

THE SOUTH AUSTRALIAN COMMUNITY VISITOR SCHEME

THE ADVOCATE

1st EDITION 2016

Welcome to the first edition of *The Advocate*, the Community Visitor Scheme newsletter. The aim of this publication is to ensure our key stakeholders are kept informed of the significant issues, policy work and good news stories as a result of work done by the Community Visitor Scheme.

The Community Visitor Scheme was established in 2011 as a statutory body reporting to the Minister for Mental Health and the Minister for Disabilities with the purpose of providing protection of the rights of people with a disability or mental illness. In 2012, the State Government announced the expansion into the disability sector. It provides people living in state-funded Disability Accommodation Services or Supported Residential Facilities a visiting, advocacy and inspection service in order to protect their rights and wellbeing. The Community Visitor Scheme has continued to focus on ensuring that rights, inclusion and participation of people with a disability are being upheld and our visits are supportive and empower individuals to speak up.

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

We now have 41 active Community Visitors in the Scheme which, during the 2014-15 financial year completed a total of 1,503 hours carrying out disability visits and 1,856 hours carrying out mental health visits.

Celebrating International Day of People with a Disability with Members of Parliament

Celebrating International Day of People with Disabilities, the Minister for Disability invited all Community Visitor Scheme (CVS) staff and Community Visitors (CVs) to attend a morning tea to acknowledge the work our Volunteers do. The feedback from those who attended was overwhelmingly positive with many of our CVs took the opportunity to speak with the Minister. There were some great photos taken on the day which you can view on our Facebook page: [Community Visitor Scheme](#)



Tony Picollo MP and Nat Cook MP with Maurice Corcoran, staff and Volunteers from the Community Visitor Scheme

On January 19, the new Ministry was announced which included a new Minister for Mental Health and Disability, Leesa Vlahos. The Community Visitor Scheme was pleased to hear of this announcement having worked closely with Leesa in her role as Parliamentary Secretary to the Minister for Health and Mental Health.

WHAT TO EXPECT WHEN WE VISIT

On a monthly basis, Community Visitors are scheduled to go out to visit and inspect a range of Mental Health Treatment Centres, Disability Accommodation Houses, Supported Residential Facilities (SRFs) and (about to commence) Day Options Programs in both metropolitan and regional South Australia.



Margie Charlesworth, Disability Advocate leads a training session on myths, stereotypes, values and attributes. All CVs are put through intensive training and supervision before commencing visits.

Community Visitors are volunteers who are selected, trained and appointed as Statutory Officers for a 3-year term. They visit a range of facilities and converse with residents, family members, supporters and staff to discuss any issues of concern that they may have. We like to promote our Visitors as **'Critical Friends'**.

The Community Visitor Scheme values collaboration with service providers, so when arranging visits, our Coordinators will individually notify all facilities highlighting the proposed date and time for the visit. For Disability Houses, SRF and Day Options visits, the Coordinator will aim to arrange the visits to coincide when most residents are available at the facility.

For Disability and SRF visits, CVS Coordinators will request that management provide the name and contact details of staff that will be present at the time of the visit as well as resident profiles. This provides valuable information in preparing to meet and communicate with the residents and staff. Visits are usually 1 to 1½ hours in duration.

Visits commence with a conversation between the Community Visitors and management/senior staff member on duty. Conversations are to provide the Visitors with an introduction to the site and residents and to

receive an update on significant things that have happened since the last visit.

Topics of discussion are known to be diverse and have included patterns of resident activities, mealtimes and medication requirements. CVs will then seek to communicate and interact with residents/patients and consider such things as appropriateness and standard of premises, general environment residents' relationship with staff, Individual Support Plans, meal provisions, access to activities and any restrictive interventions.

On completion of each visit, a report is prepared by the Community Visitors for the Principal Community Visitor, which is submitted through and reviewed by the CVS Coordinators. Any issues raised in the report are addressed with the service provider and logged on an issues tracking document within the CVS office.

VISITORS WELCOMED

Feedback is always welcome here at the Community Visitor Scheme and late last year, positive comments were received from Accommodation Services Manager, Karen in reference to a house visit at Evanston Gardens.

One resident, who lives at the house we visited, often finds it stressful when people visit the house. During the recent visit, Lisa was introduced to Community Visitors, Steph and Sultana. Lisa showed no signs of being stressed during the visit and even partway through the visit, indicated through signing that Steph and Sultana were 'friends'.

Karen commented that it was a lovely thing to see and a very clear sign that Lisa understood what our Visitors were there for. Karen also commented that while she had previously met Steph, this was the first time meeting Sultana, but felt this was indicative of all her interactions with our Visitors, commenting, *"This is a very positive Scheme"*.



Sultana and Steph visit with resident Lisa (centre)

DISABILITY ANNUAL REPORT 2014/15 IN REVIEW

During the 2014-15 financial year - of the 319 reported comments during the last two reporting periods, it is pleasing to note that 185 (58%) were positive comments/reports which highlighted innovative and positive actions that have taken place in homes for which we have been able to commend staff and organisations.

Frequently reported issues of concern/positive observations

The most frequently reported issues and comments are those regarding Treatment, Services and Care, Environment & Residence Services, and Communication. It should be noted the positive reports outweighed the issues raised in this reporting period 52% - 48%.

The most positive observations were Supporting Independent Living and Respectful Communication and Interaction.

While not a specific classification, observations in relation to staffing was the most significant issue raised in reports during the reporting period. This is not surprising given that staffing is the largest component of any business in the provision of Supported Care. Report comments reflected both a positive and negative perspective. In general, CV observations of staff were extremely positive with examples of positive comments provided in many reports.

It became evident through several reports that organisations were challenged in recruiting and retaining staff. This was more prevalent in regional centres. It is anticipated this issue will be further exacerbated with the rapid expansion of the sector through implementation of the NDIS.

Review and analysis of the 2014-15 trends resulted in a number of significant recommendations documented in the Annual Report, which included:

- » That CVS highlight staffing as a significant issue;
- » That CVs request copies of agency policies in relation to ensuring the protection of residents and any protective behaviour training they have in place for staff and residents;
- » That CVs continue to inspect and report on environmental concerns, especially where they affect the provision of least restrictive and client-centred care;
- » That CVS continues to monitor, report and follow up any individual delays in the provision of equipment or services;
- » That all residents with dual-disability be linked to a key worker with expertise in this area who establishes a detailed Case Plan;
- » That CVs continue to monitor and report on activities that residents are involved in and their alignment with the assessed capacity of residents;
- » That CVs continue to monitor and report where they believe alternate accommodation should be sought for an individual or where individuals are unfairly affected by the behaviour of a fellow resident; and
- » CVs continue to check resident's medication charts and report unusual behaviours (including the appearance of excessive drowsiness).

For further information regarding any of the above or about CVS' role in Disability Services, please see our full Annual Report available on our website:

<http://www.sa.gov.au/CSV-Disability-Services-Annual-Report-2014-15-.pdf>



Over the Rainbow by Robert "All the colours....like yellow, orange, greens and purples and reds and blue.
The sun is an orange circle with yellow triangles like diamond shapes.
There are crystal clear ocean waves.....the sea."

PROMOTING IN THE RIVERLAND

The Murray Pioneer encouraged Riverlanders to be part of improving local Mental Health Services by becoming a Community Visitor. "Community Visitor Scheme helps mental health care facilities work to a high standard," said Maurice Corcoran, Principal Community Visitor. "Community Visitors attend health service providers around the state and have conversations with staff and patients to see how they are going and if they are being treated well. If any issues or concerns are discovered, then they are discussed with a senior manager onsite." Maurice said the Scheme was looking for locals to become Community Visitors. "We are trying to get more people in country areas to become involved. We'd love and welcome people who have lived with a mental illness or who have experiences with someone with a mental illness or disability. We recruit people to undertake that role, which is quite a vigorous screening process." Community Visitors attend sites in pairs and report anything that is working well or could be improved to help.

Riverland Mental Health support worker Tammy Stephenson said the initiative helped ensure patients were receiving the best care possible. "They visit here once a month, their reasons for coming are basically to inspect facilities and take care of any issues that may be raised by staff or patients. We are a consumer-centred facility and we like our patients to be directing their care as well, so it's important that their voices are heard".

Photo and story with thanks to the Murray Pioneer 22 December 2015



Principal Community Visitor Maurice Corcoran with Community Visitor Ingrid, volunteer Ron Oliver and Riverland mental health support worker Tammy Stephenson during a recent visit to the Riverland Mental Health Unit

PROPOSED AMENDMENTS TO MENTAL HEALTH ACT BILL

The *Mental Health (Review) Amendment Bill 2015* was presented and read for a first time to the House of Assembly 2 December 2016. This Bill proposes a variety of change and some will affect the Community Visitor Scheme in a positive way including the length of service for the Principal Community Visitor as well as for Community Visitors. Proposed amendments affecting the Community Visitor Scheme concern Sections 50, 51 and 52 and 54, and are proposed to be as follow:

- » That Community Visitors can serve beyond two consecutive terms;
- » That Community Visitors can conduct visits to and inspections of authorised community Mental Health Facilities as required or authorised. Therefore, it is proposed that our mental health visits will increase from Treatment Centers to Community Mental Health Facilities as well;
- » That Community Visitors have powers to conduct inspections of the premises and operation of any hospital that is an incorporated hospital under the *Health Care Act 2008*; and is proposed to have the same powers as a Health Inspector;
- » That the Principal Community Visitor (PCV) may delegate their powers or functions to another Community Visitor. This delegation of power may be absolute or conditional, does not take away any power from the PCV to act in a matter, and can be revoked at will by the PCV;
- » That visits to Mental Health Treatment Center are done, on a minimum, once every two months by at least two Community Visitors with or without notice;
- » That visits to Community Mental Health Facilities are done, on a minimum, once every two months by at least two Community Visitors with or without notice;
- » Community Visitors must report to the Principal Community Visitor following a visit and inspection to a Community Mental Health Facility;
- » That the Principal Community Visitor can visit Community Mental Health Facilities alone at any time; and
- » That Community Visitors make a visit to a Mental Health Community Facility following the request of a patient, carer, guardian, medical agent, relative or friend of the patient.

Overall, these proposed changes are aiming to expand the visits and inspections to include Community Mental Health Facilities, clarify Community Visitors powers to be the same as a Health Inspector and allow Community Visitors to continue their service beyond two consecutive terms. When these amendments come into effect, we will communicate the legislated changes to our Community Visitors to ensure that they are fulfilling their legislated duties.

MENTAL HEALTH ANNUAL REPORT 2014/15 IN REVIEW

Each year the Community Visitor Scheme (CVS) produces an Annual Report (AR). Findings and issues are supported by recommendations that are monitored by the CVS Advisory Committee (the Committee). Some of these topics have continued to be raised by Community Visitors (CVs) during this current financial year and therefore remain a priority of action for the CVS team and the Committee.

The issues and comments brought to the attention of our CVS team through reports produced by our CVs are actively reviewed, investigated and monitored with the intention to inform and obtain positive outcomes for consumers. If of a strategic or reoccurring nature, they will be highlighted in the Annual Report. Some of the highlights and recommendations are as follows:

Operational Outcomes of the Mental Health Visits

During 2014-15 financial year, there were 830 reported issues or comments reported by Community Visitors, a significant increase compared to the total reported in 2013-14, which was 510 (this was an increase of 60% identified issues/comments during 2014-15). Furthermore, during 2014-15, patient referrals increased ($N = 335$) to Community Visitors, compared to 2013-14 ($N = 178$). It was noted that carers and family members have continued to raise the least comments or issues to Community Visitors and this was noted as an area for development during the 2015-16.

Frequently Reported Issues of Concern

The most frequently reported issues and comments are those regarding Environment and Hospital Services and issues in this category have been the most reported type of concerns since 2013-14. During 2014-15 the specific issues raised concerning Environmental and Hospital Services were the quality and diversity of food, lack of activities and access to smoking areas.

It should also be noted, compared to previous financial years, there was an increase in the number of issues and comments in the area of Treatment and Support. The majority of comments were mixed regarding the types of activities and structured programs on offer at the time, and issues were also raised regarding medication and inadequate treatment of clients.

During 2014-15, there was a particularly steep increase in the number of issues concerning Rights and Responsibilities that were reported with a number of issues identified regarding least restrictive environment, involvement in Care and Treatment Plans, privacy and confidentiality as well as personal safety and reports of assault.

Review and analysis of the 2014-15 trends, resulted in a number of significant recommendations documented in the Annual Report, which include:

- » That the Community Visitor Scheme continue to independently monitor the length of stays of mental health patients in Emergency Departments to ascertain whether there is improvement or otherwise;
- » That the Community Visitor Scheme continues to monitor the incidence of Seclusion & Restraints and least Restrictive Practices;
- » That all Treatment Centres, as part of their key performance indicators, report on their practice of developing and maintaining Mental Health Care Plans;
- » That services demonstrate how they involved patients and their families in the development and maintenance of Mental Health Care Plans;
- » That all Mental Health Units be required to post their weekly activities and session on their respective notice boards, keep appropriate documentation of participation rates and report on structured activity plans to the Office of the Chief Psychiatrist;
- » That the Community Visitor Scheme continues to explore individual patient rights under anti-discrimination legislation and specifically those who have smoking addictions and who have been placed in closed units; and
- » That individual case planning occurs with all clients with disabilities who are currently within the forensic care services and corrections so that a collated profile of need is identified.

The Committee has prioritised the review of Care and Treatment Plans and Comorbidity as a priority for action. Further details regarding this issue follow in this newsletter.

For further information, please see our full Annual Report

<http://www.sa.gov.au/CVS-Mental-Health-Annual-Report-2014-15-.pdf>



Combined Forces Insignia by Russell Pick, Veteran Mental Health Consumer

CARE & TREATMENT PLAN FOCUS FOR MAY & JUNE 2016

Both the CVS Mental Health and Disability Accommodation Services 2014-15 Annual Reports identified that Care and Treatment Plans/Support Plans were a frequently reported concern.

The CVS Advisory Committee gave priority to this issue and endorsed a project plan that would deliver a focus on Care and Treatment Plans/Support Plans during CVS monthly visits and inspections over the months of May and June.

In response, CVS organised training for our Community Visitors to provide them with an overview of how Care and Treatment Plans/Support Plans are developed and implemented in both the mental health and disability sectors. This session was used to reflect on Community Visitors' experience during visits and use this experience to contribute to the purpose, methods and resources of the project. Using this feedback, CVS have developed a method and general set of questions for Community Visitors to facilitate conversations between themselves and staff, as well as consumers in facilities over the months of May and June.

Letters detailing the purpose and methodology of this focus have been sent to all senior managers and senior staff of services. During visits, staff will be requested to provide evidence that current Care and Treatment Plans/Support Plans are in place for all patients/residents. Visitors will also ask clients if they are aware of their own Plan and seek their permission to jointly review the Plan including exploring whether the agreed activities have been implemented. The outcomes of this focus will be reported to senior management, and be made available through our CVS publications.

Medication management and restrictive practice have been long standing issues raised in the Annual Reports of CVS. An action in response was to investigate the work of a project team looking at 'Reducing the use of Chemical Restraint within Disability Services'. Issues they had identified included:

- » Evidence of the use of chemical restraint instead of addressing underlining reasons for behaviours of concern;
- » High levels of polypharmacy (use of 5 or more medications concurrently) and associated poor health outcomes;
- » Inappropriate response to what is often undiagnosed mental illness; and
- » Current mainstream services are already stretched and therefore unlikely to have capacity to respond to this previously unidentified service demand.

A forum was held to bring together the key stakeholders who will have capacity to progress the range of issues that have been identified.

It was confirmed that under the NDIS, disability clients with a co-occurring mental illness would not receive additional funding for this mental health specialist care. State health services will be required to provide this service.

Discussion also highlighted risk of losing the State's specialist services such as the Centre for Disability Health and the Positive Behaviour Support Service.

The group identified key actions, which could be undertaken to progress this issue as:

- » Look at opportunity to expand government training into the non-government environments. Sharing of frameworks, programs, policies and procedures;
- » Develop champions within the non-government sector to lobby for expansion of the specialist disability services to enable access by their residents/clients;
- » Ensure this issue is acknowledged by Health SA and there is clarity that if not already an issue on their radar, it will rapidly escalate through transition to the NDIS, especially should the current specialist disability services be ceased; and
- » Promote strongly to all key decision makers, the importance of retaining the full range of specialist disability services whether managed through Health SA or the Department for Community and Social Inclusion.

MEDICATION MANAGEMENT & RESTRICTIVE PRACTICES

NEEDS INCREASE IN EMERGENCY DEPARTMENTS

The **Community** Visitor Scheme continues to monitor bed capacity and waiting times at the hospital Emergency Departments. We were recently advised of a situation at the RAH ED where there were 25 mental health patients, with at least 10 patients close to exceeding the 24-hour target.

This situation was reported to senior management, the Chief Psychiatrist and the Minister's Office. An emerging issue which we are tracking is that with some units, urgent admissions from EDs to open wards (to meet new performance indicators) is resulting in a delayed transfer of patients from closed wards into open wards.

CVS ADVISORY COMMITTEE

The **Principal** Community Visitor and CVS Team are supported and guided by a very competent, knowledgeable and diverse Advisory Committee which have the capacity to significantly influence and take forward the strategic issues emanating from visits as highlighted in the CVS Annual Reports. Membership is made up of the State's Statutory Officers, Senior Government Policy and Planning Officers, Managers of Government and NGO Mental Health and Disability Services, Senior Clinicians, Consumers and Carers. The Committee gives priority to the activity of the CVS, works in partnership to develop strategies and takes forward issues to their own arena of influence at both a State and National level. The Committee provides opportunity for communication, sharing of common issues and exposure to the consumer's perspective.

REQUESTED VISITS

Individuals, their families, other key people involved in a person's life or service providers can, on their behalf, contact the Community Visitor Scheme office to request an individual visit or support with advocacy.

This requested visit may be managed through a phone discussion or may result in one of the Community Visitors attending in person to talk through the issues they are having.

It is optimal that the individual's consent has been sought or contact details are provided to enable communication with them for consent to a CVS visit or advocacy on their behalf.

However, it is recognised that at times people express concern about the potential for retribution when individuals raise issues about their standard of care or accommodation and therefore may want to remain anonymous. In these situations, CVS will discuss and explore avenues as to how issues could be investigated with non-disclosure of individual names.

Please directly call CVS on 1800 606 302 and you will be referred to the appropriate coordinator to assist with your concerns.

PROMOTING THE COMMUNITY VISITOR SCHEME

Need more brochures? The Community Visitor Scheme is always happy to supply your facility with more brochures as required. Trifold (DL) pamphlets, A5 flyers, A4 and A3 Posters are available for both Mental Health and Disability.

Please contact the office on 1800 606 302 or email cvs@sa.gov.au



A3 & A5 Mental Health and Disability Posters



A4 and Trifold (DL) Pamphlets available from the CVS office

INTERESTED IN BECOMING A COMMUNITY VISITOR?

Join a great team of Volunteers!

The Community Visitor Scheme is an independent statutory authority, which undertakes visits and inspections to Acute Mental Health facilities, Emergency Departments of hospitals, Disability Accommodation and Supported Residential Facilities (SRFs) and Day Option programs soon.

If you are passionate about the rights of South Australians with a mental illness or a disability and want to improve the care and treatment provided to patients and residents, then this could be the right opportunity for you.

You will receive comprehensive training and reimbursement for out of pocket expenses.

While no formal qualifications are required, you will need:

- » Good communication skills;
- » An understanding of advocacy;
- » To be able to show empathy for people living with mental illness and disability;
- » To possess objective report writing skills; and
- » Be computer literate.

Access to a mobile phone and a computer or device is essential.

So join us for a rewarding experience, which will enhance your skills and broaden your knowledge of the mental health and disability sectors in SA.

For further information about the Scheme, please visit our website: sa.gov.au/CVS

If you wish to apply to become a volunteer, please complete the application form, which can be found on our website, attaching a current resume and returning via email to cvs@sa.gov.au or post to South Australian Community Visitor Scheme, GPO Box 292, Adelaide SA 5001.



The South Australian Community Visitor Scheme

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of South Australia**

Department for Communities
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