

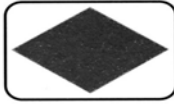
COMMUNITY VISITORS ANNUAL REPORT 2005
MENTAL HEALTH ACT 1986

PROMOTING THE RIGHTS AND DIGNITY OF PEOPLE WITH A DISABILITY,
ENSURING THAT THEIR VOICES ARE HEARD

OFFICE OF THE PUBLIC ADVOCATE

AN INDEPENDENT STATUTORY OFFICE ACCOUNTABLE TO THE VICTORIAN PARLIAMENT





OFFICE OF THE
PUBLIC ADVOCATE

28 October 2005

The Hon. Bronwyn Pike MP
Minister for Health
Level 22, 555 Collins Street
MELBOURNE VIC 3000

Dear Minister

In accordance with the *Mental Health Act* 1986, please find enclosed the eighteenth Annual Report of Community Visitors.

This Annual Report has been compiled by the Community Visitors (Psychiatric Services) Board elected at the Annual General Meeting of Community Visitors.

Yours sincerely

JULIAN GARDNER
Public Advocate

KATHLEEN LOXTON
Board Member

RUTH BAKER OAM
Board Member

5th Floor 436 LONSDALE STREET MELBOURNE VICTORIA 3000
PO Box 13175 Law Courts Victoria 8010
TELEPHONE: 1300 309 337 (for the cost of a local call)
FAX: (03) 9603 9501 • TTY: 9603 9529 • DX 210293 • E-MAIL: publicadvocate@justice.vic.gov.au
www.publicadvocate.vic.gov.au

CONTENTS

EXECUTIVE SUMMARY	1
RECOMMENDATIONS	2
1 INTRODUCTION	3
2 KEY ISSUES	4
2.1 Community-based accommodation needs	4
2.2 Limited coordinated service provision for people with dual diagnosis and complex needs	5
2.3 Shortage of beds in acute units	6
2.4 Shortage of high dependency unit accommodation	6
2.5 Shortage of secure extended-care beds	7
2.6 Problems with existing child and adolescent mental health facilities	7
2.7 Recruitment and retention of professional mental health staff	7
2.8 Design, maintenance and refurbishment	8
2.9 New initiatives	9
2.10 Action by Community Visitors	10
3 YEAR IN REVIEW	12
3.1 Activities of the Board	12
3.2 Reporting against goals	13
4 BARWON-SOUTH WESTERN REGION	21
4.1 Adult Acute Inpatient Unit, Swanston Centre, Geelong	22
4.2 Adult Acute Inpatient Unit, Ward 9 Warrnambool	23
4.3 Community Rehabilitation Facility, Geelong	23
4.4 Community Care Unit, Warrnambool	24
4.5 Aged Persons Mental Health Residential Facility, Hilary Blakiston House, Geelong	24
5 EASTERN METROPOLITAN REGION	25
5.1 Adult Acute Inpatient Services – St Vincent’s Hospital, Maroondah Hospital and Upton House, Box Hill Hospital	26
5.2 Child and Adolescent Unit, Maroondah Hospital	27
5.3 Community Care Units – Footbridge, St Vincent’s; Central East, Canterbury; and Outer East, East Ringwood	27
5.4 Aged Persons Acute Units – Normanby House, St George’s and South Ward, Peter James Centre	28
5.5 Aged Persons Mental Health Residential Units – Auburn House, St George’s Hospital; Riverside St George’s Hospital, Northside; Peter James Centre and Mooroolbark, Peter James Centre	28
5.6 Specialist Unit – Spectrum, Personality Disorder Unit, Maroondah Hospital	28
6 GIPPSLAND REGION	29
6.1 Adult Acute Inpatient and Secure Extended Care Units – Flynn Ward, Latrobe Regional Hospital	30
6.2 Child and Adolescent Unit – Flynn Ward, Latrobe Regional Hospital	31
6.3 Aged Persons Acute Inpatient Unit and Residential Facility – Macalister Ward, Latrobe Regional Hospital	31

7 GRAMPIANS REGION	32
7.1 Acute Admission Unit, Ballarat Hospital	33
7.2 Adult Long-Term Unit – Sovereign House, Ballarat Hospital.....	34
7.3 Community Care Unit – Eastern View, Ballarat	34
7.4 Aged Person Acute Unit – Steele Haughton Unit, Ballarat Hospital	34
7.5 Aged Persons Mental Health Residential Facilities.....	35
HUME REGION	36
7.6 Adult Acute Inpatients Unit – Kerferd Clinic, Wangaratta and Wanyarra, Shepparton.....	37
7.7 Benambra Rehabilitation Service, Wodonga – Community Care Unit, Willow Program, Beechworth.....	38
7.8 Aged Persons Mental Health Residential Units – Grutzner House, Shepparton, Blackwood Cottage (formerly Waldon Unit) Beechworth Health.....	39
8 LODDON MALLEE REGION.....	40
8.1 Bendigo Health Care Group Mental Health Services	40
8.2 Mildura Base Hospital Mental Health Services	43
9 NORTHERN METROPOLITAN REGION.....	45
9.1 Adult Acute Inpatient Units	47
9.2 Child and Adolescent Inpatient Units.....	48
9.3 Community Care Units – Wood Street, Preston	49
9.4 Aged Persons Mental Health Unit – Kath Atkinson Unit, Bundoora Extended Care	49
9.5 Aged Persons Mental Health Residential Facilities –Merv Irvine Unit, Bundoora Extended Care	49
9.6 Specialist Units – Thomas Embling Hospital, Mary Guthrie House and Bunjil House	50
9.7 Mood and Eating Disorders Unit and Mother and Baby Unit, Banksia House, Austin Health Repatriation Campus	51
10 SOUTHERN METROPOLITAN REGION	52
10.1 Adult Acute Inpatient Units – The Alfred, Casey Hospital Ward E, Dandenong, Frankston, Monash	54
10.2 Adolescent Inpatient Unit – Monash Medical Centre	54
10.3 Community Care Units – St Kilda, Alfred, Middle South Monash, Doveton Dandenong, Frankston, Frankston Hospital.....	54
10.4 Adult Long Term Unit, Wurringga, Dandenong Hospital	55
10.5 Acute Aged Persons Mental Health Care Units – Baringa Caulfield Medical Centre, Biala, Kingston Centre, Ward 1 Frankston Hospital, Amaroo, Dandenong.....	55
10.6 Aged Persons Mental Health Residential Units – Alambree Kingston Centre, Yarraman Kingston Centre, Namarra Caulfield Medical Centre, Carinya Frankston.....	55
10.7 Aged Persons Mental Health Care Hostels – Michael Court, Frankston Hospital, Mooraleigh, Kingston Centre.....	56
10.8 Mother and Baby and Eating Disorder Unit – Monash Medical Centre	56
11 WESTERN METROPOLITAN REGION	57

11.1	Adult Acute Units – Broadmeadows, Royal Melbourne, Sunshine and Werribee Mercy Hospital	58
11.2	Child and Adolescent Inpatient Units – Banksia and Orygen, Footscray	59
11.3	Community Care Units – Talgarno Broadmeadows, Norfolk Terrace Flemington, St. Albans and Werribee	59
11.4	Aged Acute Units – Broadmeadows and Sunshine	60
11.5	Aged Persons Mental Health Residential Units – McLellan House Broadmeadows, Southstone Lodge Werribee, Weighbridge, Ascot Vale and Westside Lodge Sunshine	60
11.6	Specialist Units – Mother and Baby Unit, Werribee Mercy Hospital, Eating Disorder/Neuropsychiatric Unit RMH, Adult Mental Health Rehabilitation Unit, Sunshine	60
12	ABOUT COMMUNITY VISITORS	61
12.1	Year in review	61
12.2	Supported Residential Services (SRS)	62
12.3	Legislative requirements for visits	64
12.4	Disability Services	64
12.5	Health Services	65
12.6	Mental Health Services	65
12.7	Target number of Community Visitors	65
12.8	Training and development program	66
12.9	Value of the Community Visitors Program	66
12.10	Whistleblowers Protection Act	67
13	REFERENCES	68

EXECUTIVE SUMMARY

This annual report is based on a summary from reports across Victoria that were collected and analysed from 1 July 2004 to 30 June 2005.

Community Visitors (Psychiatric Services) are volunteer community representatives appointed by the Governor in Council under Victoria's *Mental Health Act 1986*. They visit and report on a wide range of public mental health facilities that provide 24-hour nursing care for people with a mental illness. Most services are visited at least once a month, usually unannounced or by request from a patient or interested party. Community Visitors therefore offer a unique and valuable monitoring role on the state of the mental health care system in Victoria.

Key issues

The Community Visitors (Psychiatric Services) Board welcomes the announcement by state government in this year's budget for mental health funding. The Board urges the government to continue to promote mental health services and to ensure these services are a key priority in Victoria's health policy.

The key issues reported this year:

- shortage of appropriate community-based discharge accommodation for people with a mental illness
- limited coordinated service provision for clients with a dual disability and complex needs
- shortage of acute inpatient beds
- shortage of secure extended care beds, statewide
- shortage of professional mental health staff within existing mental health services, including staff to provide therapeutic inpatient activities
- statewide difficulties with recruitment and retention of professional mental health staff – a significant concern
- funding shortfalls for ongoing maintenance and refurbishment of mental health facilities.

RECOMMENDATIONS

Community Visitors call upon the Victorian Government to:

- 1) Provide funds to establish a greater range of accommodation and support options for people with a disability as a result of a mental illness, including:
 - increased number of community care units
 - establishment of government sponsored, mental health specific, Supported Residential Services and other community-based accommodation
 - accommodation facilities for younger people who require intensive long-term/ongoing support
 - prevention and recovery care units for people who require 24-hour support but not acute inpatient care. *(see Section 2.1)*
- 2) Ensure that a coordinated and cooperative approach to the provision of services to those with a dual diagnosis and complex needs is readily available, including observing the Department of Human Services' existing protocol (1994) between Mental Health Services and Disability Services. *(see Section 2.2)*
- 3) Identify areas of high need for acute beds and undertake planning for additional facilities. *(see Section 2.3)*
- 4) Increase the number of secure extended care facilities. *(see Section 2.5)*
- 5) Increase the provision of professional allied health services staff to provide a range of therapeutic and psychosocial interventions and implement strategies to attract and retain sufficient numbers of professional allied health staff across the state. *(see Section 2.7)*
- 6) Take action to address the major deficiencies in longstanding maintenance and refurbishment needs. *(see Section 2.8)*

1 INTRODUCTION

The call for quality mental health services continues to be the major focus and priority for Community Visitors. The eighth National Mental Health Strategy (2004) again sends a clear message that emphasises the complex and long-term nature of challenges for all states and territories in improving mental health services. Victoria is no exception to the need for ongoing commitment to the continuous improvements required in the delivery of mental health services in the coming years.

Community Visitors recognise the need for community-based residential care which promotes quality of life and recovery for people with a mental illness. The demand for increased community care units and future prevention and recovery care offering 24-hour support is a much needed model of accommodation for people with a mental illness, who would otherwise be admitted to acute inpatient psychiatric care. Community Visitors also welcome the recent announcement by the state government for increased mental health funding and will continue to advocate for mental health to be a key priority in Victoria's health policy.

Community Visitors are independent appointments by the Governor in Council. They have a unique role as volunteer community representatives in monitoring the quality of services to people with mental illness living in mental health services. These mental health facilities are defined by the Mental Health Act.

The Community Visitors (Psychiatric Services) Board members and representatives from the Office of the Public Advocate Community Visitors Program attended the first national meeting of Mental Health Official/Community Visitors held in Canberra in October 2004. This was the first ever national gathering of mental health official/community visitors and provided a valuable opportunity to identify common issues and concerns.

In April 2005 the Office of the Public Advocate provided a submission to the Inquiry of the Senate Select Committee into Mental Health. This Office has had a longstanding concern about the accessibility and responsiveness of the public mental health system in Victoria and welcomed the opportunity to comment on key issues.

2 KEY ISSUES

The issues identified in the Community Visitors (Psychiatric Services) 2004–05 Annual Report are:

- shortage of appropriate community-based discharge accommodation
- limited coordinated service provision for clients with a dual diagnosis, including intellectual disability, and drug and alcohol dependencies, and clients with complex needs
- shortage of acute inpatient beds
- shortage of secure extended care beds, statewide
- problems for child and adolescent mental health facilities
- shortage of professional allied health staff within existing mental health services to provide therapeutic inpatient activities, and
- outstanding and widespread maintenance and refurbishment needs of mental health facilities.

2.1 Community-based accommodation needs

Community Visitors remain concerned at the shortage of appropriate community-based accommodation, both for clients ready for discharge from hospital and for others who require additional support but do not require acute inpatient care. Community Visitors have welcomed the introduction and increased number of prevention and recovery care accommodation in the last two years. This model of care is providing a valuable resource for clients requiring additional 24-hour accommodation and support in the community and provides an important path to client recovery and rehabilitation. However, rental accommodation continues to be unaffordable and less expensive options are in short supply.

Community Visitors have reported on the difficulty for staff in finding suitable discharge accommodation for patients in adult acute units at a number of hospitals. For example, all four adult acute units in the Western Metropolitan Region have experienced frustrating delays in moving several very disturbed clients to suitable accommodation, having to keep some clients for six to twelve months. This type of client can be extremely disruptive in the unit and often require nursing in the high dependency unit or in seclusion for extended periods. Community Visitors report examples of some of these clients assaulting other clients and also being assaulted because of their behaviours. The staff are often frustrated at a 'system' which seemingly fails to meet patients' needs. Management, nursing staff, and allied health staff at these facilities are to be commended for managing patients until such time when appropriate or long-term accommodation is located.

In Northern Metropolitan Region, Community Visitors have observed a critical shortage of accommodation for post-discharge patients with lengthy delays evident, therefore causing further shortages of acute beds. The discharge of patients to a less restrictive environment continues to be hampered by the lack of suitable accommodation, especially community care unit beds, and prevention and recovery care accommodation.

A similar problem exists in community care units. Despite admirable efforts by staff, smooth transition into independent community-based accommodation for clients of Werribee community care units is often not possible because of the lack of suitable and affordable accommodation. This can lead to people living in unsuitable accommodation where adequate support or supervision is not provided.

At the community care units in Preston, clients are progressing well and their stays in these units are now considerably shorter. However, beyond community care accommodation, Community Visitors remain concerned that there is an extreme shortage of other accommodation options in the area. Currently there is a three year minimum wait to obtain a one-bedroom flat in public housing. Community Visitors have also identified the desperate but unmet need for accessible community-based accommodation for clients in the Sunraysia area. It is very pleasing to see mental health services in the Sunraysia region exploring possible partnerships for providing various types of accommodation in the region.

2.2 Limited coordinated service provision for people with dual diagnosis and complex needs

Community Visitors have identified a number of areas of need which highlight gaps in service provision, in particular for clients with complex needs. Throughout the year Community Visitors have remained concerned that clients with multiple and complex needs cannot access appropriate accommodation or services and remain inappropriately placed in acute or long-term psychiatric units for unacceptable periods of time. This is occurring throughout the state.

Clients with dual diagnosis, including intellectual disability, and drug and alcohol dependencies, are often housed in inappropriate accommodation such as acute inpatient units. There is limited evidence of cooperation between mental health services and relevant service providers to progress the provision of services and accommodation needs for these clients.

Community Visitors continue to believe that an acute psychiatric unit is not the appropriate accommodation for a 45 year old man with Huntington's disease, who has been a patient in hospital since February 2004. This man has significant cognitive impairments and challenging behaviours and is being held in this unit as an involuntary patient because he is viewed as being a risk to himself and the community. No other suitable accommodation or support options have been identified. Community Visitors, along with staff, have advocated strongly to obtain additional staffing hours, which were funded by the Department of Human Services. These additional hours have ensured this man enjoys some activities away from the unit with one to one supervision.

2.3 Shortage of beds in acute units

At times, patients needing admission to the adult acute unit at Northern Hospital, Epping have had to be held for more than 24 hours in the emergency department because of the shortage of beds in the acute unit. At the Alexander Bayne Centre, Bendigo significant numbers of patients have had to be nursed in general hospital beds and other mental health patients have been transferred out of the area for care and treatment.

In recent months there have been heavy demands on the adult acute unit beds at Warrnambool and there is a waiting list for admission. The situation at Maroondah Hospital has eased with the ability to use some beds at both the Alfred Hospital and Dandenong Hospital.

Four of the existing 24 acute beds at Swanston Centre in Geelong are used for aged care assessment as there is no dedicated aged care assessment unit.

2.4 Shortage of high dependency unit accommodation

Many facilities across the state are affected by the need for additional high dependency unit beds. In some instances this situation is occurring because of the increase in patients presenting with complex and aggressive

behaviours. This can result in units having to be locked and the whole ward being treated as a high dependency unit. This has been reported at two acute units in the Northern Region. There is also an urgent need for a two-bed high dependency unit at the Kath Atkinson Unit of Bundoora Extended Care; the current situation has resulted in various areas of the unit sometimes being locked as a way of managing older patients with complex behaviours associated with their mental illness. Despite this evidence of need, Community Visitors are only aware of the planned extension to the high dependency unit at Upton House, Box Hill Hospital.

2.5 Shortage of secure extended-care beds

Compounding the issue of the lack of beds generally in the mental health system, is the serious unmet need for patients who require additional care outside an acute setting involving long-term care in a secure environment. In several facilities, patients are occupying acute beds for considerable periods of time due to the lack of options, thus reducing the capacity to admit new patients requiring acute care.

2.6 Problems with existing child and adolescent mental health facilities

The child and adolescent units located in the Marion Drummond building at Austin Health are situated in an old building which, although the staff have worked hard to create a home-like atmosphere, places considerable constraints on the management of both units, with inadequate space for activities. Community Visitors remain concerned about the unsatisfactory locations and physical inadequacies of the high dependency unit and 'time out' areas. There are insufficient safe and age-appropriate play and recreation areas around the building and the proximity to high risk areas such as busy roads is of concern to Community Visitors.

The unit at Maroondah Hospital has long been regarded as unsatisfactory by Community Visitors, but plans for a new unit at Box Hill Hospital should resolve this problem.

2.7 Recruitment and retention of professional mental health staff

Community Visitors are aware of the shortage of psychiatrists, nurses and professional allied health staff. This affects the quality of care of patients and their wellbeing. There is a clear need for more therapeutic and

psychosocial intervention to assist people in the recovery and rehabilitation phase of their illness.

Community Visitors have reported on the continuing needs in this area. There are difficulties in many facilities, as shown in the following examples.

- The inability of services to appoint psychiatrists to vacant positions (including that of Clinical Director in one instance) has been reported by Community Visitors for Warrnambool, Bendigo and Mildura.
- The Community Visitors has noted the need for a social worker at Simpkin House, Aged Persons Mental Health Unit, Bendigo, to work with families and more particularly to arrange discharge for patients ready for a less restrictive setting. At present the Unit Manager is attempting to achieve this with minimal support.
- At the Marjorie Phillips Aged Acute Unit in Bendigo the Community Visitors have noted the need for an activities person as currently staff are unable to provide any structured activities program.
- At Iona House in Nhill, access to essential physiotherapy and other support is limited due to a shortage of professional staff in the area.
- At the Helen Schutt Nursing Home, Stawell, staff have to manage all the often complex needs of residents. Staff have told Community Visitors that additional skills are required for intensive visual observations, distraction, redirection and risk management and feel there are insufficient resources to safely monitor residents.
- Teleconferencing has been suggested as an option of meeting the current shortage of psychiatrists and the unmet need of psychiatric consultation to staff and patients. However, Community Visitors consider the state government must prioritise an immediate strategy for attracting staff to rural areas to maintain adequate mental health service delivery throughout the state.

2.8 Design, maintenance and refurbishment

Community Visitors have become aware of problems in a number of facilities which relate to inadequacies in original design or the changed use of spaces from the original purpose. Examples are the unsatisfactory operation of air-conditioning units at Bendigo Hospital, sewerage problems at Orygen and Banksia units in Footscray, and the design of the high dependency unit at Kerferd Unit, Wangaratta, which affects privacy. The

layout of the unit at South Ward, Peter James Centre, limits effective management and care of the varying needs of patients.

Community Visitors have noted some much needed work with repainting, renovations and replacements of poorly maintained furniture and floor coverings. Community Visitors also welcome the responsiveness of many facilities to rectify problems identified throughout the year. However, Community Visitors remain disappointed that some facilities have been slow to undertake work. This has an impact not only on the appearance of the facility but on the comfort and safety of patients and residents.

At Flynn Unit, Latrobe Regional Hospital, a poor standard of maintenance and cleanliness was reported continuously during the year, with carpet and furnishings in need of replacement and courtyard maintenance of particular concern, with missing pavers and loose bricks posing a potential danger to patients and staff. Following a special meeting with hospital management, some of these issues were addressed but the slow response time remains a concern.

At Kerferd Adult Acute Unit, Wangaratta, Community Visitors reported maintenance and refurbishment matters, some of which date back to 2002. Maintenance included damage from water leaks, cracks, dampness, furnishings needing repairs, an unfinished garden gazebo and debris in gutters. Privacy in the high dependency unit also requires attention and until this is rectified patient privacy and dignity remains severely compromised.

2.9 New initiatives

Community Visitors welcomed the forum for all mental health clinicians, managers and key stakeholders – an initiative undertaken by the Director of Mental Health, Department of Human Services, in April 2005. This forum provided an opportunity to consider innovations and improvements in inpatient adult mental health services. It is encouraging to see initiatives undertaken with a multidisciplinary approach to patient care, as demonstrated at St Vincent's Hospital high dependency unit where this intervention has enhanced and promoted inpatient care in the high dependency unit with appropriate patient activities.

Community Visitors are pleased with a range of initiatives and directions in patient care, including the following.

- In response to occupational health and safety concerns with the increasing incidence of aggressive behaviour of some children in the Eagle Statewide Child Unit at Austin Health, management have developed a policy to manage patients; the policy is called the 'Aggression Management Physical Holding Procedure'. This policy

complied with respective principles of the Mental Health Act and *Occupational Health and Safety Act 2004*.

- North West Mental Health developed a new model of care to improve the management and treatment of young male clients with a profile of dual diagnosis, aggressive behaviour, substance abuse, and lack of insight. It was recognised that, particularly in community care units and rehabilitation unit environments, staff did not have sufficient skills to manage clients with these complex presentations. The new initiative aims to empower clients whilst offering a range of vocational activities and is to be implemented as a trial by June 2005, with the necessary education and skills provided for staff.
- Funding for the relocation of Bunjil House secure extended care facility at Austin Health was welcomed by all Community Visitors after their extensive lobbying to management and government. The cramped first floor facilities had been highlighted as inappropriate by the Community Visitors for four years in the annual reports. This new building, together with the acute psychiatric unit and Banksia House, is expected to be ready for occupancy by mid 2006.

2.10 Action by Community Visitors

Community Visitors face a range of challenges when visiting patients and residents in facilities. The following examples illustrate how Community Visitors can be of assistance.

Community Visitors were involved in a situation where a person wished to take her partner home from an aged care unit, where he had been for six weeks of assessment and treatment. Community Visitors became aware that there was no clear communication between the staff and the partner. The use of medical jargon (e.g. 'sectioned') hindered effective communication with the partner. Staff assumed that the partner was fully aware of the person's involuntary patient status and his care needs. Community Visitors have been assured that protocols are now in place to ensure appropriate and clear communication between staff and relevant parties is implemented in this unit.

A client at a community care unit experienced significant stress when her administrator decided to sell the client's home with an apparent lack of consultation with the client. The home was jointly owned by the client's son, who apparently wanted to sell the home without considering the future interest of his mother (who visited the home for weekend leave as part of her transitional plan to return home eventually). The unit staff contacted the Community Visitors who became the catalysts to ensure an equitable

resolution was achieved in the best interest of the client. A review hearing at the Victorian Civil and Administrative Tribunal (Guardianship List) took place and a satisfactory outcome was achieved with the client's home not being sold.

Community Visitors participated in an 'outside stakeholders' accreditation meeting at Broadmeadows. Issues such as discharge problems for homeless people; privacy issues between police, general practitioners and the hospital; staff workload issues; and lack of geriatric psychiatric beds were identified.

3 YEAR IN REVIEW

3.1 Activities of the Board

The Community Visitors (Psychiatric Services) Board applaud and acknowledge the commitment of the current state government in providing much needed capital funds for mental health services across the state. Of particular significance is the announcement of the long-awaited redevelopment of Bunjil House adult secure extended care unit at the Austin Hospital. This new building, together with the acute psychiatric unit and Banksia House, is expected to be ready for occupancy by mid-2006. There is, however, the ongoing need for continuous improvements and further commitment to the future development of mental health services in the state.

The Community Visitors (Psychiatric Services) Board has during 2004–05 commenced a comparison of the workloads of Community Visitors – Regional Convenors throughout the state. An initiative has been introduced in areas where heavy workloads are evident (particularly in large demographic areas and rural regions), to utilise Community Visitors who were initially appointed with other streams now also being appointed under the Mental Health Act to visit some facilities which may be closer to Community Visitors' homes. This will assist in reducing the travel times and the costs involved.

The Board has introduced a new reporting system via Excel data entry forms (six-monthly reports) which are forwarded to the Community Visitor Program and are essential in monitoring and collating statewide issues that contribute to the annual report.

The Board has also revised and endorsed the document, 'Procedure for Relationships between the Office of the Public Advocate – Community Visitors Program and the Department of Human Services Mental Health Branch and Mental Health Services'. The Board also revised and produced a statement of the Mental Health Goals and Objectives for the Community Visitors Program for 2005–06 and reviewed the strategic plan. A proposal for a trial of visits by the Community Visitors (Psychiatric Services) Board to emergency departments of two major metropolitan hospitals was also developed and is currently being considered.

During the year, the Board met on two occasions for discussions with Dr Ruth Vine, Director of Mental Health, Department of Human Services and with Associate Professor Amgad Tangahow, Chief Psychiatrist, Office of the Chief Psychiatrist, Department of Human Services. These meetings

provided a valuable opportunity to discuss any changes within mental health services and the activities of the Community Visitors Program.

Amendments to the Mental Health Act came into effect on 6 December 2004. Changes to the Mental Health Act (section 19A) have seen the introduction of treatment plans for persons under the Act and created a strategy for improved discharge planning in particular, with the involvement of all relevant persons where necessary and appropriate, including family members, guardians and carers. This should enhance and improve the transfer of patient care to other agencies and is welcomed by the Community Visitors (Psychiatric Services) Board.

A key change for emergency departments in 2004 was the introduction of Involuntary Treatment Orders, with emergency departments of any public hospital with an acute psychiatric inpatient unit now part of the approved mental health service. This allows the medical practitioners working in an emergency department to provide the necessary immediate treatment subject to the Mental Health Act, section 12AB. Mental health staff will continue to provide the necessary liaison with emergency department staff, with advice and support about patient care and intervention as essential.

3.2 Reporting against goals

The goals and objectives developed by the Community Visitors (Psychiatric Services) Board for 2004–05 provide a framework for reporting issues which are described in the following summary.

Goal 1

To visit each mental health service providing 24-hour nursing care at least once a month, with the objective of promoting the individual rights and dignity of people with a mental illness.

3.2.1 Visiting and reporting

REGION	FACILITIES	VISITS UNDERTAKEN		
	Number	Statutory	Callout*	Total 2004–05
Eastern	14	163	24	187
Northern	18	194	57	251
Southern	24	247	49	296
Western	20	240	38	278
Barwon-SW	5	58	29	87
Gippsland	5	70	16	86
Grampians	7	76	8	84
Hume	6	74	21	95
Loddon Mallee	5	65	28	93
Other visits**	2	23		23
TOTAL	106	1210	270	1480

*Those visits requested by a patient, family or other interested parties via the Office of the Public Advocate. They include referrals responded to by phone as well as facility visits

**Visits conducted by Community Visitors were undertaken at Prevention & Recovery Care facilities (Hume Region).

3.2.2 Promoting individual rights and dignity

A significant number of requests for visits related to concerns about the rights and dignity of the person with a mental illness. Community Visitors on routine visits also identified a number of these issues. Support and action were provided in reference to a range of complaints including admission and discharge procedures, inappropriate treatment by staff, lack of sufficient access to psychiatrists and nursing staff, medication and side-effects, personal injury, lack of privacy in high dependency units, conflict with other patient/residents, treatment by police, problems with food and diets, incompatibilities due to racial customs, requests for help with access to own medical records, support in meeting with a psychiatrist or Mental Health Review Board hearings, family and personal needs (e.g. custody and access to children, and access to financial advice).

In one instance, Community Visitors became aware of the need for a facility to develop a protocol for managing relationships between a patient and

other agencies; for example, Child Protection Services when intervening with parents who are in acute mental health units.

One young woman in a high dependency unit was not allowed to leave the unit without staff assistance. This woman needed to go to the toilet, staff were not available to assist her at the time and as a consequence she had to urinate and defecate in the corner of the room.

3.2.3 Action on complaints

Community Visitors spoke regularly with unit managers about complaints and issues identified during visits and also met senior management to share information and discuss issues which were of a systemic nature. Community Visitors valued the cooperation and responsiveness of staff in seeking to resolve issues. Key issues and regional reports provide examples of action by Community Visitors in response to specific complaints.

Goal 2

To advocate for the best possible assessment and treatment services and adequate human and physical resources in each mental health service.

3.2.4 Admission processes

Many patients are still being held in emergency departments for long periods of time while awaiting transfer to acute wards. Community Visitors welcome the increased involvement of families and carers in pre- and post-discharge planning, which has been evident over the past 12 months.

There have been continual reports of insufficient high-dependency beds in the acute units. Often this has led to the entire unit being locked. A continuing concern across the state is the number of patients in inappropriate facilities, including some patients who are acutely unwell and require long-term care. Patients with complex needs cannot be easily managed in acute units, particularly with the absence of professional allied health staff to provide therapeutic intervention and/or activities. This affects the care of other patients and often absorbs much of staff time trying to manage the complex needs of these patients.

3.2.5 Staffing

The shortage of staff across the state continues to concern Community Visitors. Recruitment and retention of professional allied health, nursing and psychiatric staff remains as a significant concern throughout the state, with rural areas being most affected. Teleconferencing has been suggested as a strategy for providing psychiatric consultation where required. Access to staff by families and patients remains a concern; patients frequently advise that staff are unavailable or too busy to spend time with them. Staff advise that their time is limited as a consequence of increased administrative tasks.

3.2.6 General medical care

A common complaint to Community Visitors is the lack of therapeutic alternatives, with medication being the only intervention offered. Of significant concern to patients is the lack of access to counselling services. There have been few issues regarding the provision of care for other medical complaints this year but there is a difficulty in accessing public dental care, particularly at Thomas Embling Hospital.

Reviews of medication procedures have been conducted at several facilities throughout the year to evaluate current practices.

3.2.7 Discharge planning

A significant problem is the delay in discharge arrangements as a consequence of lack of suitable accommodation for patients. This is problematic in all types of facilities. The rehabilitation units do, however, provide effective monitoring and transition for residents moving into community living and allow for a graduated discharge process.

Goal 3

To assess the appropriateness and standard of facilities for accommodation, physical wellbeing and welfare of people with a mental illness.

3.2.8 Accommodation standards

Community Visitors were pleased to note the opening of a new aged person mental health facility – Blackwood Cottage, Beechworth (previously known as Waldon Unit) – and an acute inpatient unit at Casey Hospital, Berwick.

There has also been the repainting and/or renovations of a number of facilities across the state.

Generally, cleanliness is of a reasonable standard and Community Visitors have observed matters being rectified promptly when reported to management. However, two facilities in particular – Kerferd Adult Acute Unit, Wangaratta and Flynn Adult Acute Unit, Gippsland – are of concern, with frequent reports by Community Visitors indicating matters remain unresolved. The need for ongoing refurbishments has been reported at several facilities, as has the requirement for new or more robust furniture. Courtyard and garden areas were frequently noted, with problems including lack of privacy, insufficient secure safe spaces for children and adolescents, litter (particularly cigarette butts), lack of maintenance, fences needing repair, and need for sun shelters.

The poor state of floor coverings was often observed, particularly very damaged or dirty carpets. The replacement of carpets with vinyl in parts of some facilities has been a positive action. Problems with air-conditioning and heating and cooling systems have also been reported in a number of facilities, due often to design deficiencies which are very costly to rectify.

3.2.9 Physical wellbeing and welfare

As a routine part of visits, Community Visitors asked patients and residents about their satisfaction with conditions relating to their physical wellbeing and welfare. Generally the responses have been positive and where concerns were reported, appropriate action was taken. Complaints varied from the quality, quantity and variety of food, to boredom and insufficient activities, lack of ventilation in smoking areas and unsatisfactory room temperatures. Community Visitors continue to monitor action taken following matters being raised with staff.

3.2.10 Security

Security of individuals' belongings was not a major problem, but instances of missing money or clothing were reported to Community Visitors. In some facilities new locks and key systems have been provided to enable patients to lock rooms, therefore securing belongings.

Goal 4

To assess the adequacy of opportunities and facilities for recreation, occupation, education, training and rehabilitation of patients.

3.2.11 Satisfaction with programs

This year, again, many facilities have had insufficient professional allied health staff to provide much needed therapeutic and facility-based activities. The community care units, residential units and the child and adolescent units, however, continue to provide an interesting and relevant range of programs.

3.2.12 Areas for programs

Two child and adolescent units have been identified as having insufficient safe outdoor space for much needed recreation activities. The planned adolescent unit for eastern health should address the long-held concerns of the poor design of the Maroondah Unit.

Goal 5

To assess whether the environment and the manner of service provision was the least restrictive and the least intrusive possible, consistent with people receiving the best possible treatment or care appropriate to their needs.

3.2.13 Right to information

Community Visitors continue to monitor the availability of information for patients and residents on admission, and the adequacy of information provided regarding care and treatment. Many requests made to Community Visitors during the year have been for information about matters such as access to legal aid, right to obtain a second opinion, preparation for appeals to the Mental Health Review Board (particularly in relation to involuntary status), and placement in a particular facility. The availability of multilingual pamphlets for patients at Maroondah acute unit was seen by Community Visitors as a much needed resource.

3.2.14 Appropriateness of facility

Community Visitors have noted situations where persons with a dual diagnosis, including mental illness were placed in a more restrictive setting

because of their complex needs, when they would have been more appropriately placed in alternative care if available. The lack of suitable accommodation for these persons is usually the reason for the need for them to remain in acute inpatient units.

3.2.15 Restraint and seclusion

Community Visitors have monitored seclusion and restraint records and inquired after the wellbeing of patients in seclusion. Community Visitors have had concerns about aspects of seclusion such as privacy, inappropriate toileting arrangements compromising the patients' rights and dignity, and access to adequate bedding and clothing. The long-term use of seclusion as a mechanism to manage patients displaying serious aggressive behaviour is a concern to Community Visitors.

Community Visitors applaud the work of staff to introduce the use of disposable toilet items in some seclusion rooms and the development of an 'Aggression Management Physical Holding Procedure' for children in the Eagle Statewide Child Unit at Austin Health. These initiatives were successfully integrated whilst complying with the Mental Health Act and Occupational Health and Safety Act.

Goal 6

To evaluate safety standards for each facility.

3.2.16 Fire safety

Fire equipment generally has been well maintained, although the Community Visitors have commented on some problems during the year with exit doors at times being locked or too heavy for patients to manage which would impact on emergency evacuation. Of greatest concern has been the long delay in developing a fire evacuation plan at Werribee Mercy which still has not occurred despite the Community Visitors continuing to raise this matter with management.

3.2.17 Other safety issues

The prevention of falls and associated injury is of paramount importance in the aged care residential facilities; whilst some facilities have introduced the use of hip protectors to prevent hip fractures, it is of concern that families are often asked to finance the cost. In the acute care facilities there has been an emphasis on managing aggressive behaviours with specific staff training and procedures to address and reduce incidents of assaults. Many of the safety issues raised in reports related to poor management of maintenance issues, with long delays before some matters are addressed adequately.

4 BARWON-SOUTH WESTERN REGION

Community Visitors attended the region's mental health facilities in Geelong and Warrnambool once each month as required by legislation. They also promptly responded to referrals from the Telephone Advice Service of the Office of the Public Advocate.

BARWON-SOUTH WESTERN		NUMBER OF VISITS		
Type of Service	Facility Visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Swanston Centre, Geelong	12	11	23
	Ward 9, Warrnambool	11	14	25
Adult Rehabilitation Inpatient Unit	Community Rehabilitation Facility, Geelong	12	3	15
Community Care Unit	South West Healthcare, Warrnambool	11	1	12
Aged Persons Mental Health Residential Units	Hilary Blakiston House, Geelong	12	0	12
TOTAL		58	29	87

Quarterly meetings have been held between Community Visitors and Barwon Health Management. These meetings provide both parties with an opportunity to raise issues and to learn of new programs and initiatives within the region.

- Barwon Health has established an early intervention service for 16–25-year-olds. This service provides intensive case management to young people experiencing psychosis and their families, and secondary consultation to youth agencies and education and support to the broader community. This service had 50 referrals in the first eight weeks.
- A new multidisciplinary health service called Jigsaw, specifically for young people from the Northern suburbs, opened in the Corio Shopping Centre in May 2005.
- Auditing of medication procedures and a project on improving medication safety was undertaken.

- A range of activities was undertaken during Mental Health week, including awards for Best Carer, Consumer, Employer, Volunteer, Worker and Best Community Organisation.

South West Healthcare has established a new Community Advisory Committee and a Community Visitor representative participates in the quarterly meetings of this committee. This committee is concerned with all aspects of the mental health services provided by South West Healthcare.

Community Visitors note the following issues and positive developments in the region.

4.1 Adult Acute Inpatient Unit, Swanston Centre, Geelong

- Less acute beds per capita than other parts of Victoria. Four of the existing 24 acute beds are used for aged care assessment as there is no dedicated aged care assessment unit in Geelong.
- An incident occurred in the emergency department of the Geelong Hospital involving an agitated patient who was on a community treatment order. This patient had gone to the emergency department as the Swanston Centre was closed and people who required mental health assistance were directed to the Geelong Hospital. A Community Visitor observed staff rudely and abruptly telling the patient to go away. The Community Visitor was concerned that the staff appeared to place other people at risk in the waiting area as a consequence of the staff's reaction to this situation. This incident was discussed with Barwon Health management and appropriate action was taken.
- Some patients have complained about receiving discourteous treatment on admission or while in hospital. One young woman said she was not allowed to leave the high dependency unit to go to the toilet and as a consequence had to urinate and defecate in the corner of the room. Similar complaints have been received in previous years. Community Visitors are aware of disposable bedpans being used in other regions and think Barwon Health should consider this option further. There have been several complaints made to Community Visitors during the year about a psychiatrist and his abrupt manner towards patients and their families. This has been raised by Community Visitors with the Medical Director of the facility and ongoing attention is being given to the matter.
- Community Visitors and a large number of other agencies and consumer representatives participated in the accreditation of the Swanston Centre. Feedback was mostly positive and the service has been given a four year accreditation.

- Patients continue to raise concerns with Community Visitors on admission or shortly after about their dissatisfaction with medication and/or their involuntary status.
- A carer contacted the Office of the Public Advocate to express his frustration at a number of aspects of the care of his daughter who overdosed/attempted suicide four times before being admitted to the Swanston Centre. His concerns included poor discharge practices, the lack access to a second opinion, and inadequate, disrespectful communication with her carers. These issues were discussed with Barwon Health management and Community Visitors. Barwon Health acknowledged that a crisis management plan should have been completed before discharge from the emergency department but said they could not provide information to third parties or seek a second opinion without the consent of the adult client.
- Community Visitors remain concerned about the lack of sufficient professional allied health services. Patients would like more access to counselling and therapeutic activities. It is pleasing that a much needed activity area has opened within the Swanston Centre with a designated activities coordinator.
- The physical environment is well maintained and no maintenance issues were recorded during the year.

4.2 Adult Acute Inpatient Unit, Ward 9 Warrnambool

- Community Visitors have considerable praise for the dedication of the unit staff. In recent months there has been a high demand for admissions and a waiting list for the acute unit. In May 2005 there was only one psychiatrist available in the acute unit and private psychiatrists were utilised to assist this unmet need.
- Community Visitors continue to be concerned that the acute unit is accommodating a 45-year-old-man with Huntington's disease. This man has remained in the acute unit since February 2004 as a consequence of the behaviours associated with his disease. Community Visitors and staff have advocated for staffing hours to be increased to provide the necessary care this man requires and to enable him to enjoy some activities away from the acute unit with one-to-one staffing at all times.

4.3 Community Rehabilitation Facility, Geelong

- Community Visitors are delighted that an additional eight sub-acute beds are to be established in addition to the existing 15 beds on the Community Rehabilitation Facility site.

- There is a high demand for the Community Rehabilitation Facility; the length of stay is approximately three months. The Community Visitors remain extremely concerned that one young woman with an intellectual disability has now been at this facility for nearly two years with no long-term accommodation options available.
- One resident waited several months for a splint. When it finally arrived it was for the wrong foot and had to be sent back. Eventually the correct splint arrived!
- The gymnasium has a gym instructor once a week and an art therapist is available two days. A diversion therapist is on call for older clients when required.

4.4 Community Care Unit, Warrnambool

- This five-bed facility is well maintained and provides a 'home like' atmosphere.
- Whilst this facility is accommodating people with severe mental illness, accommodation post discharge from this facility remains problematic as there continues to be a lack of suitable affordable accommodation beyond this model of accommodation. This includes the lack of ongoing support and rehabilitation options for those people suffering from severe mental illness.

4.5 Aged Persons Mental Health Residential Facility, Hilary Blakiston House, Geelong

- The activities coordinator provides a comprehensive program for residents, including dances, barbeques, and cooking classes; family members and friends are invited and encouraged to participate in these activities.
- Community Visitors are delighted that a grant for outdoor improvements has been donated by Alcoa (Coal Mining Company) and work on improving the garden area will also be carried out by Alcoa. This will make the grounds more aesthetically pleasing.
- The most significant improvement to this facility has been the replacement of the existing putrid carpet with a more practical combination of vinyl and carpet.

5 EASTERN METROPOLITAN REGION

The Community Visitors in this region have been very concerned about the increasingly complex presentation of patients at all acute facilities and the increased burden on staff to manage these complex and at times aggressive patients. It is more frequently the interaction of illicit drugs with the mental illness that makes treatment and management of these patients problematic. In some units, recruitment and retention of staff is extremely difficult. In acute aged mental health services there is also a notable increase in the patients requiring significant staff support.

This year the state government announced funding for the much needed addition to programs and facilities in the Eastern Health Region. The planned rebuilding and expansion of Maroondah Hospital's West Unit will provide additional beds and more services. Extra facilities are still needed to cope with the needs across the eastern region. Meetings with the management teams of both Eastern Health and St Vincent's Health have continued to be beneficial and Community Visitors have raised and addressed issues as required. Community Visitors continue to respond to referrals from the Office of the Public Advocate.

EASTERN METROPOLITAN REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient units	Maroondah Hospital	12	17	29
	Upton House, Box Hill Hospital	13	4	17
	St Vincent's Hospital	14	1	15
Adolescent Inpatient Unit	Maroondah Hospital	11	0	11
Aged Care Acute Unit	Peter James Centre, South Ward	12	1	13
	Normanby House, St George's Hospital:	13	1	14
Aged Persons Mental Health Residential Units	Riverside, St George's Hospital	9	0	9
	Auburn House, St George's Hospital	9	0	9
	Mooroolbark, Peter James Centre	12	0	12
	Northside, Peter James Centre	12	0	12
Community Care Units	Canterbury Rd, Box Hill Hospital	10	0	10
	Bona Street, Maroondah Hospital	12	0	12
	Footbridge, St Vincent's Hospital	13	0	13
Specialist units	Spectrum, Statewide Personality Disorder Service, Maroondah Hospital	11	0	11
TOTAL		163	24	187

5.1 Adult Acute Inpatient Services – St Vincent's Hospital, Maroondah Hospital and Upton House, Box Hill Hospital

- The increased disturbed and complex presentation of patients admitted to the acute unit has placed significant demands on all

staff, particularly on those staff managing patients presenting with aggressive and precarious behaviours.

- Planned renovations to Upton House will hopefully ease some of the burden that has been experienced by nursing staff dealing with disturbed patients with access to additional high dependency beds.
- Patients frequently complain to Community Visitors about the limited access to forms of treatment other than medication.
- Community Visitors are concerned that as a consequence of the demand for high dependency unit beds, the unit is often locked which places restrictions on the movement of voluntary patients.
- The newly opened Prevention and Recovery Care facility (Linwood House) at Mont Albert provides support for clients, who may otherwise require hospital care. This facility has 24-hour care which provides the necessary support to clients living in community-based accommodation.

5.2 Child and Adolescent Unit, Maroondah Hospital

- The planned move to a new facility at Box Hill Hospital is a welcome resource in the region. Unfortunately, maintenance issues at this unit have not been addressed for some time.
- The current unit continues to be a difficult environment to nurse young people, with very little outdoor space; generally a poorly designed facility.
- The lack of suitable accommodation options for patients unable to return home is limited in the region.
- Recruitment and retention of staff to work in the Child and Adolescent Unit is difficult.
- The unit assists patients to remain in contact with their school through the use of and access to computers and the internet.

5.3 Community Care Units – Footbridge, St Vincent’s; Central East, Canterbury; and Outer East, East Ringwood

- All these facilities are working well at present, with clients being encouraged to access a range of rehabilitation options.
- The lack of suitable affordable accommodation options remains a concern for clients who are equipped to access independent living beyond the need for community care unit accommodation.
- Access to illicit drugs by some clients remains an ongoing concern to staff working with clients in community care units.
- An introduction of a further 10 beds planned for Canterbury will assist with the ongoing demand for community care beds in the region.

5.4 Aged Persons Acute Units – Normanby House, St George’s and South Ward, Peter James Centre

- The current layout of the South Ward makes it difficult for staff to manage the high level of dependency of patients as both aged acute and dementia patients are accommodated in the one unit. This makes it problematic for staff to manage the differing needs of these patients.
- Peter James Centre has implemented new policies for engaging with relatives following concerns raised by relatives that there is a limited opportunity for them to consult with staff after a patient’s initial admission.
- Community Visitors continue to observe good practice and quality care to patients in these units.

5.5 Aged Persons Mental Health Residential Units – Auburn House, St George’s Hospital; Riverside St George’s Hospital, Northside; Peter James Centre and Mooroolbark, Peter James Centre

- All units report excellent activity programs, with all residents being engaged in activities as required.
- Funds were available during the year for essential maintenance and refurbishments in all units.

5.6 Specialist Unit – Spectrum, Personality Disorder Unit, Maroondah Hospital

- An incident was reported in the emergency department at Maroondah Hospital where one client was treated in an impolite manner by staff. This matter was raised with management and the client reports that client services have now improved.
- Clients report to Community Visitors that they are pleased with the program but find it demanding at times.
- Some clients advised that they find some service providers in the region have a limited understanding of Borderline Personality Disorder, which impacts on their self-esteem.

6 GIPPSLAND REGION

Gippsland covers a large demographic area which includes the Latrobe Valley and East Gippsland (the eastern part of the state to the New South Wales boarder). All the mental health facilities are located at Latrobe Regional Hospital in Traralgon. The Community Visitors visited each unit regularly.

The construction of the 14-bed community residential units is well underway, and the expected completion date is April 2006. When completed this facility will provide a valuable resource in the region and assist with community-based mental health care and rehabilitation.

Quarterly meetings have been scheduled between Community Visitors and hospital management, but at times have been cancelled due to difficulties for both parties. Management has indicated a commitment to quarterly meetings with Community Visitors as an opportunity to exchange information about matters of concern, and to provide a forum to discuss and seek the prompt resolution of issues which affect patients with a mental illness. It is also an opportunity to discuss systemic issues that should be raised with the mental health branch or hospital management.

The number of patient requests via the Office of the Public Advocate has increased, particularly in the second half of the year. Assistance was sought on a large number of issues including:

- obtaining second opinions on treatment
- attending or arranging Mental Health Review Board representation
- attending court hearings
- dealing with alleged inappropriate physical contact
- concerns regarding medication and side-effects.

GIPPSLAND REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Unit	Flynn Ward, Latrobe Regional Hospital	24	14	38
Child and Adolescent Unit	Flynn Ward, Latrobe Regional Hospital	12	0	12
Adult Long Term Unit	Flynn Ward, Latrobe Regional Hospital	12	0	12
Aged Persons Acute Unit	Macalister Ward, Latrobe Regional Hospital	11	2	13
Aged Persons Mental Health Residential Units	Macalister Ward, Latrobe Regional Hospital	11	0	11
TOTAL		70	16	86

6.1 Adult Acute Inpatient and Secure Extended Care Units – Flynn Ward, Latrobe Regional Hospital

- A poor standard of maintenance and cleanliness was reported consistently during the year: carpet and furnishings were in need of replacement and the courtyard maintenance of particular concern, with missing pavers and loose sill bricks posing a possible danger to patients and staff. Following a special meeting with hospital management, some of these issues were addressed; floor coverings have been replaced in some areas, and painting completed in the high dependency unit. Reflective coating has also been installed on a number of windows facing the courtyard to enhance privacy.
- The only clothes dryer in the acute unit was out of action for several months and patients were required to share a dryer in the long-term unit. The dryer was not repaired despite Community Visitors raising this matter with management on many occasions.
- Several requests were received for a soft drink and snack machine to be installed for patients who were unable to access the hospital cafeteria as a consequence of the unit being locked. As an alternative, staff provided a range of items to be sold within the unit. The need for this unit to be locked continues to be of concern to the Community Visitors as this impacts on the patients' freedom to access other services outside of the unit. Community Visitors

also remain concerned about the lack of activities for patients. There is a need for more activities to be made available and outings arranged. The Unit Manager advises Community Visitors that activities and outings are not provided due to insufficient staff being available.

6.2 Child and Adolescent Unit – Flynn Ward, Latrobe Regional Hospital

- Very few patients were admitted to this unit as admissions were only for crisis management. Patients requiring long-term rehabilitation are transferred to Melbourne-based facilities but for the period 2004–05, long-term rehabilitation services were not required.

6.3 Aged Persons Acute Inpatient Unit and Residential Facility – Macalister Ward, Latrobe Regional Hospital

- These units seldom require the Community Visitors to raise matters with hospital management. The only matter has been the offensive smell of urine from soiled carpet; this is being addressed by management with the replacement of the carpet with vinyl to occur shortly.
- Most other issues were of a minor nature with a generally positive environment for patients.
- Community Visitors have observed insufficient activities available for patients in these units. Community Visitors would see any increase as beneficial for patients.

7 GRAMPIANS REGION

The Grampians Region Community Visitors have undertaken monthly visits to the five designated units in Ballarat and six weekly visits to Aged Persons Mental Health Residential facilities in Stawell and Nhill. Referrals from the Office of the Public Advocate have been responded to promptly. These referrals have only related to general information regarding medication. Community Visitors have noted a considerable reduction in requests from patients for information or attendance to Mental Health Review Board hearings. Community Visitors have been unable to ascertain the reason for this, considering the significantly higher requests in previous years.

Positive rapport between Community Visitors and senior hospital management and unit managers has been maintained. Regular quarterly meetings have ensured that Community Visitors are kept informed of current developments within the facilities and issues not resolved at unit level can be raised at these meetings. Community Visitors have noted some delays in the renovations to the acute unit at Ballarat; however, the completed upgrades and unit refurbishment to date continue to improve the living conditions and environment for patients.

For some time Community Visitors have been highlighting the need for improved access to professional allied health staff in mental health services in the Western Grampians/Wimmera Region. It is pleasing to note that a full-time psychiatrist will operate from Wimmera Base Hospital and another in Stawell from September 2005. Recruitment and retention of staff in rural areas remains problematic.

GRAMPIANS REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Unit	Ballarat Base Hospital	12	7	19
Adult Long Term Unit	Sovereign House, Ballarat	12	0	12
Community Care Unit	Eastern View, Ballarat	12	0	12
Aged Person's Acute	Steel Haughton Unit, Ballarat	12	1	13
Aged Persons Mental Health Residential Facilities	Helen Schutt Nursing Home, Stawell	8	0	8
	Iona House, Nhill	8	0	8
	Steele Haughton Extended Care, Ballarat	12	0	12
TOTAL		76	8	84

7.1 Acute Admission Unit, Ballarat Hospital

- Community Visitors welcome the renovations currently being undertaken in this unit. Community Visitors are, however, disappointed that a clock requested 18 months ago for the 'time out' area has not yet been installed.
- An increase in hours for the activities officer has improved the daily activities program for patients.
- Walls have been removed to improve ventilation in the smoking area but there is now little protection from the weather for patients using that area as there is insufficient shelter.
- As a consequence of patients presenting with complex needs, including aggressive and unpredictable behaviour, access to the courtyard for patients has been restricted at times as adequate supervision has not been available to ensure patient safety.
- Staffing levels generally appear adequate and care and assistance offered to patients is usually of a professional standard. Patients have raised concerns with Community Visitors relating to the loss of their possessions, including money, and the lack of access to nursing staff. This was raised by Community Visitors with hospital management and appropriate action was taken.

7.2 Adult Long-Term Unit – Sovereign House, Ballarat Hospital

- This year several patients have moved to the Steele Haughton Unit after residing at Sovereign House for many years. This has been welcomed by Community Visitors as appropriate long-term residential placements for those patients ready to exit the long-term unit had not been available for a substantial period of time.
- Staff interaction with patients is positive, indicating respect and consideration for the patients' dignity; however, adequate access to staff by patients is limited as staff report that their time is predominantly occupied with administrative tasks.
- Community Visitors remain concerned that whilst the activities officer does provide some activities for patients, there is minimal variation and only occasional outings. Patients often appear restless and wander aimlessly when not occupied or are often found sleeping in the dayroom.
- Patients enjoy a choice of meals and dietary needs are catered for.

7.3 Community Care Unit – Eastern View, Ballarat

- Assistance with budgeting, shopping, cooking and everyday living skills are provided by staff, and clients are encouraged to use community-based programs and facilities.
- Clients have input into the varied activities, and camping always brings positive comments. A small vegetable garden provides an interest for some clients.
- Staff are dedicated and offer friendly encouragement and support to clients.
- During the year several clients have moved from the community care units to independent community-based accommodation.

7.4 Aged Person Acute Unit – Steele Haughton Unit, Ballarat Hospital

- Patients are cared for in a pleasant and well maintained homely environment.
- Staffing appears adequate whilst providing quality care and genuine concern in meeting patient needs.
- Patients are encouraged to participate in a variety of activities as appropriate.
- The quality of the meals is excellent and a variety of choices is offered to patients.

7.5 Aged Persons Mental Health Residential Facilities

7.5.1 Steele Haughton Residential Unit, Ballarat

- Residents enjoy a very warm, friendly environment and often comment on the good care provided.
- Residents have good rapport with the Community Visitors and appear comfortable to approach and speak with Community Visitors if required.
- Community Visitors have observed an excellent activity program, with a wide variety of activities offered such as baking and regular outings, including afternoon tea each week at the local shopping centre.

7.5.2 Helen Schutt Nursing Home, Stawell

- This facility has six beds for mental health residents and 24 beds listed for frail aged residents. Staff are required to manage the complex nature of patients' needs, including those who are frail, and patients with dementia and the associated behaviours.
- Staff have advised the Community Visitors that they consider that additional skills and training are required to implement the necessary ongoing risk management strategies for residents. Community Visitors consider this would enhance residents' care.

7.5.3 Iona House, Nhill

- This facility has six beds for mental health residents; one bed is allocated for a resident with dementia. All residents have their own rooms.
- Limited activities are offered and residents are encouraged to participate if appropriate.
- Community Visitors are concerned that outings outside the facility are infrequent as there is limited access to the community bus, given the existing needs in the community.
- Access to essential physiotherapy and other support is limited due to a lack of professional allied health staff in the region.
- Community Visitors remain concerned that staff again indicate that additional resources are needed to provide necessary education and training for staff in providing care for residents with mental health issues. Staff are dedicated to the needs of residents and consider that additional training would assist them in meeting best practice.

HUME REGION

Regional psychiatric facilities are located at Shepparton, Wangaratta and Wodonga, and provide a range of services. Community Visitors have visited all facilities monthly, developing a positive relationship with both staff and management. The Mental Illness Fellowship, Victoria in partnership with Goulburn Valley Area Mental Health Services provides a 24-hour prevention and recovery care unit. A further special residential rehabilitation program also operates from Shepparton; these residential facilities do not provide 24-hour nursing care. Mental health residential facilities that do not have 24-hour nursing care pursuant to section 107 of the Mental Health Act preclude Community Visitors from formal visits to these residential services; however, Community Visitors continue to visit these facilities on an informal basis which has been encouraged by staff and service providers in the region.

It is of an ongoing concern to Community Visitors that significant issues remain unresolved despite Community Visitors raising crucial service delivery issues in previous annual reports. These ongoing issues consist of the following:

- lack of 24-hour secure supported accommodation for clients that require additional care and rehabilitation
- lack of permanent suitable and affordable accommodation following discharge from acute care
- patients being inappropriately placed in pension-level Supported Residential Services (SRSs) following discharge from hospital. Staff at these SRSs are unable to meet the complex needs or manage the challenging behaviours of some of these residents, very often resulting in other frail, aged residents being at risk and/or emotionally traumatised. This in turn results in residents then requiring further acute psychiatric admissions.
- the recruitment and retention of professional mental health staff is an ongoing challenge for mental health management in rural areas. The regional shortage of psychiatrists has reduced services available to residents, particularly those in aged mental health residential facilities.
- length of time taken to attend to outstanding maintenance.

Community Visitors have responded promptly to referrals from the Office of the Public Advocate covering a range of requests:

- patient queries about Mental Health Review Board hearings
- concerns about the length of time before patients are able to see a psychiatrist following the initial admission assessment
- assisting patients to access a second opinion

- providing advice to patients and families on the available appeals and complaints mechanisms.

HUME REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Kerferd Clinic	13	15	28
	Wanyarra, Shepparton	13	6	19
Adult Long Term Unit	Willow Care Unit, Beechworth	12	0	12
Community Rehabilitation Unit	Benambra, Wodonga	12	0	12
Aged Persons Mental Health Residential Facilities	Grutzner House, Shepparton	12	0	12
Aged Persons Mental Health Residential Facility	Blackwood Cottage (formerly Walden Unit) – Beechworth	12	0	12
Other visits	Prevention & Recovery Care and, Special Residential Rehabilitation Unit (Shepparton)	23		23
TOTAL		97	21	118

7.6 Adult Acute Inpatients Unit – Kerferd Clinic, Wangaratta and Wanyarra, Shepparton

- An ongoing issue at Kerferd Clinic's high dependency unit is the lack of patient privacy, a basic human right! The windows in the upper half of bedroom doors permit visual access. Hospital management have advised the Community Visitors that the insertion of venetian blinds is too costly. Funding submissions for the redevelopment of the high dependency unit have also been unsuccessful.
- A Quality Assurance Project was launched at Kerferd Clinic in the high dependency unit. This involved seeking feedback from patients who have been in this high dependency unit and comments from nursing and medical staff involved in the care of these patients.

This project is intended to assist and demonstrate the need for the redevelopment of the high dependency unit for future funding submissions.

- Since the commencement of a comprehensive therapeutic activities program in 2003 at Kerferd Clinic, there has been a notable reduction in aggressive and violent behaviours and an increase in patient self-esteem.
- Attention to maintenance issues at Kerferd Clinic is deplorable; Community Visitors have been documenting the same significant issues over a number of years and relatively small jobs have now developed into major costly structural problems.
- Two lounge rooms and one bedroom at Wanyarra have had carpet replaced with vinyl flooring.
- The furniture in the high dependency unit at Wanyarra Unit is gradually being replaced with more suitable pieces as funds become available.

7.7 Benambra Rehabilitation Service, Wodonga – Community Care Unit, Willow Program, Beechworth

- Three new full-time key workers have commenced at this unit, a much needed resource.
- One client with a dual disability is currently being prepared for transition to independent community-based living. A funding package through the Department of Human Services, Disability Services, and 'Support and Choice' program will ensure the necessary outreach support is provided.
- There has been a 95% occupancy rate at Benambra Unit this year indicating a strong demand for this service.
- Psychiatrists at Wodonga Regional Services attend Benambra Unit weekly; urgent cases are referred to the Acute Assessment Response Team (formerly known as the Crisis Assessment and Treatment Team) at Wodonga.
- Benambra Unit have introduced a neuropsychological rehabilitation module. All clients who are admitted to Benambra Unit are assessed as to their suitability for this specific program.
- Willow Unit residents on community treatment orders have access to a psychiatrist in Wodonga; residents older than 65 years do not have access to a psychiatrist for regular reviews. Urgent cases are referred to the Acute Assessment Response Team in Wodonga; Community Visitors see these arrangements as less than favourable.
- The Willow Unit had an in-depth mental health review in April 2005 conducted by the Australian Council for Healthcare Standards; this report highly commended the activity officer for his/her focus on individual client programs.

7.8 Aged Persons Mental Health Residential Units – Grutzner House, Shepparton, Blackwood Cottage (formerly Waldon Unit) Beechworth Health

- Positive changes at Grutzner House recently include the installation of nurse call bells and exhaust fans in bathrooms and toilets. The reception area has been enclosed and shared bathroom doors reversed to provide more privacy; furniture is replaced or repaired as funds become available.
- Televisions in lounge rooms have been replaced with therapeutic music; staff report that this has reduced challenging behaviour in some residents. Most residents have televisions in their rooms and there is one television in the activities room.
- Recently six Grutzner House residents enjoyed a men-only fishing and barbeque trip.
- In March 2005 the Waldon Unit residents were transferred to Blackwood Cottage, Beechworth. This is a new 15-bed, purpose-built and Commonwealth-funded facility. Each resident has his/her own room with ensuite and the unit is fully air-conditioned. The Voyager lifting system and Lamborgini bath with air spa are welcomed resources in this unit.
- Interim access to a psychiatrist has been arranged with the Aged Psychiatry Unit in Wangaratta who will assist with resident reviews when required. Hospital management is endeavouring to recruit a permanent psychiatrist in the region.

8 LODDON MALLEE REGION

Loddon Mallee covers a large region from Swan Hill to Echuca in the north and Kyneton and Maryborough in the south. Community Visitors have visited all facilities regularly and responded to a significant number of calls from the Office of the Public Advocate, assisting with a variety of issues for patient and relatives.

LODDON MALLEE REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Alexander Bayne Centre, Bendigo	12	18	30
	Mildura Base Hospital Mental Health Services	10	1	11
Aged Persons Acute Unit	Marjorie Phillips Aged Acute Psychiatric Unit, Bendigo	10	5	15
Secure Extended Care	Vahland House, Bendigo	11	4	15
Community Care Units	Vahland House Bendigo	12	0	12
Aged Persons Mental Health Residential Unit	Simpkin House, Bendigo	10	0	10
TOTAL		65	28	93

LODDON AREA

8.1 Bendigo Health Care Group Mental Health Services

Community Visitors have met regularly with management and staff of the Bendigo Health Care Group Mental Health Service and have appreciated the staff's cooperation when service issues need to be discussed. These meetings also provide an opportunity to share information on service development and systemic matters in the region. The Regional Convenor is a member of the Community Consultative Committee on Mental Health Services and the Electroconvulsive Therapy Working Party.

The region continues to have difficulty in recruiting psychiatrists; the position of Director of Clinical Services in Bendigo has been vacant since October 2004.

The development of the Early Psychosis Service is progressing well in the region with the recent advertisement for three full-time clinical services staff.

8.1.1 Adult Acute Psychiatric Services – Alexander Bayne Centre, Bendigo

- This unit has 20 beds for acute care plus four high dependency beds, with the ongoing demands for all beds. As a consequence some patients need to be accommodated in the general hospital whilst others need to access services within other regions.
- It is encouraging for Community Visitors to see that plans for some improvement to the courtyard of the high dependency area (murals and sail cloth covers) are now being considered.
- Community Visitors remain concerned that the air-conditioning system is unable to operate effectively causing fluctuating and unacceptable temperatures which affect patient wellbeing.
- Carpet needs replacing in all walkways; vinyl flooring is being considered.

8.1.2 Aged Persons Acute Unit – Marjorie Phillips Unit, Bendigo

- Community Visitors report a good standard of care provided in this unit, with patients themselves reporting that they are very satisfied with their care.
- For some time this unit has been without adequate professional allied health staff to provide structured programs for patients. This remains an ongoing concern as it has a significant impact on the patients' progress and rehabilitation.
- Deficiencies in the air-conditioning system have required the use of portable heaters during cold weather which impacts on patient care and has been an ongoing concern to Community Visitors and remains unresolved.
- There is a lack of privacy in the outside garden area; however, it is pleasing to see the planting of shrubs in this area in an attempt to increase privacy for patients.

8.1.3 Secure Extended Care Units – Vahland House, Bendigo

- This eight-bed facility consists of three separate units with amenities under the one roof.
- The model of care provided in these units assists patients to transition from long-term rehabilitation to community-based accommodation. Patients do their own cooking and laundry and are encouraged to participate in activities in the community, including gym, swimming, tree planting and weekend outings.
- Community Visitors – in conjunction with an Advocate from the Office of the Public Advocate – assisted in providing observations and information about a young man with a dual disability who had been admitted to Vahland House for a review of his medication. The Community Visitors reported that both staff and patients were concerned about the impact of his difficult behaviours. Assisted by the reports of the Community Visitors, the Advocate was able to work closely with the young man's treating team and Disability Services staff to return the man to more suitable accommodation.

8.1.4 Community Care Units – Vahland House, Bendigo

- With the recent refurbishment, these units are looking much cleaner and more liveable.
- Clients are encouraged to do their own shopping, cooking and house cleaning, and many attend planned daily activities within the community.
- Community Visitors remain concerned for the need to use a security firm as a consequence of insufficient night staff being available; the security firm routinely checks the units in conjunction with staff at Vahland House as these units are isolated from the main residential area in Bendigo and as such some clients are anxious at night.
- Maintenance and the operation of heating and cooling systems for these units remains an ongoing problem.

8.1.5 Aged Persons Mental Health Residential Unit – Simpkin House, Bendigo

- There are 30 aged persons mental health beds within a 40-bed aged residential unit. Community Visitors find the care and support within this unit of a very high standard. Residents are encouraged to take part in the many activities offered, including a new massage table for relaxation.

- As this is a transitional facility, there is a need for a part-time social worker to liaise with families and expedite discharge of residents to other settings as appropriate. At present this responsibility remains with the unit manager.
- New vinyl flooring is now in all units.

MALLEE AREA

8.2 Mildura Base Hospital Mental Health Services

- A long-term rehabilitation unit is needed in this area for patients requiring extended care. Also required are accessible community-based residential housing and support services that cater for the needs of patients in the Sunraysia area. There is one person who has been a patient in the acute unit for many months because there is no appropriate supported specialist accommodation available in the local community. A guardian from the Office of the Public Advocate is now responsible for future care-planning of this patient.
- The progress with the Early Psychosis Program has continued, with the recent allocation of funding for case management services for the next three years.
- There is a continuing shortage of psychiatrists and other medical staff in Mildura. The Director of Clinical Psychiatry position was vacated in March 2005. A local private psychiatrist has been acting director on a half-time basis since then, supported by consultants flying in from Melbourne.

8.2.1 Adult Acute Inpatient Unit, Mildura Hospital

- Mildura Hospital is managed by Ramsay Health Care and the acute inpatient unit consists of 10 adult beds, two aged care beds, two beds of which are high dependency beds and two seclusion rooms.
- Access by Aboriginal and Torres Strait Islander patients who require inpatient mental health services continues, with admission rates being comparable with non-Indigenous patients. The inpatient admissions represent almost a quarter of the statewide Indigenous admissions.
- There is one full-time Aboriginal Liaison Officer who supports Indigenous patients and it is planned to recruit a second in the near future.
- Community Visitors have attended this facility regularly and found the care of patients to be of a very good standard.
- Community Visitors welcome the introduction of disposable urinals which are now supplied to patients in seclusion and high dependency areas; there is also an improved form of bedding being investigated.

- A card-operated phone has now been provided for patients for making private calls.
- Community Visitors are pleased with the trees that have been planted in the main courtyard to provide privacy for patients.
- Community Visitors remain disappointed with the activities room which is very small and cluttered and hinders the opportunity to run sufficient activity programs.

9 NORTHERN METROPOLITAN REGION

Community Visitors have made regular visits to all specified facilities as well as responding to requests from the Office of the Public Advocate. These requests have been for assistance and have been from clients, clients' families and staff, and have been in relation to medication reviews, financial matters and advice regarding Mental Health Review Board hearings. Community Visitors met regularly with senior management, allowing constructive communication around service issues. This also provides a valuable forum to discuss a broad range of issues in relation to the delivery of services in all mental health settings in the region.

Community Visitors remain concerned about the ongoing lack of appropriate accommodation for patients post discharge, which causes unnecessary delays in discharge and the inappropriate usage of acute beds.

The shortage of high dependency unit beds continues to cause the frequent locking of acute facilities as the only option available in most facilities.

Community Visitors remain concerned that despite extensive advertising, there remains a significant shortage of professional allied health staff in many units.

Funding for the relocation of the adult long-term unit, Bunjil House to the Austin site was a very welcomed and much needed announcement by the state government during the year. The unacceptable cramped condition for patients on the first floor of this unit has been highlighted in four previous annual reports. This new building, together with the acute psychiatric unit and Banksia House, is expected to be ready for occupancy by mid 2006.

NORTHERN REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Epping Hospital	12	6	18
	Austin Health – Ward 10	12	17	29
	Austin Health – Ward 17 War Veterans & Wives	4	0	4
Adult Long Term Units	Austin Health – Bunjil House	12	2	14
	Austin Health – Mary Guthrie House	11	7	18
Community Care Units	Wood St, Preston	12	0	12
Child and Adolescent Inpatient Unit	Austin Health – Adolescent	9	2	11
	Austin Health – Statewide Child	9	0	9
Mother and Baby Unit	Austin Health – Banksia House	12	4	16
Aged Persons Mental Health Residential Facilities	Bundoora Extended Care – Merv Irvine Nursing Home	12	0	12
	Bundoora Extended Care – Kath Atkinson Wing	12	1	13
Forensic Mental Health	Thomas Embling – Argyle	11	4	15
	Thomas Embling – Atherton	11	2	13
	Thomas Embling – Barossa	11	1	12
	Thomas Embling – Canning	10	1	11
	Thomas Embling – Bass	11	3	14
	Thomas Embling – Daintree	11	4	15
Specialist Unit: Mood and Eating Disorders	Austin Health – Banksia House	12	3	15
TOTAL		194	57	251

9.1 Adult Acute Inpatient Units

9.1.1 Acute Psychiatric Unit, Austin Health Repatriation Campus

- This unit currently has twelve acute beds and four specific psychiatric intensive care unit beds.
- The front doors continue to be locked on most visits due to the high numbers of acutely unwell patients and the lack of available beds in other services.
- As a consequence of the lack of suitable or affordable accommodation in the region, there is an increasing number of patients requiring unnecessary extended admissions in this unit.

9.1.2 Ward 17 – War Veterans and Wives, Austin Health Repatriation Campus

- This old building presents as a very happy unit; patients are always positive, cheerful and very willing to engage with Community Visitors.
- Community Visitors observe positive rapport between patients and staff.
- Community Visitors found minimal complaints or service issues present in this unit that required intervention or further action.

9.1.3 Adult Acute Unit – Northern Hospital, Epping

- Community Visitors report that despite raising their concerns in the 2003–04 annual report, the demand for access to the high dependency unit remains and as a consequence the entire acute unit is frequently locked.
- Patients are subsequently held at times for more than 24 hours in the Emergency Department at Northern Hospital because of the demand and shortage of beds in the acute unit.
- Delayed discharge of patients continues to be a significant concern due to the lack of suitable accommodation in the region.
- This year has seen an increased focus on carers and family support.
- Community Visitors are pleased to see the refurbishment of the courtyards which have been landscaped with garden seats and shaded with trees and a sail cloth shelter for patients.

9.2 Child and Adolescent Inpatient Units

9.2.1 Marion Drummond Adolescent Unit, Austin Health

- Excellent care is provided by a dedicated staff, despite the stress and disturbance caused by adjacent long-term building works.
- Staff have provided a home-like environment within the constraints of an old building.
- Community Visitors commend the hospital for painting bedrooms, the installation of more resistant curtain fixtures, and a rapid response to graffiti. More robust bedroom furniture is still required.
- The location, constricted space and physical inadequacy of the high dependency area continue to be a concern.
- Community Visitors remain very concerned about safety issues within this unit; proximity of busy roads, building works, and the behaviour of some patients which has necessitated the unit being locked at times.
- Delays in essential maintenance such as the clearing of accumulated debris in roof spouting are also of concern.

9.2.2 Eagle State-wide Child Unit, Marion Drummond, Austin Health

- The unit is brightly painted, well maintained and attractive. The staff are very attentive and provide excellent care, despite the noise and vibrations from adjacent building works which have been distracting for staff and patients. New furniture is needed in lounge and bedrooms.
- Currently outdoor play areas are either unusable because of building works or very dilapidated. However, custom-built play equipment is to be installed in the coming months.
- Community Visitors remain concerned for the lack of safe, secure outdoor areas and the potential risks and lack of privacy created by current construction building works. More concerning is the easy access to busy roads.
- In response to occupational health and safety concerns with a notable increase of incidence of aggressive behaviour, the staff developed a policy statement, the 'Aggression Management Physical Holding Procedure'. This policy successfully integrated principles of the Mental Health Act and the Occupational Health and Safety Act.

9.3 Community Care Units – Wood Street, Preston

- Clients are kept busy attending various activities both at the units and within the community.
- The rehabilitation program incorporates numerous therapeutic activities and includes basic education and supervision of clients' living skills.
- Clients' lengths of stay have reduced but accommodation options in the area are extremely limited. It is approximately a three year minimum wait to obtain a one-bedroom flat in public housing, whilst private rentals, although available, are generally too expensive.
- There is a monthly meeting of clients, staff and a consumer consultant followed by a luncheon to which family members are invited and encouraged to attend.

9.4 Aged Persons Mental Health Unit – Kath Atkinson Unit, Bundoora Extended Care

- Community Visitors report the urgent need for a separate area of this unit to be allocated for residents who display disturbed aggressive behaviour (high dependency areas). On occasions the unit is locked to manage this situation.
- New blinds have been installed.
- The pleasant garden aspect is most attractive from inside and outside the unit.

9.5 Aged Persons Mental Health Residential Facilities –Merv Irvine Unit, Bundoora Extended Care

- Community Visitors continue to be impressed by the excellent care provided to the elderly residents by staff, and the involvement of the local community.
- Many outings are organised to local areas, and various activities are conducted in the units. These activities include music, gentle exercises, gardening, crafts, church services and simple cooking. Birthdays and special events are celebrated.
- Relatives and friends are encouraged to visit and those to whom Community Visitors have spoken are very satisfied with the care given here.
- A new food menu has been introduced, giving residents a variety of choice.

9.6 Specialist Units – Thomas Embling Hospital, Mary Guthrie House and Bunjil House

9.6.1 Forensic Mental Health – Thomas Embling Hospital

- Community Visitors have provided information and support to patients on matters such as Mental Health Review Board hearings, requests for a second opinion, medication queries, court procedures, access to the Koori advisory service, complaints within units and assistance regarding delays in the provision of dental care.
- Community Visitors recognise the significant demands on staff when they are required to manage aggressive patients. During these times staff have demonstrated their dedication and commitment to maintaining best practice.
- Community Visitors also applaud the efforts of unit managers to involve patients in activities; these activities have provided patients with increased self-esteem and interest in activities; for example, making a mosaic to improve the surrounds of the facilities.
- The opening of the adjacent Jardine flats has provided much needed transitional accommodation.

9.6.2 Mary Guthrie House, Brain Disorders Unit, Austin Health Royal Talbot

- Community Visitors find this unit provides quality care and staff are very attentive to patient needs. This unit also provides excellent rehabilitation activities.
- The unit is well maintained but some garden areas need more frequent attention; however, improvements are planned and Rotary has assisted during the year with the redevelopment of one garden.
- There have been limited complaints or issues at this unit that have required the involvement or intervention of Community Visitors.

9.6.3 Bunjil House, Austin Health Repatriation Campus

- Community Visitors are pleased to report that on most visits many patients have been out of the unit enjoying activities at other venues. Staff are to be commended for ensuring these activities occurred, given the current appalling confined physical layout and conditions of this unit.
- Art therapy was arranged during the year through La Trobe University student placements. This was most beneficial and enjoyed

by patients, with two art groups each week organised by 'Hope Springs', an initiative of the Uniting Church for Mental Health.

- Discharge of patients to a less restrictive environment continues to be hampered by the lack of suitable accommodation; of particular shortage are community care unit beds which are always in demand.

9.7 Mood and Eating Disorders Unit and Mother and Baby Unit, Banksia House, Austin Health Repatriation Campus

- Community Visitors continue to view Banksia House as a homely unit always pleasant to visit; patients are content and have generally expressed satisfaction with their care.
- Some staff are ambivalent about the relocation of this unit to the Austin Campus and the unit's proximity to the adult acute unit; however, patients – some of whom have experienced both units – have not voiced the same concerns.

10 SOUTHERN METROPOLITAN REGION

Community Visitors have visited all facilities regularly in the region and attended to referrals received through the Office of the Public Advocate. These requests have consisted primarily of complaints from patients in acute psychiatric units relating to concerns about their involuntary status, medication, and the lack of access to doctors and other staff during admission. Community Visitors have also been requested to assist patients to obtain second opinions, and advice on appeals and complaint mechanisms. Community Visitors have good rapport with staff in all facilities and are able to raise issues as required. Regular meetings are held between Community Visitors, facility management and the Directors of Mental Health Services. Management staff are very cooperative in discussing issues and providing information.

The lack of suitable community-based accommodation post discharge continues to be a problem throughout the region. A number of patients are inappropriately placed because of the lack of options; for example, some patients under 65 years of age are remaining in aged mental health residential units.

In some facilities, cleaning still remains a problem as there are insufficient hours being provided for cleaning. There have been refurbishments in some facilities, including improvements to courtyards.

The community care units provide excellent rehabilitation programs following patient discharge from acute units. In the inner south of the region there has been a restructuring of residential rehabilitation as the result of a partnership between the Alfred Hospital and Mental Illness Fellowship Victoria. This will improve access to clinical and psychosocial supports for the clients whilst increasing the total number of accessible beds, a similar model of care to the newly developed prevention and recovery care which provides necessary support but without 24-hour nursing care.

The Bayside Health area of the region has been funded for a preventative and recovery care facility which is planned to open by February 2006. This facility will accommodate patients for a period of time after discharge from an acute unit. In April 2005, a 25-bed adult acute inpatient unit opened at Casey Hospital in Berwick, providing a much needed addition to services in this area.

SOUTHERN REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adolescent Unit	Monash Medical Centre	10	0	10
Adult Acute Inpatient Units	Alfred Hospital Junction	12	9	21
	Alfred Hospital Waiora	12	14	26
	Casey Hospital – Ward E	2	2	4
	P Block, Monash Medical Centre	10	5	15
	Acacia Ward, Dandenong Hospital	12	3	15
	Banksia Ward, Dandenong Hospital	12	3	15
	Frankston Hospital	12	7	19
Mother & Baby Unit & Eating Disorder Unit	Monash Medical Centre	10	0	10
Aged Persons Acute Inpatient Units	Baringa, Caulfield Medical Centre	11	4	15
	Frankston Hospital	12	0	12
	Amaroo, Dandenong Hospital	6	0	6
	Biala, Kingston Centre	12	1	13
Aged Persons Mental Health Residential Units	Namarra, Caulfield Medical Centre	11	0	11
	Allambee, Kingston Centre	12	0	12
	Yarraman, Kingston Centre	6	0	6
	Carinya, Frankston	12	0	12
Adult Long Term Unit	Wurringga Unit, Dandenong Hospital	12	1	13
Community Care Units	East St Kilda, Alfred Hospital	10	0	10
	Doveton, Dandenong Hospital	5	0	5
	Frankston Hospital, Spray Street	12	0	12
	Moorabbin	10	0	10
Aged Care Hostels	Moorleigh, Kingston Centre	12	0	12
	Michael Court, Frankston Hospital	12	0	12
TOTAL		247	49	296

10.1 Adult Acute Inpatient Units – The Alfred, Casey Hospital Ward E, Dandenong, Frankston, Monash

- There are well-organised activity programs in all facilities.
- The number of professional allied health staff has fluctuated throughout the year with resignations and replacements. Nursing staff run activities groups when there is insufficient professional allied health staff available.
- The Alfred Hospital's consumer consultant is undertaking an ongoing study of patients' opinions on inpatient care; staff have used these results to improve and enhance practices.
- There has been an increased need to lock the acute units because of the increasing numbers of acutely unwell patients who cannot access the high dependency beds because these beds are already occupied.
- Community Visitors remain concerned that the Banksia Unit at Dandenong Hospital does not have a high dependency unit, a resource that is desperately required.
- Community Visitors are pleased to see the long-awaited sunshades at the Frankston unit's outdoor area.
- There have been renovations in Acacia Unit at Dandenong which has seen a much improved appearance of the unit.
- All units are reporting delays in discharge planning for patients as a consequence of the lack of appropriate community-based accommodation in the region.

10.2 Adolescent Inpatient Unit – Monash Medical Centre

- This unit continues to demonstrate a high standard of service delivery as previously reported by Community Visitors.
- The unit is located in a homely setting in the grounds of the hospital. It is provided with a swimming pool and large living areas.

10.3 Community Care Units – St Kilda, Alfred, Middle South Monash, Doveton Dandenong, Frankston, Frankston Hospital

- All units provide excellent rehabilitation programs for clients who are unable to live independently immediately after discharge from acute units.
- These units are provided with support from medical, nursing, and professional allied health staff.
- During the year there has been excellent renovation work done on the Frankston units.

- In general, clients report that they are happy with programs and support provided at the community care units.

10.4 Adult Long Term Unit, Wurringga, Dandenong Hospital

- This unit provides long-term care for patients who are extremely unwell.
- There are a variety of programs offered, with most patients eventually returning to community-based accommodation; however, Community Visitors again report their concerns about the delays in discharge because of a lack of suitable community-based accommodation.

10.5 Acute Aged Persons Mental Health Care Units – Baringa Caulfield Medical Centre, Biala, Kingston Centre, Ward 1 Frankston Hospital, Amaroo, Dandenong

- All of these units are pleasant and well maintained.
- Patient reports to Community Visitors indicate that they are happy with the care provided.
- All units have appropriate programs provided by professional allied health staff.

10.6 Aged Persons Mental Health Residential Units – Alambec Kingston Centre, Yarraman Kingston Centre, Namarra Caulfield Medical Centre, Carinya Frankston

- All units provide excellent nursing care.
- Activities programs are provided; there are also diversional therapies such as pet therapy, music therapy, and audio therapy.
- Carinya Unit recently received a favourable report following an assessment of management's key performance criteria and outcomes.
- Namarra Unit conducted a successful falls project over the past year in which success was attributed to the fitting of hip shields.

10.7 Aged Persons Mental Health Care Hostels – Michael Court, Frankston Hospital, Mooraleigh, Kingston Centre

- Community Visitors report that programs offered at these hostels are of an excellent standard. Residents are content and are happy with the care they receive.

10.8 Mother and Baby and Eating Disorder Unit – Monash Medical Centre

- This is a well managed unit where patients are generally happy with the care they receive.
- Community Visitors are concerned that there are no activity programs for those patients who require an extended admission in the eating disorder unit.
- Community Visitors remain concerned that the current bassinets which have been identified as unsuitable have not been replaced.
- The current furniture in the unit is broken and most is in desperate need of replacement.

11 WESTERN METROPOLITAN REGION

Regular meetings between Community Visitors and senior service managers of North West Mental Health and Werribee Mercy Mental Health have continued this year. These meetings provide an opportunity to discuss issues affecting service delivery and ensure that the information regarding important changes and initiatives in the region is shared. Liaison meetings with North West Mental Health Area managers have also resulted in early attention to, and resolution of, service issues and systemic problems.

All facilities have been visited as per statutory requirements. Referrals from the Office of the Public Advocate to Community Visitors have been constant.

Community Visitors have assisted patients with information regarding Mental Health Review Board hearings, complaint mechanisms and general information on patients' rights. Community Visitors have also provided information sessions to three units and contributed to hospital accreditation processes at two units. Community Visitors have on occasions assisted people attending hearings at Victorian Civil and Administrative Tribunal (Guardianship List).

North West Mental Health service has initiated the development of a new model of care in the community care unit and adult long-term rehabilitation unit to improve the management and treatment of younger male patients with the profile of dual diagnosis, aggressive behaviour, substance abuse and reduced insight. This model of care aims to provide the necessary care and treatment whilst empowering the patients by offering a range of vocational activities. This initiative was implemented as a trial in June 2005.

WESTERN METROPOLITAN REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Units	Broadmeadows Hospital	12	1	13
	Royal Melbourne Hospital	12	4	16
	Sunshine Hospital	12	8	20
	Werribee Mercy Hospital	12	14	26
Adult Long Term Unit	Sunshine Hospital	12	0	12
Aged Persons Acute Units	Broadmeadows Hospital	12	2	14
	Sunshine Hospital	12	0	12
Child & Adolescent Acute Units	ORYGEN	12	1	13
	Banksia	12	3	15
Community Care Units	Broadmeadows – Talgarno St	12	0	12
	St. Albans – Evergreen St	12	1	13
	Norfolk Terrace – Flemington	12	1	13
	Werribee	12	0	12
Aged Persons Mental Health Residential Units	McLellan House, Broadmeadows	12	0	12
	Westside Lodge, Sunshine	12	0	12
	Southstone Lodge, Werribee	12	0	12
	Weighbridge, Flemington	12	0	12
Specialist Units	RMH – Eating Disorders	12	2	14
	RMH – Neuropsychiatry	12	0	12
	Mother & Baby Unit	12	1	13
TOTAL		240	38	278

11.1 Adult Acute Units – Broadmeadows, Royal Melbourne, Sunshine and Werribee Mercy Hospital

- Difficulties in finding suitable discharge accommodation for patients remain a major concern, with an increased numbers of patients having to have extended admissions on the acute unit. All four units have experienced frustrating delays in moving several patients with complex needs to suitable accommodation, having to keep some patients for six to twelve months. This type of patient can be extremely disruptive on the unit and at times needs to be placed in

a high dependency unit or in seclusion for extended periods. Community Visitors report examples of some of these patients assaulting other patients and also being assaulted because of their behaviour. Management, nursing staff, and professional allied health staff have maintained patient care under, at times, very difficult circumstances.

- Community Visitors remain concerned that an emergency evacuation plan has not been displayed at Werribee Mercy hospital for over nine months.
- The carpet at Bleuler Ward, Royal Melbourne Hospital is beyond repair and needs immediate replacement.
- Access to illegal drugs on the units continues to cause concern to hospital management. Patient and staff safety are at risk of being compromised if this continues. Management at the Broadmeadows Unit have had to lock the unit during the day in an attempt to reduce possible access by people distributing illegal drugs. This strategy appears to have been successful and is reviewed and monitored constantly.
- Community Visitors have observed the need on occasions for some units to be locked due to lack of high dependency beds.

11.2 Child and Adolescent Inpatient Units – Banksia and Orygen, Footscray

- Community Visitors remain concerned that Orygen Unit has experienced serious noise problems in the kitchen and communal area, the noise levels being unacceptably high. This has been a concern since this unit opened in 2003. Unfortunately, management have been unable to resolve this matter as funding has not been available.
- Design problems in the sewerage system which links Orygen unit to Banksia Unit have caused severe disruption. Flooding of raw sewage occurred in the high dependency unit and throughout Banksia Unit. This was identified as a design fault, and has not been rectified. Community Visitors remain concerned that flooding will possibly occur again; this is totally unacceptable.

11.3 Community Care Units – Talgarno Broadmeadows, Norfolk Terrace Flemington, St. Albans and Werribee

- Like most community care units, Broadmeadows has insufficient work space for staff. A portable building has been provided the use of nursing and professional allied health staff.

- The Werribee community care unit has had \$50,000 approved for the extension to the existing consulting rooms; work is expected to commence in July 2005.
- The lack of suitable and affordable accommodation for clients who move from the community care unit remains a concern to staff and the Community Visitors.
- Community Visitors were instrumental in alerting the Office of the Public Advocate to protect a client's assets which were at risk of potential exploitation as a consequence of her psychiatric illness.

11.4 Aged Acute Units – Broadmeadows and Sunshine

- Community Visitors provided support to a patient, his family and carers when inaccurate and unclear information was communicated to the family by staff. Management have now introduced protocols to ensure accurate information and clear communication with relevant parties occurs in this unit.

11.5 Aged Persons Mental Health Residential Units – McLellan House Broadmeadows, Southstone Lodge Werribee, Weighbridge, Ascot Vale and Westside Lodge Sunshine

- Southstone Lodge, Werribee has two younger residents: a 50-year-old man with early onset dementia and a 47-year-old man with a dual diagnosis. Both residents are inappropriately placed, with no alternative accommodation available. Currently there are insufficient funds available to provide the necessary assistance and support to these men whilst they remain living in Southstone Lodge.

11.6 Specialist Units – Mother and Baby Unit, Werribee Mercy Hospital, Eating Disorder/Neuropsychiatric Unit RMH, Adult Mental Health Rehabilitation Unit, Sunshine

- Despite management and Community Visitors' concerns, no emergency evacuation plan had been displayed at the Mother/Baby unit prior to June 2005.
- Community Visitors are concerned about a patient in the Rehabilitation Unit who is persistently harassed by other patients. The patient has been in institutional care since 1950 and he is unable to communicate or participate in the current activities or programs in the unit and requires alternative accommodation to meet his needs.

12 ABOUT COMMUNITY VISITORS

Community Visitors are independent appointments by the Governor in Council. They have a unique role as volunteer community representatives in monitoring the quality of services for people who live in eligible facilities. These facilities are defined by the *Mental Health Act 1986*, the *Health Services Act 1988*, the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991*. The Community Visitors Program is accountable, through the program manager, to the Public Advocate and, through the Community Visitors annual reports, to parliament.

The core role of the Community Visitor is to safeguard the interests and rights of people with a disability in accordance with accepted community standards. Community Visitors are independent of service providers and through regular visits to facilities are able to assess whether the service is observing the rights and needs of individual patients, residents and clients.

The credibility of the program is central to its capacity to effect positive change and resolve issues as encountered during visits. To a large extent this credibility is dependent on Community Visitors being fair, reasonable and unbiased. There are no formal qualifications for becoming a Community Visitor but volunteers need to demonstrate a commitment to people with a disability enjoying the same rights as other members of the community.

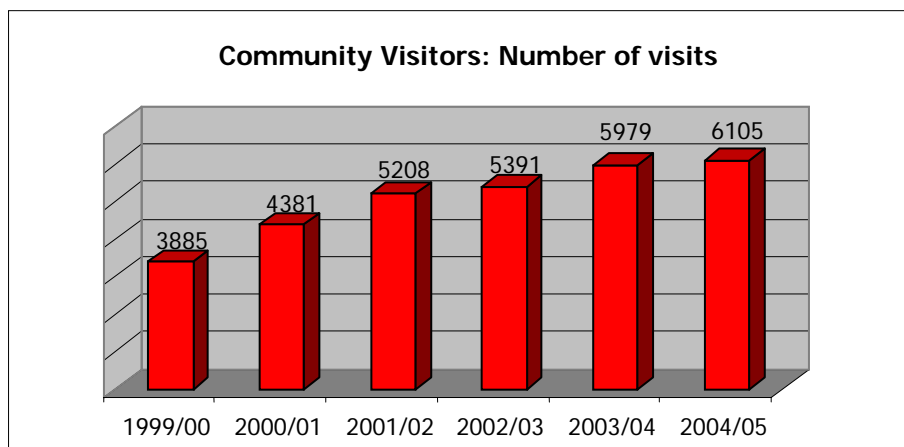
12.1 Year in review

The Office of the Public Advocate was responsible for training and supporting 599 volunteer Community Visitors across Victoria during this reporting year. This support and coordination function was undertaken by the Community Visitors Program Unit within the Office.

Community Visitors made 6,105 visits this year. The issues raised during these visits represent a significant contribution to improving service quality and also contribute to the systemic advocacy undertaken by the program and by the Public Advocate.

The reports of these visits also contribute to the three annual reports submitted to parliament by the respective Community Visitors boards – Disability Services; Mental Health Services; and Supported Residential Services.

Summary of visits across the three streams from 1999–2005



Issues and developments relating to mental health form the basis of this annual report. A summary of issues from the two other annual reports – Health Services and Disability Services – is provided below.

12.2 Supported Residential Services (SRS)

12.2.1 Positive developments

There were a number of positive developments during the year, which respond to issues that have been raised by Community Visitors and the Health Services Board over previous years.

- changes to the Health Services Act, which strengthened legislative requirements
- introduction of a pilot program which is trialling the provision of care packages for residents in seven pension-level SRSs in Victoria
- introduction of new quality processes and audit processes
- conducting of care plan training sessions for SRS managers and staff, and also for Community Visitors
- new guidelines for proprietors to assist in employing 'fit and proper' staff
- a pilot emergency management working group on fire safety and other emergency management issues.

12.2.2 Ongoing issues of concern

- Closures of pension only SRSs and the lack of other options for people with disabilities and complex needs who are on low incomes.
- The complex mix of residents in the SRS sector as highlighted in the 2003 SRS Census.
- Difficulties with those people often discharged from hospital or transferred from other services without adequate referral information or support.
- Concerns about the lack of activities and boredom experienced by many SRS residents.
- Ongoing issues with fire safety practices.

12.2.3 Disability Services

The Office of the Public Advocate welcomed the release of the state government's plan for the redevelopment of the Kew Residential Services site (formerly Kew Cottages) in June 2005.

Community Visitors are pleased that the government has now progressed with its commitment to provide better care for the hundreds of people with intellectual disabilities still languishing in the 'Dickensian-like' institution that is Kew Residential Services (KRS).

The plan provides the 100 residents who will remain on the Kew site with quality, personalised accommodation and care that is the benefit of smaller, community-based houses. The Office of the Public Advocate is monitoring houses for ex-KRS residents and is generally happy with outcomes to date.

Community Visitors remain concerned that the continuing debate around the heritage value of the site may be compromising the needs of people with a disability. Any restriction on development of the site through heritage listing will inevitably restrict the funds available for services for people with a disability.

Community Visitors understand that the retention of the current heritage listings represents a loss of \$15 million for people with a disability. They are not convinced that the preservation of these buildings respects the interests of residents remaining on the site, for whom the buildings may represent fear and a reminder of the dark days of institutional care.

It is now time to focus on redeveloping the remaining institutions in Victoria: Colanda in Colac, Sandhurst in Bendigo, and Plenty Residential Services in Bundoora.

12.2.4 Quality Project – Community Visitors Program

The Department of Human Services, Disability Services provided funding for a 12-month project in order for the Community Visitors Program to review visiting and reporting in the Disability Services stream. The project commenced in late 2004.

The project is in line with the current changes within disability services in Victoria and with international approaches to determining the quality of services in disability, through care planning based on the choices of the person with a disability and evidence of individually based outcomes.

12.3 Legislative requirements for visits

Each stream of the Community Visitors Program has different requirements for a minimum number of visits by Community Visitors to each facility. The number of visits made by each stream of Community Visitors is outlined in the following table.

Community Visitors: Visits

	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05
Disability Services	1165	1399	2284	2389	2945	3008
Health Services	1619	1862	1771	1652	1587	1617
Mental Health Services	1101	1120	1153	1350	1447	1480
TOTAL	3885	4381	5208	5391	5979	6105

12.4 Disability Services

There is a legislative requirement for Community Visitors to visit the three gazetted residential institutions (Kew Residential Services, Colanda Centre and Sandhurst Centre) on a monthly basis.

While there is no legislated minimum number of visits to the other 1,005 accommodation services, which are generally houses, the Disability Services Board set a target of once a quarter, which translates to a target of 4,464 visits per year. This year Community Visitors visited 1,004 of the 1,042 services and conducted 3,008 visits. This means there was a shortfall of 1,456 visits from the ideal target. Of the 3,008 visits conducted, 134 were callout visits, made at the request of a resident or other interested party.

12.5 Health Services

There is no legislative requirement relating to the regularity of visits to Supported Residential Services. The Health Services Board has set a target for this year of an average of eight visits to each of the 203 Supported Residential Services (as at 30 June 2005), which would translate as a requirement of 1,624 visits across the state. This year, 1,617 visits were made by Community Visitors, representing a shortfall of seven visits. Of the visits conducted, 70 were callout visits made at the request of a resident or other interested party.

12.6 Mental Health Services

The Mental Health Act requires Community Visitors to visit each of the 106 approved mental health service on a monthly basis. Of the 1,480 visits conducted by Community Visitors this year, 1,210 were scheduled routine visits and 270 were callout visits in response to requests from individual patients and or their families. On this basis there was a shortfall of 74 against the number required by legislation. Community Visitors undertook visits to prevention and recovery care facilities and special residential rehabilitation program. Community Visitors continue to visit these facilities on an informal basis which has been encouraged by staff and service providers.

12.7 Target number of Community Visitors

At 30 June 2005, there were 499 Community Visitors of whom 95 were in training. An additional 100 Community Visitors resigned during the year (20%), making a total of 599 Community Visitors trained and supported this year.

There is a current high number (95) of prospective Community Visitors in training. The process for selecting and training Community Visitors is extensive; recruiting, selecting and training is an ongoing part of the Community Visitors Program. It is estimated that to meet the current visiting requirements of the program, some 536 Community Visitors are needed across Victoria (316 in Disability Services, 120 in Health Services and 100 in Mental Health). If the resignation/retirement rate of 20% per annum continues, it is estimated there will be a need to recruit a further 140 volunteers in 2005–06.

12.8 Training and development program

Training is a critical factor in the provision of a high quality Community Visitors Program. Significant resources have been put into improving the quality of the training delivered by the program. The feedback provided by Community Visitors who have attended training this year indicates that these efforts have been beneficial as the training program in place is of a high standard.

This year, 106 training sessions were conducted for 1,490 attendees. Fifty-three of these days were run centrally for 681 attendees and a further 53 sessions were run locally with 809 attendees. This compares with 13 training days offered in 1999–2000. The high quality of the training program and the commitment of Community Visitors to attend training is fundamentally important to the quality of the program.

12.9 Value of the Community Visitors Program

The Community Visitors Program is of invaluable social benefit to the Victorian community and to people with disabilities. There is also a very clear economic benefit which derives from the program. It was reported in A National Agenda on Volunteering: Beyond the international year of volunteers that based on Australian Bureau of Statistics Time Use data, the value of volunteering across Australia is estimated to be \$42 billion per year.

The New South Wales Community Visitors Program uses paid sessional staff to conduct visits. The rate of pay for sessional staff is \$25.13 per hour and they are paid for visits conducted and other related activities such as travel time to visits, and attendance at training and meetings. Using this rate to calculate the contribution of volunteer Community Visitors in Victoria making 6,105 visits, attending meetings to raise concerns and resolve issues, attending training, and the time volunteers spend on administration for the program, the figure is approximately \$2,170,955 for this year. This represents a significant contribution to the Victorian community.

12.10 Whistleblowers Protection Act

The *Whistleblowers Protection Act 2001* encourages and facilitates disclosures of improper conduct by public officers and public bodies. For the 12 months ending 30 June 2005, the Office of the Public Advocate did not receive any disclosures covered by the Act. The Office of the Public Advocate is committed to the aims and objectives of the Act and a copy of the Office of the Public Advocate's Whistleblower Procedure Manual is available on the website at www.publicadvocate.vic.gov.au or from level 5, 436 Lonsdale Street, Melbourne.

13 REFERENCES

Community Visitors (Psychiatric Services) Board *Mental Health Goals and Objectives 2004/05*. Office of the Public Advocate, Victoria.

Department of Human Services: Mental Health Forum (2005) *Innovation in Adult Mental Health Inpatient Services*.

Department of Health and Ageing (2003) *National Mental Health Report 2004: Eighth Report – Summary of changes in Australia's Mental Health Services under the National Mental Health Strategy 1993–2002*. Commonwealth of Australia, Canberra.

Department of Human Services (1994) *Protocol between Intellectual Disability Services and Psychiatric Services*.

Mental Health Act 1986 Victoria.

Office of the Chief Psychiatrist (2003) *Annual Report*, Department of Human Services.

Office of the Public Advocate (2005) *Submission to the Inquiry of the Senate Select Committee into Mental Health*.

Procedure for Relationships between the Office of the Public Advocate – Community Visitors Program and the Department of Human Services Mental Health Branch and Mental Health Services (2005).

OFFICE OF THE PUBLIC ADVOCATE

AN INDEPENDENT STATUTORY OFFICE ACCOUNTABLE TO THE VICTORIAN PARLIAMENT



5TH FLOOR 436 LONSDALE STREET MELBOURNE VICTORIA 3000

TELEPHONE 1300 309 337

FAX (03) 9603 9501 **TTY** 9603 9529 **DX** 210293

E-MAIL PUBLICADVOCATE@JUSTICE.VIC.GOV.AU

WEBSITE WWW.PUBLICADVOCATE.VIC.GOV.AU