

# NT Health position on Review of Forensic Mental Health and Disability Services within the Northern Territory Final Report

The recommendations of the *Review of Forensic Mental Health and Disability Services within the Northern Territory Final Report* encapsulate many areas that require human and/or capital resource investment. Progressing these recommendations will be challenge in a time of budgetary restraint. The Department of Health and the two Health Services provided comments on the review and in light of the budget challenges, all parties concur with the comments made by the reviewers that a lack of investment is detrimental to service change and risk fulsome implementation of the recommendations. However, in reviewing the recommendations, there are some areas that can be undertaken or progressed that will not require immediate large scale investment. All recommendations were supported either in principle, noting fiscal and recruitment challenges, or supported.

Recommendations that can be addressed and commenced following further exploration and consultation with relevant government agencies: advancing and implementing new models of care and practice; service planning, building upon the existing clinical service plans; consolidation of the forensic mental health and forensic disability teams; training and education of teams; recruitment of specialist staff, recognising that there is a national shortage of medical practitioners working in the forensic arena, resulting in recruitment taking up to two years to be successful. Recruitment of other staff such as nurses and psychologists will be equally challenging. There are already recommendations that are underway, that is: access to the National Disability Insurance Scheme; review of the role of the Chief Psychiatrist; and annual reporting on movement and numbers of forensic patients in the system.

The Federal election commitment of the proposed new adult mental health centre in Darwin has the potential to enable new ways of delivering adult mental health services, including forensic services in the future. The recommendations surrounding the use of the Correctional Behavioural Unit at the Darwin Correctional Centre at Holtze have been supported in principle, but in practical terms, would require significant staffing and infrastructure investment. This option will be considered further within the overall planning for Darwin services incorporating the Federal election commitment.

## Summary of recommendations - consolidated NT Health response

**Note:** 'Supported' means supported without change or condition, 'Supported in-principle' means that NT Health endorses the general concept, principle or outcome of the recommendation, but may wish to achieve the same result in a different manner to that prescribed by the recommendation and 'not supported' means the general concept, principle or outcome of the recommendation is rejected by NT Health and will not be implemented.

RECOMMENDATION 1		Position	Comments
The Northern Territory Government needs to immediately increase the resource base for forensic mental health service provision in the Northern Territory by:		Supported in Principle	Consideration of current fiscal, staffing, recruitment environment will need to be taken into account for implementation of recommendation 1.
1(a)	Repurposing the Complex Behaviour Unit at Holtz to a health run forensic inpatient facility catering for both mental health and disability presentations and dual diagnosis.	Supported in Principle	The option to explore the repurposing of the Complex Behaviour Unit will need to be considered in the light of the Federal government election commitment.
1(b)	Allowing a broader diagnostic category to utilise the secure care facility at Alice Springs and the cottages in Darwin with both forensic disability and forensic mental health clients being eligible.	Supported in Principle	Consolidation of the mental health and forensic disability teams needs to occur first. Then a review of the diagnostic and legislative requirements to deliver a combined service can be undertaken. Current secure care in Alice Springs is underutilised and there are opportunities to enhance access to the facilities.
1(c)	Increasing the availability of community based mental health supports, in collaboration and partnership with Aboriginal CCHS to allow relevant Part IIA clients to return to their community and/or country.	Supported in Principle	Service mapping across health, primary care (including with the NT Primary Health Network) and the non-government service environment needs to be undertaken to enable a more streamlined approach to care. Specific work will be required in working with Aboriginal Community Controlled Health Organisations (ACCHO) and other Aboriginal organisations to enable supported return to country.

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1(d)	Increase the availability of specialist forensic psychiatry positions by at least doubling current positions to assist with meeting the existing functions prescribed to the forensic service in Darwin.	Supported in Principle	There is a nation-wide shortage of Forensic Psychiatrists; to date recruitment has taken in excess 2 years to fill a position. This will require national and international recruitment. This can only occur after consolidation of the 2 teams.
1(e)	Allocate resources to specialist forensic positions in Alice Springs, including a dedicated forensic psychiatry position.	Supported in Principle	Per comments for 1(d)
1(f)	Ensure that there is appropriate access to Aboriginal mental health workers with forensic skills in the forensic teams.	Supported in Principle	Working with ACCHO to enable recruitment of Aboriginal Staff is under discussion with the NT Aboriginal Health Forum. Numbers of Aboriginal staff working in clinical areas is decreasing.  Requires increase in Aboriginal Workforce, with different levels of Aboriginal workers coupled with working with ACCHO and training bodies to enable culturally appropriate training. Specific training in forensic work would require provision of such training by an education provider. There is no current program available nationally.
1(g)	Improved availability of forensic psychology services	Supported in Principle	Discussion to occur with university providers to explore opportunities for training of clinical psychologists locally. Working with NT Primary Health Network is required to enable community level access to services in the private market.
1(h)	Improved availability of secure supported accommodation in the community in both Darwin and Alice Springs.	Supported in Principle	This will require working with non-government providers who under the NDIS may be able to provide supported accommodation.

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RECOMMENDATION 2		Position	Comments
<p>The Northern Territory Government model the resource needs for responses to clients with cognitive impairment based on projections of future demand volume aligned to a reference model provided by the NSW Corrections State-wide Disability Service for the enhancement of multidisciplinary resources for this group. It should be noted that it is expected that there will be economies available through the sharing of resources across Review of Forensic Mental Health and Disability Services 11 the two forensic specialties and more effective management of those with dual diagnoses who are estimated to be up to 50% of the Part IIA cohort.</p>		Supported in Principle	As per Recommendation 3 below, specific modelling of needs will form part of a future Clinical Service Plan, as well as aligning and predicting future demand. New models of practice that are evidence based to be explored and recommended as part of the planning process. This will enable costing of services.
RECOMMENDATION 3		Position	Comments
The Northern Territory Government:			
3(a)	<p>Develops as a matter of urgency, a territory wide services plan for clients of forensic mental health and forensic disability services that incorporates secure inpatient or residential care, secure supported accommodation and access to community based forensic supports at a minimum. The role and responsibility of, and interface with, the National Disability Insurance Scheme should be made clear in the plan.</p>	Supported in Principle	<p>This work forms part of recommendation 2 response, in addition to the national work on the NDIS /Health Interface.</p> <p>Refer to Recommendation 9 for a response on the NDIS Interface.</p>
3(b)	<p>Should prepare this plan immediately however it should be updated to utilise the outputs from the Forensic component of the National Mental Health Services Planning Framework to determine service resource need for the mental health component when that tool becomes available.</p>	Supported in Principle	<p>Further consideration to be given to this recommendation once the outputs of the Forensic component of the NMHSPF are known.</p>

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3(c)	Develops a resourcing strategy to fund the components of that plan acknowledging there is underutilised capacity already within the system that could be repurposed through the provision of additional staffing resources.	Supported in Principle	Acknowledge capacity in terms of physical resources, however there are severe constraints with current workforce. Additional workforce will require greater operational funding. This requires a wider discussion of where resources need to be used for investment and those areas of disinvestment. This relates to the planning work in recommendations 2 and 3.
<b>RECOMMENDATION 4</b>		<b>Position</b>	<b>Comments</b>
4(a)	The Northern Territory Government shifts operational authority for the Complex Behavioural Unit at the Darwin (Holtz) Correctional Complex to NT Health, and de-gazette the facility as a correctional unit in favour of changing the legal status to a health facility, approved as a treatment facility within the meaning of the <i>Mental Health and Related Services Act</i> . Appropriate changes to the existing security arrangements, staffing and physical asset should be made to allow this change to occur.	Supported in Principle	This recommendation and model of practice will need to be further explored with Northern Territory Correctional Services and considered in the overall planning for Mental Health services in Darwin.
4(b)	Additional resources should be allocated to enable care to be delivered by NT Health. In addition, funding should be allocated to utilise the unused bed capacity at the CBU consistent with the designated functionality of the unit identified by the services plan from Recommendation 1. It is likely that this will involve high acuity, sub-acute and potentially non-acute mental health wings, at least one dedicated wing for those with a cognitive impairment and could also provide dedicated areas for women and young people from youth detention facilities.	Supported in Principle	Consideration of current fiscal and staffing environment will need to be taken into account for implementation of this recommendation.

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RECOMMENDATION 5		Position	Comments
5(a)	The Northern Territory Government should improve the resourcing of the forensic mental health team onsite in the CAHS to improve local relationships and service arrangements. This includes the establishment of appropriate senior medical positions in forensic psychiatry.	Supported in Principle	Consideration of current fiscal environment will need to be taken into account for implementation of this recommendation. The improvement of local relationships and service arrangements can be achieved separate to the allocation of additional resources. The recruitment challenge should be noted; recruitment for a senior psychiatrist has been open for 2 years with no success. Reviews of the recruitment strategy are ongoing, noting the national and international shortage of these specialist staff.
5(b)	In alignment with later recommendations regarding the future arrangements with Forensic Disability Services, the forensic CAHS staff should be involved in the operation of the secure care facility adjacent to the Alice Springs Correctional precinct and be part of a Territory wide Forensic Service.	Supported in Principle	The broadening of access to the Secure Care Facility is supported in principle. This could occur once team consolidation has occurred. A centralised referral process would need to be established that reviews referrals and prioritises clients for access to the available beds based on clear transition planning. Models of practice and staffing will require being explored prior to any implementation.
5(c)	An operational protocol should be developed by the two health services and endorsed by the Department of Health that provides the mechanism for movement between specialist forensic facilities across the TEHS and CAHS.	Supported in Principle	This could be achieved through the Service Delivery Agreements between DoH and the Health Services. However, if this is referring to clients only, advice on the provisions for consent of guardians to transfer between Top End and Central Australia would need to be provided to ensure there are no legal barriers to this occurring.

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RECOMMENDATION 6	Position	Comments
<p>The Northern Territory Government should resource forensic mental health services to provide comprehensive suicide and self-harm assessment in the prison environment and ensure that these resources are adequate to allow for effective, equivalent 'community based' specialist mental health care to the general prison population. In the absence of additional resourcing the forensic mental health team cannot fulfil this task.</p>	<p>Supported in Principle</p>	<p>This work will be considered in a new strategic plan for Prison Health being developed by Corrections and Health.</p>
RECOMMENDATION 7	Position	Comments
<p>The Northern Territory Government should incorporate into its clinical services planning a specific set of responses for women and girls in the criminal and youth justice systems. This may require the establishment of, or repurposing of, physical assets. At a minimum it requires the development of a sexual safety policy for secure facilities. In undertaking this work specific consultation should be held with Aboriginal and Torres Strait Islander people to ensure that the specific needs of Aboriginal and Torres Strait Islander women are met.</p>	<p>Supported in Principle</p>	<p>This would be part of the updated clinical service plan. Currently, for the Office of Disability, all clients in the Secure Care and the Cottages are male. However, the Alice Springs Secure Care Facility has previously accommodated a female client. The development of a Sexual Safety Policy can form part of the review for the Specialist Support and Forensic Disability Unit (SSFDU) policies and the development of a Clinical Governance Framework for the service that is currently underway. Territory Families are doing work in this area for Youth in detention.</p>
RECOMMENDATION 8	Position	Comments
<p>The Northern Territory Health Department should merge the operational responsibilities of the Office for Disability with regard to Part IIA clients and the Forensic mental health teams in TEHS and CAHS to create a single Forensic Health Service. The secure care facilities available to both services should be designed and staffed, with appropriate interdisciplinary training, to manage both cohorts based on consumer need rather than diagnostic grouping.</p>	<p>Supported in Principle</p>	<p>This forms part of the previous recommendations (1, 2 and 3) to consolidate the two teams. This would need to be a staged merger to ensure that there is minimal to no service disruption.</p> <p>The SSFDU has operated with a Territory-wide approach which has enabled the application of resources based on client need and the development of a Territory-wide clinical team. This team is primarily located in Darwin but have established visits</p>

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		<p>and processes in place to ensure appropriate clinical supports and assessments are provided to clients in Central Australia.</p> <p>As per Recommendation 5(b), a centralised referral process needs to be established that reviews referrals and prioritises clients for access to the available beds based on clear transition planning.</p>
<b>RECOMMENDATION 9</b>	<b>Position</b>	<b>Comments</b>
<p>The Northern Territory Government should resolve the involvement of Part IIA patients in the NDIS and have their eligibility documented in the appropriate intergovernmental agreements. An individual found not guilty by reason of mental illness or unfit to plead, and therefore with no criminal conviction, who is managed by the health system and resident in a health facility, should be eligible for the NDIS.</p>	Supported	<p>Implementation of this recommendation is underway.</p> <p>To date seven clients on CSOs and NCSOs are NDIS participants. Documentation in the intergovernmental agreement (IGA) is not required. The Justice interface forms part of the COAG Applied Principles and Tables of Support. There is a Justice Sub-Senior Officers Working Group that is progressing the key interface issues.</p>
<b>RECOMMENDATION 10</b>	<b>Position</b>	<b>Comments</b>
The Northern Territory Government should:		
<p>10(a) Establish relevant legislative provisions to allow for the Mental Health Review Tribunal to make decisions about the detention, treatment and release of forensic clients. These provisions should draw on examples of safeguards available in other jurisdictions, such as NSW and Queensland.</p>	Supported in Principle	<p>This would be a significant shift in the current model that requires further consideration and research into the models in other states and the safeguards available, utilising the examples of NSW and Queensland as advised. The Office of Disability, in conjunction with the Department of the Attorney-General and Justice, can support the research of models and the analysis of safeguards to inform consideration of this recommendation.</p>

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10(b)	Provide the MHRT with the necessary financial and human resources to take on this additional responsibility.	Supported in Principle	As per Recommendation 10(a), consideration of the current fiscal environment will need to be taken into account for the implementation of this recommendation.
<b>RECOMMENDATION 11</b>		<b>Position</b>	<b>Comments</b>
The Northern Territory Government should:			
11(a)	Consider the development of a 'benchbook' related to mental health and disability service delivery and its interface with the criminal justice system.	Supported	The development of a bench Book has been included in the work plan for the policy unit of the Office of Disability. This work will commence post July 2019 and will include mental health.
11(b)	negotiate an interagency protocol between NT Attorney-General's Department and NT Health that: <ul style="list-style-type: none"> <li>i. Recognises the resource impost of court reports on NT Health, and creates a volume based price signal in the form of a budget transfer from Attorney-Generals to Health that balances the legitimate requirement for judicial information with clinical care.</li> <li>ii. Defines the different types of reports necessary, their purpose and the required authority and qualifications of the signatory parties.</li> <li>iii. Provides for standardised templates for routine reports.</li> </ul>	<ul style="list-style-type: none"> <li>(i) Supported in Principle</li> <li>(ii) Supported in Principle</li> <li>(iii) Supported in Principle</li> </ul>	<ul style="list-style-type: none"> <li>(i) Exploration of this recommendation will occur with the Department of Attorney-General and Justice, once the review has been released.</li> <li>(ii) Consistency in the presentation of reports would support both Forensic Mental Health and Disability staff and client outcomes.</li> <li>(iii) As above for (ii)</li> </ul>
<b>RECOMMENDATION 12</b>		<b>Position</b>	<b>Comments</b>
12(a)	The Northern Territory Government should, in the context of the recommendations regarding enhanced resourcing and operational responsibility for the CBU, seek to establish an inpatient specialty service for children and young persons in	Supported in Principle	Requires discussion with Territory Families, in light of Royal Commission into the Detention and Protection of Children in the Northern Territory recommendations.

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	the youth justice system. This service should be built on best practice principles and be designed with the relevant expertise provided by Child and Youth MH specialists. Noting the potential operational challenges of establishing such a service, in the interim a joint protocol for service delivery involving the FMHS and CAMHS service should be established as a matter of urgency.		The lack of Child and Adolescent Mental Health Services (CAMHS) is problematic to delivering on this recommendation, noting the resource requirements. Implementation of this recommendation is wholly dependent on the ability to recruit specialised staff. There is a shortage of CAMHS staff across Australia.
12(b)	The Northern Territory Government should resource the Child and Youth MHS to provide FMHS, with further review of the overall model of care undertaken by a Child and Youth MH specialist.	Supported in Principle	The resource implication of having a Child and Adolescent Psychiatrist and related Psychologists and the length of time for recruitment needs to be noted.
12(c)	As a matter of urgency Territory Families and NT Health should agree a joint policy on the management of suicide and self-harm in youth detention facilities and a policy on the appropriate clinical management of segregation of young persons in the facilities.	Supported in Principle	Work is underway with Territory Families in Don Dale. There is an existing at risk protocol in place and agreed by Territory Families and Top End Health Service in Don Dale.
<b>RECOMMENDATION 13</b>		<b>Position</b>	<b>Comments</b>
	Northern Territory Health should as a matter of priority develop a MH 'services plan' that articulates the expected componentry of the service system in broad terms, their anticipated delivery settings and functions and on what basis the Department provides funds to services for these components. Identifying gaps and priorities in service elements should form a part of this planning process and the NMHSPF can be used for this purpose. It should identify territory wide specialty services and the inter-regional protocol for accessing these services. It should also identify the expected role relationships between forensic services and the other parts of the mental health treatment system, the disability service system including the NDIS, access to community mental health	Supported in Principle	The intention is to add further detail to the existing Clinical Service Plan for NT mental health services; this will demonstrate interrelationships internally and across other jurisdictions.  Disability services transitioned to the NDIS on 1 July 2019 with the exception of retained functions.

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<p>services and disability support services in remote communities and primary care services in the corrections environment.</p> <p>Similarly, NT Health must ensure that an equivalent services plan exists and is maintained as current, for the disability service system. This plan should identify the links within that system to forensic clients and to the general mental health system.</p>		
<p><b>RECOMMENDATION 14</b></p>	<p><b>Position</b></p>	<p><b>Comments</b></p>
<p>Northern Territory Health should use the outputs from the NMHSPF and its forensic adjunct to identify quantitatively future mental health workforce needs and develop a structured plan to attract and retain that workforce. A similar approach should be adopted with regard to using the outputs from Recommendation 11 above to identify workforce needs and responses for Disability services.</p>	<p>Supported in Principle</p>	<p>Developing a workforce is a critical piece of work that is about to commence for the NDIS. This recommendation could leverage off this national work.</p> <p>As per the response to Recommendation 1(f), support through ACCHO, Office of the Commissioner for Public Employment and universities to provide a training and employment pathway for Aboriginal and Torres Strait Islanders should be explored.</p>
<p><b>RECOMMENDATION 15</b></p>	<p><b>Position</b></p>	<p><b>Comments</b></p>
<p>The Northern Territory Government should ensure that there are appropriate Interdepartmental MOUs in place between NT Health and the Department of Attorney-General and Justice, and NT Health and Territory Families that reflect the statutory responsibilities of each agency and describe the basic frameworks for how these will be operationalised. These MOUs should form the basis of operational protocols between local services and provide for the establishment and operation of interagency forums for managing challenging cases.</p>	<p>Supported in Principle</p>	<p>A Memorandum of Understanding between the Department of Health and NT Correctional Services already exists and is currently under a process of being updated for completion in fourth quarter 2019.</p>

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RECOMMENDATION 16	Position	Comments
<p>Northern Territory Health should engage a suitably senior psychiatrist or other senior mental health policy expert from another jurisdiction to identify a role framework and any associated legislative arrangements for an enhanced role for the Chief Psychiatrist in the Northern Territory. At a minimum this should include developing a territory wide clinical governance framework and leading on clinical system services plans.</p>	<p>Supported</p>	<p>Underway.</p>
RECOMMENDATION 17	Position	Comments
<p>The Northern Territory Government establish a statutory annual reporting requirement to publish data on forensic patients that captures the numbers entered into the system, those exited, those continuing, the average duration of orders, those held in custodial services, and those unable to be found placements in the locations preferred by the overseeing body (be it Supreme Court or MHRT).</p>	<p>Supported in Principle</p>	<p>This will be developed for Forensic services across the territory, leveraging on the work of the Office of Disability as noted below.</p> <p>The Office of Disability is reviewing Budget outputs, in-line with the transition to the NDIS. Part of this work includes consideration of reporting for the SSFDU. The investment into forensic services is significant and will require an accountable reporting framework. Mental health to work with the Office of Disability to enable consistency in this work. Legislation may be required to establish a statutory reporting registry. Publication may be sensitive and needs exploration.</p>
RECOMMENDATION 18	Position	Comments
<p>Northern Territory Health should establish a formal forensic health service partnership with the Aboriginal Community Controlled Health sector to build on their skill sets with Aboriginal communities and to provide the capacity for individuals on Part IIA orders to return to their communities when clinically appropriate. This partnership should involve the design of culturally appropriate</p>	<p>Supported in Principle</p>	<p>As per the response to Recommendation 1(f), support through ACCHO, OCPE and universities to provide a training and employment pathway for Aboriginal and Torres Strait Islanders should be explored. Discussion required with NT Aboriginal Health Forum to understand willingness to establish a formal forensic health service partnership. Exploration of a forensic</p>

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service models for both mental health and disability in these communities.		consumer / carer liaison panel can be explored but may require additional resources to enable function.
<b>RECOMMENDATION 19</b>	<b>Position</b>	<b>Comments</b>
Northern Territory Health should take active steps to support culturally appropriate services for forensic clients including access to interpreters, service design initiatives, and models of care. NT Health should establish a Forensic Consumer and Carer Liaison Panel, with appropriate representation of Indigenous people, to provide input to policy directions and service design initiatives.	Supported in Principle	All clients currently within the disability forensic group are Aboriginal. Costing of models of service delivery for services such as interpreters will be explored.
<b>RECOMMENDATION 20</b>	<b>Position</b>	<b>Comments</b>
The Northern Territory Government liaise with staff at the World Health Organization to gain access to the 'Quality Rights Training' package for staff of NT Health and other relevant agencies and organisations, consistent with national commitments made in the Fifth National Mental Health Plan.	Supported in principle	Implementation of this recommendation with regard to implementation and monitoring of training outcomes may require some additional resources, with a view to progressing this training as part of induction for new staff, as well as for existing staff.
<b>RECOMMENDATION 21</b>	<b>Position</b>	<b>Comments</b>
Oversight of the implementation of the recommendations in this report should be undertaken by an Implementation Oversight Panel auspiced by the Office of the Chief Minister. The panel should include the Office of the Public Guardian, the NT Community Visitor Program, the Aboriginal Community Controlled Health Services sector, the Northern Australia Aboriginal Justice Agency (NAAJA) and appropriate senior representation from NT Health, Territory Families, the Attorney-General's Department and NT Corrections. The panel should also be informed by appropriate consumer and carer inputs, with appropriate proportional representation of Aboriginal and Torres Strait Islander persons, with those inputs sourced in a way that allows genuine participation.	Supported in principle	Similar to other reforms such as Alcohol reforms this action could be coordinated through the Department of the Chief Minister (DCM). This will require discussion with DCM.