Services Annual Report 2019-20
Work health and safety and return to work performance	Refer to the Department of Human Services Annual Report 2019-20
Fraud detected CVS	Number of instances - 0
Strategies implemented to control and prevent fraud	Budget and Finances of the CVS is managed by DHS. CVS complies with all departmental, Treasury and audit frameworks. Refer to the Department of Human Services Annual Report 2019-20
Whistleblowers' disclosure	Refer to the Department of Human Services Annual Report 2019-20
Executive employment in the agency	Refer to the Department of Human Services Annual Report 2019-20
Summary of complaints by subject (table)	Refer to the Department of Human Services Annual Report 2019-20
Complaint outcomes (table)	Refer to the Department of Human Services Annual Report 2019-20