

Approved Procedure 18

Community Visitors

Mental Health and Related Services Act 1998

Part 14 – (Sections 101 – 117)

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Purpose

The purpose of this procedure is to provide an overview of the obligations of approved treatment facility (ATF) and approved treatment agency (ATA) staff with regard to Community Visitors.

This procedure has been developed in consultation with the Community Visitor (CV) Program to clarify mutual expectations at various points of interaction between ATFs and ATAs and Community Visitors.

Further information about the Community Visitor Program is also available from:

The Community Visitor Program website:

<https://cvp.nt.gov.au/>; and

The NT Health Intranet (NT Health staff access only): [Legislation Database \(nt.gov.au\)](#)

Introduction

Community visitors operate under Part 14 (sections 101 – 117) of the *Mental Health and Related Services Act 1998*. This part provides for the appointment of a principal community visitor (PCV), community visitors (CV) and community visitors panels (CV panels) and outlines their respective functions and powers. Simply put, the PCV, CV and CV panels have inquiry, complaints, investigation, visiting, inspection, advocacy and reporting powers and functions regarding the assessment and treatment of persons in approved treatment facilities or by approved treatment agencies. .

The CV positions are statutory positions that are incorporated into the CV Program. It provides an external mechanism for ensuring the human rights of people with mental illness are observed and legislative obligations regarding such rights are followed. It also acts as one of several mechanisms for ensuring a high quality mental health service in the Northern Territory (NT) for persons receiving treatment in an approved treatment facilities or being treated approved treatment agencies.

The jurisdiction of the CV Program includes all ATFs and ATAs declared by the Minister pursuant to section 20 of the Act. Currently the NT has the following:

- **Approved Treatment Facilities (ATFs)**
 - Royal Darwin Hospital; and
 - Alice Springs Hospital.
- **Approved Treatment Agencies (ATAs)**
 - Top End Mental Health Service; and
 - Central Australia Mental Health Service.

Procedure

Responsibilities staff of ATFs and ATAs under the Act

Provision of information regarding the CV Program and requests for visits

Section 108 requires the person-in-charge of an ATF or ATA to ensure that a person receiving treatment or care (and the person's representative and any decision maker or other person with a genuine interest in the person) is:

- informed of the person's right to be visited by a CV; and
- given written information, in a language appropriate to the person, on how to contact a community visitor (available from <https://cvp.nt.gov.au/>).

Furthermore, a person who is receiving treatment or care at an ATF or from an ATA may request that they be visited or contact by a CV and the person-in-charge of the ATF or ATA. The person in charge of the ATF or ATA must then forward the request to the PCV soon as possible but not later than 24 hours after it is made.

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Note

On admission to an ATF or substantial contact with an ATA (e.g. placed on a community management order), the person receiving treatment must be advised of their right to access a CV and provided a copy of the CV Program's information brochure within 24 hours. This information brochure is available from <https://cvp.nt.gov.au/>.

This information is to be given in a way the person is able to understand (including via the assistance of an interpreter if necessary). The person should also be informed how to contact a CV and provided with assistance to do so if required.

If appropriate, this information must also be available to the person's representative and/or to their primary carer or other people with a genuine interest in the welfare of the person receiving treatment.

When staff of an ATF or ATA receive a request for a CV visit from a person who is receiving treatment or care they must forward the request to the CV Program soon as possible but not later than 24 hours after it is made. The CV must then contact (including by telephone or email), or attempt to contact, the person who has requested a visit within 24 hours (weekdays) of the request being received by the PCV. CVs are not available over weekends or public holidays.

Requests for visits are to be provided to the CV Program via email cvpprogram.adc@nt.gov.au (24 hour).

Reasonable assistance to be provided to CVs and CV panels

Section 106 of the Act permits a community visitor to visit enter an ATF or premises occupied by an ATA at any time without notice, while section 111 requires members of a CV panel to visit an ATF at least every six (6) months. Special CV panels may also be established to investigate and report on the overall operation of an ATA.

Under the provisions of section 113, the person-in-charge and each employee of an ATF or ATA must give reasonable assistance and cooperation to both the CVs and CV panel members.

Reasonable assistance and cooperation is described as being actions required to enable the CV and CV panel members to perform their functions under the Act, and includes answering questions and responding to enquiries.

Explanatory note:

In practice, all staff are expected, when called upon, to respond to any enquiries from a CV or a CV panel member.

Processes for ensuring these obligations are met are to be outlined in the ATF or ATA's internal policies.

CVs and CV panel viewing ATA registers or records

CVs and CV panel members also have the ability to view the following within the ATF and ATA:

- Register of complaints made under section 100;
- Mechanical restraint events (i.e. the Mechanical Restraint Register) under section 61; and
- Seclusion events (i.e. the Seclusion Register) under section 62.

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Inspection of seclusion, and mechanical restraint records

Sections 61(14) and 62(14) require the PCV to ensure that ATF records of mechanical restraint and seclusion events are inspected by a CV at least once every six (6) months.

Where CVs request access to seclusion or mechanical restraint records (or registers), this access is to be facilitated consistent with staff obligations pursuant to section 113 of the Act.

Refer to **Approved Procedure 10 – Mechanical Restraint** or **Approved Procedure 11 – Seclusion for further information.**

Notifications to the CV Program

Under the act, the principal community visitor (PCV) may be required to be notified of the following:

- Interim Community Management Plans – Refer to **Approved Procedure 4 – Community Management.**
- Involuntary admissions - Refer to **Approved Procedure 6 – Involuntary Admissions.**
- Financial Protection Orders – Refer to **Approved Procedure 9 – Financial Community Management.**

Additional responsibilities for the person-in-charge of an ATF or ATA

Under the provisions of section 100, the person-in-charge of an ATF or an ATA must:

- maintain a register containing a brief record of all complaints made under section 100 of the Act and ensure that the register is made available to a community visitor when requested; and
- provide the Chief Executive of the DoH and the PCV with a report detailing the pattern of these complaints every six (6) months. The report must also include changes, if any, made to prevent a recurrence of the activities that led to the complaints.

The person-in-charge of an ATF or an ATA must also ensure a written response to CV and CV Panel reports is made to issues raised in reports forwarded by the PCV pursuant to sections 109 and 112 Act. The response should include a brief discussion of any recommendations included in the report and plans (if appropriate) to implement the recommendation with timelines.

The response should be completed within one calendar month from receipt of the report.

The PCV may then make a report to the Chief Executive of DoH if they believe that the person-in-charge has not taken adequate or reasonable action to implement recommendations contained within these reports.

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Document history

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National Safety and Quality Health Service standards

| National Safety and Quality Health Service standards | | | | | | | |
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|  |  |  |  |  |  |  |  |
| Clinical Governance | Partnering with Consumers | Preventing and Controlling Healthcare Associated Infection | Medication Safety | Comprehensive Care | Communicating for Safety | Blood Management | Recognising & Responding to Acute Deterioration |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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