

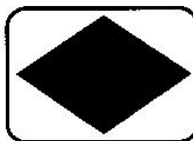
COMMUNITY VISITORS ANNUAL REPORT 2006

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**

1 September 2006

The Hon. Bronwyn Pike MP
Minister for Health
Level 22 /50 Lonsdale Street
MELBOURNE VIC 3000

Dear Minister

In accordance with the Mental Health Act 1986, please find enclosed the nineteenth 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,

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Community Visitors Annual Report 2006
Mental Health Act 1986

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COVER ART: Heather Carter,

Heather Carter was diagnosed with Bipolar Disorder six years ago. Heather has developed her art through Prahran Mission's Second Story and Stables Art Studio. She hopes her artwork can de-mystify mental illness and encourage other people to seek help.

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EXECUTIVE SUMMARY

This annual report is an examination of issues identified and data collated through the visits conducted by Community Visitors within Victorian Public Mental Health Services during the period 1 July 2005 to 30 June 2006.

Community Visitors (Mental Health) 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. Services are visited at least once a month, usually unannounced or by request from a patient or interested party. Community Visitors therefore play a unique and valuable role in monitoring the quality of service to people with a mental illness and the state of the mental health care system in Victoria.

This year, there has been a continuing theme with regard to ongoing issues as reported by Community Visitors over many years. The introduction of advanced data systems has enabled the Board to summarise statewide issues. This year three categories are highlighted with specific issues as follows:

- 1 Bed shortages:
 - shortage of acute beds
 - shortage of secure extended care beds
 - shortage of high dependency beds
 - shortage of rehabilitation accommodation
 - inappropriate long-term placement of patients.
- 2 Workforce shortages:
 - shortage of nursing and allied health staff
 - shortage of psychiatrists.
- 3 Standard of facilities:
 - inadequate facilities
 - delays in maintenance and general cleaning.

The 2006-07 Victorian Budget and National Action Plan on Mental Health are much needed announcements of strategies to address the specific issues raised by Community Visitors over many years.

RECOMMENDATIONS

Community Visitors call upon the Victorian Government to:

- 1) Maintain existing beds and increase the overall number of mental health beds and services in relation to the expanding population growth areas
- 2) Address as a matter of urgency the shortages of high dependency and secure extended care beds which has necessitated the locking of many adult acute units
- 3) Ensure the extension of the coordinated and cooperative approach to the provision of services to those with a dual disability and complex needs, particularly in fostering effective partnerships between Disability Services and the Mental Health branch within the Department of Human Services
- 4) Maintain and extend the existing programs and initiatives to increase the number of opportunities for professional allied health staff and psychiatric nurses
- 5) Take immediate action to address the shortage of psychiatrists in rural regions
- 6) Find effective ways to attract and retain skilled staff for the necessary workforce required to support the implementation of the National Action Plan on Mental Health
- 7) Provide sufficient funds to ensure that the existing maintenance problems are dealt with promptly and that the physical standard of facilities is maintained at an acceptable level
- 8) Ensure that the design of future facilities provides for the varying needs of mental health consumers at all levels, particularly in terms of privacy, adequate spaces for recreational and therapeutic activities including attractive outdoor areas, safety and supervision as required.

1 INTRODUCTION

For the past decade there have been persistent reports by Community Visitors about the need for additional and improved quality mental health services within Victoria. Continuing concerns are the need for appropriate accommodation and support for people with severe mental illness, with a severe shortage of acute and extended care beds leading to a lack of clinical care. A shortage of psychiatric nurses, allied health staff and psychiatrists in rural areas is another issue of concern. Community Visitors – along with the ongoing media, community, and political interest – have continued to identify the priority areas where there is need for improved mental health services in Victoria.

The Prime Minister, John Howard, announced at the Council of Australian Governments (COAG) meeting in February 2006 that COAG recognised that the mental health system in Australia was in crisis and would present a plan to address this crisis. The Federal Government has now committed a \$1.8 billion funding package (over five years) for a variety of initiatives. The Community Visitors now call on the Victorian Government to take a lead in the development of the mental health plan, and ensure that funding for key areas as identified by Community Visitors in this and previous years' annual reports is targeted to accomplishing the necessary immediate reforms.

The Victorian Government announced in the recent State Budget that it will lead mental health service delivery and reform with a further \$170 million over five years. The Minister for Health, Bronwyn Pike, announced on 30 May 2006 that extra funding for Victoria would deliver at least \$472 million under the National Action Plan on Mental Health by 2011. Community Visitors welcome the announcement through the State Budget of improved hospital based care and alternatives to inpatient care, including:

- additional prevention and recovery care for people who require short term sub-acute care; and
- the expansion of forensic mental health services and the critical importance of long-term accommodation for people with ongoing mental illness, which is to be addressed through an initiative to assist the viability of pension-level Supported Residential Services with \$29.41 million over four years (or \$40.4 million over five years).

It is also very pleasing to see the announcement of a workforce development plan to address the ongoing shortage of skilled allied health staff and improve the delivery of high-quality services through investment in clinical training as part of a broader workforce strategy.

The day to day commitment of Community Visitors continues to promote the rights, dignity and safety of people with a mental illness, both at an individual and a systemic level, through the provision of independent, creditable visits to mental health facilities. The visits of Community Visitors have enabled the voices of consumers and carers to be heard, and have continued to inform Victoria's mental health system by highlighting the necessary policy development required to improve services to people with a mental health illness.

Community Visitors welcome the direction and commitment of the Victorian Government in the proposed plans for mental health spending in Victoria over coming years, and will closely monitor the outcomes for those Victorians with a mental illness and their carers.

**VISITS CONDUCTED 2005-06 BY MENTAL HEALTH COMMUNITY VISITORS
(MENTAL HEALTH) – BY REGION**

REGION	UNITS	VISITS UNDERTAKEN			CV*
	Number	Statutory	Callout	Total 2005/06	No
Eastern	14	164	30	194	15
Northern	19	200	16	216	10
Southern	24	263	41	304	15
Western	20	224	33	257	14
Barwon-South West	5	62	20	82	6
Gippsland	5	48	13	61	4
Grampians	7	78	20	98	7
Hume	6	65	6	71	6
Loddon Mallee	6	56	35	91	8
TOTAL	106	1160	214	1374	85

*Community Visitors

A total of nine trial visits to Austin and Maroondah Hospital emergency departments have been conducted over the past four months and, which are not included in the above figures.

2 KEY ISSUES

The key issues identified in the Community Visitors (Mental Health) 2006 Annual Report are beds shortages, workforce shortages and standards of facilities.

2.1 Shortage of beds

Acute beds

The existence of waiting lists for acute inpatient units and the need, at times, to retain acutely ill patients in the emergency department for more than 24 hours, or admit them to non-psychiatric wards, are indications of the continuing pressure on acute beds.

At Austin Health, Community Visitors note the constant demand for acute admission beds, as reported from visits from February until June 2006. The adult acute unit at Latrobe Regional Hospital continues to be fully occupied, with occasional over demand resulting in patients spending up to 48 hours in the emergency department. At Mildura Hospital there is usually a waiting list for admission to the adult acute unit, and at Geelong Hospital there have been no additional mental health beds allocated despite the population growth in the region.

From July 2005 to February 2006, the acute adult unit at Bendigo Hospital experienced a 45% increase in admissions. This necessitated the placement of psychiatric patients in general hospital wards or out-of-area facilities. It also required a large number of additional nursing shifts.

Secure extended or long-term care beds

Contributing to the demand on acute beds is the shortage of beds in secure extended care or long-term care units. These units also have waiting lists (e.g. at Bunjil House, Austin Health, 15–22 patients over a three month period). In Western Metro region Community Visitors are also aware of waiting lists of patients needing to be transferred from acute units to secure extended care.

In Southern region a suitable facility for patients with complex needs and severe behavioural problems could not be accessed. In Western region a resident occupying a community care unit had significantly deteriorated, requiring alternative accommodation; however, this could not be found. As a result this resident's behaviour had a severe negative effect on other residents living in the unit. The unavailability of alternative care options or access to secure extended care beds for these patients/residents meant that the unsatisfactory situations continued for several months.

In Hume region there is a shortage of 24-hour secure supported accommodation for patients who require additional care and rehabilitation.

In another region, Community Visitors reported that three patients in the adult acute unit had been waiting for appropriate discharge accommodation for periods ranging from 97 to 168 days. Another patient with complex needs occupying an acute bed has been waiting for over a year for an appropriate placement in a long-term secure unit.

High dependency beds

The shortage of high dependency beds leads to acute inpatient units being locked to manage the very disturbed patients or those at risk of absconding. This means other patients are nursed in a more restrictive environment than is warranted.

Community Visitors have noted that in many regions acute units are being locked more often this year because of the increased severity of patients' illnesses.

'Step-down' and rehabilitation beds

Community Visitors also report the need for more 'step-down' beds, i.e. places for patients being discharged from acute units who require additional non-acute care and rehabilitation prior to placement into community based residential care.

At Mildura there is an urgent need for a 'step-down' facility to relieve pressure on the adult acute unit at Mildura Hospital and to provide more appropriate accommodation for patients recovering from the acute phase of their illness.

In Barwon-South West region there is a continual pressure for admission to the community care unit in Geelong: some patients ready for discharge from the acute unit are unable to access the community care unit beds, as residents in the community care units are unable to find alternative appropriate community based accommodation in the region.

The shortage of beds is also affected by the long-term placements of some patients in inappropriate environments. Community Visitors have reported a number of such cases as a matter of concern both for the patients and for the impact on others in the unit.

In particular, Community Visitors have become increasingly aware of the number of patients with a dual disability who have been in either acute or extended care units for a considerable time because at present there is no facility suitable for their special needs. For example, there are six patients with a dual disability in the secure extended care unit at Austin Health.

In Western Metro region, a patient with complex needs occupied an acute unit bed for more than two years. This was inappropriate for the patient and had a negative impact on other patients. A similar situation has also been reported for a patient at Mildura Hospital who was in the acute unit for 15 months.

In another case where a patient was in an acute unit for a year, the patient was transferred to a community care unit. This placement was unsuitable because the program did not meet the patient's needs, resulting in a return to the acute unit.

After two years in an acute unit, and some of that time being supervised by security personnel, a patient with significant cognitive impairments and challenging behaviours was finally transferred to an adult long term unit. The patient's response to the changed environment was positive.

One patient with a dual disability has occupied a secure extended care unit bed for many years, yet leaves the unit each day to attend a day placement and returns each afternoon to the locked unit. Community Visitors have been informed by mental health workers that this patient and other such patients with dual disabilities remain inappropriately placed in secure extended care units.

Shortage of suitable discharge accommodation in the community, including rehabilitation accommodation

Community Visitors continue to report on the shortage of suitable rental accommodation for patients or residents leaving a mental health unit to return to community living.

In Southern region, with the closing of several supported residential services in the Frankston area, there is a serious lack of suitable accommodation for patients on discharge. Staff report this has contributed to a higher readmission rate recently.

In Hume region there is a shortage of permanent, suitable and affordable accommodation for patients following discharge from acute care. In June 2006, regional rural housing waiting lists (Shepparton 348, Benalla 139, Wangaratta 239 and Wodonga 475) demonstrate the accommodation crisis being experienced. Patients continue to be inappropriately placed in pension-level supported residential services accommodation following discharge from mental health units. Staff 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.

2.2 Shortage of staff

The shortage of psychiatric nurses, the difficulties in recruiting and retaining allied health staff and the significant shortage of psychiatrists in rural and regional areas all remain a concern to Community Visitors. These shortages hinder the provision of therapeutic programs and other relevant supports to patients while in care.

Psychiatric nurses

In Eastern Metro region, staff numbers have fluctuated throughout the year, with long delays at times before new staff are recruited. Beds have been unavailable for occupancy in both the adult acute and adolescent units at Maroondah Hospital when staffing has been at a crisis level.

In Southern Metro region there have been bed closures for a period of two months because of a shortage of nursing staff.

Allied health staff

There were long delays at Casey Hospital in filling vacancies for an occupational therapist and a psychologist, and a similar long-term vacancy for an occupational therapist at Amaroo, the aged persons acute unit at Dandenong Hospital.

In Western region Community Visitors have noted that services can attract graduates to occupational therapist positions, but the retention rate is poor. The effect is that when a position is vacant the existing program ceases and patients are left without access to appropriate and essential activities.

At the Marjorie Phillips aged persons acute unit at Bendigo, regular activities programs are not possible because allied staff are not available and there is inadequate space suitable for the activities.

In Bendigo, at Simpkin House, the aged persons mental health residential unit, a part-time social worker is needed to assist with discharge planning for patients who require alternative residential care.

There has been no Consumer Consultant to support and advocate on behalf of inpatients at the Eastern Health units for four months, which limits options for patients.

Psychiatrists in rural areas

In Bendigo, the position of Clinical Director of Mental Health Services was unable to be filled for an extended period of time. While the situation has improved, two psychiatric positions are still vacant.

At Mildura Hospital there has been no senior psychiatric registrar for twelve months.

In Hume region, recruitment and retention of professional mental health staff is an ongoing challenge. The shortage of psychiatrists in Wodonga and Beechworth has reduced services available to the residents, particularly those in the mental health residential facilities.

2.3 Problems with facilities: design, safety, maintenance, cleaning

While new units are being built and there have been significant improvements to units across the state, Community Visitors continue to report inadequacies and problems with the design, fabric and safety of some current units.

Design problems and safety issues

In Northern Metro region, the building housing the child and adolescent inpatient units at Austin Health is inadequate for its present purpose. Supervision and safety issues include the location of the adolescents' recreation room, the new children's playground equipment area, the cramped high dependency unit and time-out room, the number of external doors and the fragile nature of the walls of the adolescent high dependency unit. The child unit laundry is in a cramped, poorly ventilated converted washroom still containing a toilet, off a lounge area used for recreation and therapy groups. The close proximity to the child unit of an access road and entrance to a new carpark is also a safety concern.

The courtyard of the high dependency unit at Alexander Bayne Centre is an ugly, barren area unsuitable for distressed and unwell patients.

At Wanyarra acute unit, Shepparton, the long delay in finding a solution to the problem of the heavy exit doors to the patio caused considerable difficulty for the elderly patients, including one patient being injured when caught by the heavy doors.

Community Visitors believe there is a potential safety issue in the secure extended care units at Vahland House, Bendigo, because there is no view allowing supervision from the main staff area into the patients' lounges and kitchens.

Since 2004, Community Visitors had been reporting their concern that, in both the adult acute and mother and baby units at Werribee Mercy, there were no emergency evacuation plans displayed. In early 2006 the plans were eventually put in place. However, the contents of the plan in the adult acute unit remain a concern, as the instructions still require minor adjustments.

The air-conditioning units at Thomas Embling Hospital do not extend to the bedroom areas, which are very hot during the summer months. During these times patients report unpleasantly hot conditions in their bedrooms. Problems with the reverse air-conditioning systems at the Alexander Bayne Centre and the Marjorie Phillips Unit at Bendigo Hospital have still not been rectified.

At the Kath Atkinson Wing of Bundoora Extended Care an activities room for craft and cooking purposes is needed. The lack of a suitable space is one of the reasons why there is no activities program at the Marjorie Phillips aged persons acute unit at Bendigo.

Maintenance and cleaning

Delays in carrying out routine maintenance or responding to problems have been reported by Community Visitors for many years. These delays, and the consequent effects on the care and well-being of patients and residents, imply a lack of care and respect by the management of some hospitals.

In Hume region at Kerferd Clinic, Wangaratta, Community Visitors continue to be concerned at the lengthy delays in maintenance. At Blackwood Cottage, Beechworth, sail-cloth to provide a sunscreen for residents has not yet been installed despite frequent requests. At the Willow units there was a delay of over a year in replacing the boundary fence that had been destroyed in a storm.

In Northern Metro region, the lack of maintenance of spouting on the Marian Drummond building at Austin Health has led to water damage in some rooms and has created a fire risk from the accumulation of highly flammable twig and leaf debris on the roof of the adolescent unit.

At units in Eastern Metro region general maintenance remains a problem. At Maroondah Hospital, in both the adolescent and adult acute units, initial damage is repaired but final painting is not done. In the adult acute unit, window coverings have been a problem; often no curtains are provided and patient privacy is continually compromised.

In Southern Metro region, at the Monash Medical Centre there has been a long-term problem with the standard of cleanliness, both internal and external, particularly in the courtyard areas. Worn and unsuitable furniture in the mother and baby unit needs to be replaced. There has been insufficient funding of the Moorabbin community care units over the past seven years, so that three units are now in serious need of maintenance.

At Sovereign House, Ballarat, the lengthy delay in replacing the badly worn and damaged carpet in the walkway areas is a concern as a safety risk.

The following table illustrates an overview of the issues reported in the Community Visitors (Mental Health) annual reports since 1998.

KEY ISSUES IDENTIFIED IN ANNUAL REPORTS – 1998–2006

ISSUE	1998	1999	2000	2001	2002	2003	2004	2005	2006
Shortage of psychiatrists		✓			✓	✓		✓	✓
Shortage of nurses		✓	✓	✓	✓	✓	✓	✓	✓
Shortage of allied health staff		✓				✓	✓	✓	✓
Shortage of beds						✓	✓	✓	✓
Dual disability beds						✓		✓	✓
Shortage of discharge accomm.	✓	✓	✓	✓	✓		✓	✓	✓
Inappropriate mix of patients					✓	✓			✓
Patient assaults in facilities	✓	✓			✓				
Staff training re aggressive patients					✓				
Delays in admission from emergency departments					✓			✓	
Need for wider treatment options							✓	✓	
Food preparation problems	✓	✓							
Substance abuse issues in units			✓	✓		✓	✓		
Security for person/possessions			✓	✓					
Transport/admission problems		✓	✓	✓		✓			
Discharge practice problems						✓	✓		
Racial discrimination			✓						
CVs and management problems			✓	✓					
Inadequate facilities			✓				✓	✓	✓
Privacy issues – design/furnishing			✓	✓	✓			✓	
Safety issues re design			✓			✓			✓
Maintenance and cleaning	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fire safety provisions			✓						
Implementation of Mental Health 5 yr plan							✓		
Planning re demographic needs							✓		
Needs re mentally ill in prisons							✓		

2.4 Improvements

Good practice

At the adult unit at Bendigo Hospital, various changes and improvements have been implemented, resulting in an efficient use of resources and a better outcome for patients.

At the adult acute and secure extended care units at Austin Health, an innovative collaborative program that aims at giving agitated patients insight into their feelings and behaviour continues to be beneficial. A new unit program of activities at the acute unit is also proving very helpful.

In the Western Metro region, staff of the community care unit and secure extended care unit have combined to develop a more appropriate treatment model for aggressive younger males with a dual diagnosis.

Procedures regarding discharge planning have been changed at the Frankston and Dandenong hospitals, resulting in staff reporting better bed availability and fewer delays in the emergency departments.

New procedures of patient management are to be introduced at the Alfred Hospital to lower the use of the seclusion room. The hospital is also working toward a smoke free environment with the introduction of a QUIT program.

St Vincent's Hospital has tried this year to reduce aggression and absconding, through new procedures and a full program of activities which includes evening and weekend sessions.

Activities and rehabilitation programs

Community Visitors have reported improvements and developments in some activity programs. For example:

- In the Eastern Metro region, activity programs in all units appear to be of a high standard, though inevitably some patients voice dissatisfaction because of their own particular interests.
- At Sovereign House, Ballarat, a pilot project involving aerobic exercise for people with chronic schizophrenia is in progress. The long-term benefits of this will be evaluated by Ballarat Health and La Trobe University.
- At the Benambra community care unit new programs have been developed which include a car cleaning contract that helps in encouraging a good work ethic, self esteem and time management.
- The rehabilitation units in Barwon-South West region both have full programs and the Community Visitors have been able to attend the residents' meetings in Geelong. They have thus been able to ensure that the activities offered are appropriate and that there is a clearer understanding of role of Community Visitors.

Facilities

Community Visitors have reported extensively this year on the refurbishment and redevelopment of units in their areas. Some of these improvements have long been advocated for, such as:

- The general upgrade, including bathrooms, at Eastern View community care unit in Ballarat
- Maintenance and improvements at Bendigo, Traralgon and Dandenong hospitals
- Renovation of the high dependency units at Box Hill, St Vincent's and Shepparton hospitals
- Painting of the adult long-term unit (Mary Guthrie House) and improvements to the garden area, which has allowed easy access for all to enjoy.

In the Western Metro region, there has been a public/private partnership pilot between North-West Mental Health and the Melbourne Clinic. Three beds have been funded by the Department of Human Services, with another three beds possible in the future. This initiative will help to relieve pressure on the public health system.

The new community care unit at Traralgon is completed and awaiting the first intake of residents.

The aged persons mental health residential unit (Grutzner House) in Shepparton has had new night sensor lights installed to improve safety, and new audio visual equipment is in place in the activities room.

Plans for redeveloping a section of the adult acute unit at Ballarat are nearing the final stage, with Community Visitors being invited to participate in a users group.

Eastern Health planning for building works, at Maroondah Hospital, at the community care unit in Canterbury and at Box Hill Hospital for the new adolescent unit, has required considerable staff resources this year.

Community Visitors have also observed positive improvements to services as a result of the Commonwealth's accreditation process in aged residential care.

3 YEAR IN REVIEW

3.1 Activities of the Board

In August 2005 the Community Visitors (Mental Health) Board submitted a proposal to the Department of Human Services, Mental Health Branch for a six month pilot program for Community Visitors to conduct routine visits to the emergency departments of hospitals which provide treatment for people with a mental illness. The rationale for this proposal was the increasing anecdotal evidence received by Community Visitors that people with a mental illness were being treated and detained in emergency departments for unacceptably long periods before being admitted to acute psychiatric units or before alternative appropriate accommodation could be arranged. The purpose of the visits is for Community Visitors to make observations and inquire into the extent of difficulties experienced by staff in sourcing appropriate hospital beds or other suitable accommodation or treatment options for people with a mental illness who have been assessed in emergency departments. This trial commenced in February 2006 at the Austin and Maroondah Hospital emergency departments. The Board will provide a report on their findings at the completion of the six month trial.

The Community Visitors (Mental Health) Board has participated in the development of the Community Visitors Program Strategic Plan (2006–2009) that sustains present practices and guides future directions to ensure continuing success of the program.

The Board also welcomes the review of *Patients' Rights*, a self-help guide to the Victorian *Mental Health Act*, which is being undertaken by Victoria Legal Aid and Mental Health Legal Centre. Community Visitors look forward to the release of the revised document as soon as possible, as patients have voiced their concerns to Community Visitors about the lack of written information available to patients about their rights and the *Mental Health Act*. Mental Health Legal Centre does, however, have an updated version of *Patients' Rights* on their website. The Community Visitor Program acknowledges the ongoing commitment of Victoria Legal Aid and Mental Health Legal Centre in ensuring they can provide up-to-date information for people affected by the provisions of the *Mental Health Act*.

In September 2005 the Board attended the Third National Conference on Human Rights and Mental Health at Federal Parliament, Canberra. This conference provided an arena for community activists, as well as politicians and health professionals, to come together to highlight the relationship between mental health and human rights across the country and demand a renewed commitment to upholding human rights that contribute to positive mental health outcomes in Australia. The conference aimed to create a climate for both community action and a response from federal and state governments so that policy makers take immediate steps to ensure that people with mental health issues are treated fairly and humanely.

The Board has initiated two training days for Community Visitors: one in November 2005 for Community Visitors who visit eating disorder units, and another in December 2005 at which two mental health clinicians provided an overview of psychiatric disorders and the common medications required to assist people with a mental illness. The Community Visitors Annual Conference 2006 was also fortunate to have Dr Kuruvilla George, Director

of Aged Persons Mental Health and Deputy Chief Psychiatrist, who presented an informative overview on dementia and aged persons mental health residential care.

The Board welcomes the regular opportunities to have discussions with Dr Ruth Vine, Director of Mental Health, Department of Human Services and other senior staff of the Mental Health Branch. Throughout the year these discussions covered relevant issues relating to the delivery of mental health services throughout Victoria.

The Board is now considering the necessity of pursuing discussions with the Mental Health Branch in relation to a possible role for Community Visitors in monitoring other services, particularly with the growth in the psychiatric disability rehabilitation and support services (PDRSS) (providing residential rehabilitation programs and up to 24-hour support) and with additional prevention and recovery care (PARC) facilities announced in the recent budget. These facilities are currently not visited by Community Visitors and amendments to the *Mental Health Act* 1986 would be required to authorise official visits by Community Visitors.

The Board has also modified the current Community Visitors brochure for patients and residents to make it more relevant to the needs of people with a mental illness. The original brochure had targeted all people with a disability. However, it was recognised by the Board that a mental health specific brochure was required to inform people with a mental illness of the role of the Community Visitors. The review of the workloads of Community Visitors (Regional Convenors) has been completed, with the appointment of a second person to oversee Community Visitors in the Southern Region.

The data spreadsheets which were introduced in 2004-05 are now providing useful information to assist with the analysis and documentation of concerns and developments across the state.

Reporting against goals

The goals and objectives developed by the Community Visitors (Psychiatric Services) Board for 2005-06 (See **Appendix 1**) provide a framework for reporting issues of concern and improvements. The following examples illustrate the types of issues Community Visitors report within each goal.

Goal 1

To visit each mental health service providing residential services and 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.

Beth is a 'voluntary' patient in an acute unit. She was given limited leave to attend to some business away from the hospital, but became extremely distressed when, on her return, she found that she had been declared an 'involuntary' patient. This was because she had failed to return on time despite her contacting the Crisis Assessment and Treatment Team to let them know she was going to be late.

Beth contacted a Community Visitor through the Office of the Public Advocate's Telephone Advice Service to share her distress and anxiety. She told the Community Visitor that she felt intimidated and was frightened of what the doctors might do to her as an "involuntary" patient.

The Community Visitor immediately explained to the staff member how distressed Beth was and that she urgently needed reassurance. This reassurance was provided by the staff and the patient thanked the Community Visitor for the action taken. The Community Visitor also pointed out to the staff that the patient had voluntarily returned and was willing to receive treatment. The next day Beth's status was changed back to 'voluntary' and she was discharged.

Ian, a patient at a suburban hospital, complained to Community Visitors of being strapped to a wheelchair and, despite his protests, being taken from the emergency department to the acute unit through the main foyer directly adjacent to the cafeteria. Ian was particularly unwell and felt acutely embarrassed and distressed. Hospital procedures provided for transportation of patients via ambulance or lifts away from public areas, and the failure to do this caused unnecessary distress and demonstrated a lack of respect for the rights and dignity of the patient.

Goal 2

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

Community Visitors monitored the problems experienced by an acute adult unit where the demand for beds exceeded availability. The hospital had to place some patients in other wards or transfer them to units in other areas. Additional staff resources were required, with results as follows:

July to September 2005

Admissions:	166
Discharges:	163
Bed days required to nurse mental health patients in other wards in the hospital:	487
Bed days required for the patients transferred to facilities in other areas:	396
Additional nursing shifts required:	834

Community Visitors remain concerned about the plight of Sue, a patient in an acute unit for 12 months. Sue requires alternative accommodation, which cannot be found. Sue has become deeply disturbed: weeping, depressed and begging to go home, no longer wanting to attend day activities, spending most of the day in the bedroom packing and unpacking clothes. This is a crisis situation for the patient – where is Sue’s quality of life?

Goal 3

To assess and report on the appropriateness and standard of facilities for accommodation, physical well-being and welfare of people with a mental illness

In one hospital Community Visitors have reported for a long time about the lack of window coverings of rooms in the high dependency unit. The velcro-fastened curtains are easily pulled down and are then misplaced or lost in the hospital laundry. Patients can be observed in their rooms from both the garden and the corridors, thus denying them any privacy.

Goal 4

To assess and report on the opportunities for recreation, occupation, education, training and rehabilitation of clients

Anne was admitted to an acute unit where she found a television was blaring in every lounge room from early morning to evening. Anne loves reading and enjoys quiet activities such as embroidery and knitting. She found the constant noise intrusive and felt the group activities did not meet her needs. She felt unsettled and alienated by her inability to find a quiet space to knit.

Goal 5

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

For 30 years Heather was treated at various mental health units until finally in 2004 she was admitted to a unit where the staff decided to keep her until the most appropriate discharge accommodation could be found.

An underlying intellectual disability was confirmed and a referral made in March 2005 to the Multiple and Complex Needs Program, but this could not be advanced until her intellectual disability status was assessed and she was eligible to access this program. It took nine months for this to happen.

Community Visitors noted that while Heather was being well cared for, an acute unit was too restrictive and inappropriate for her needs. Her behaviour had regularly resulted in her being placed in seclusion and the disruption to the unit was overwhelming. Finally, in June 2006, she was moved to a dual disability unit that should meet her needs and provide a caring environment.

Below is an outline of the issues that have been reported against the goals and objectives of the Community Visitors (Mental Health) across the state for 2005/06.

Chart 1: An overview of all goals statewide and the percentage of times each goal was reported against

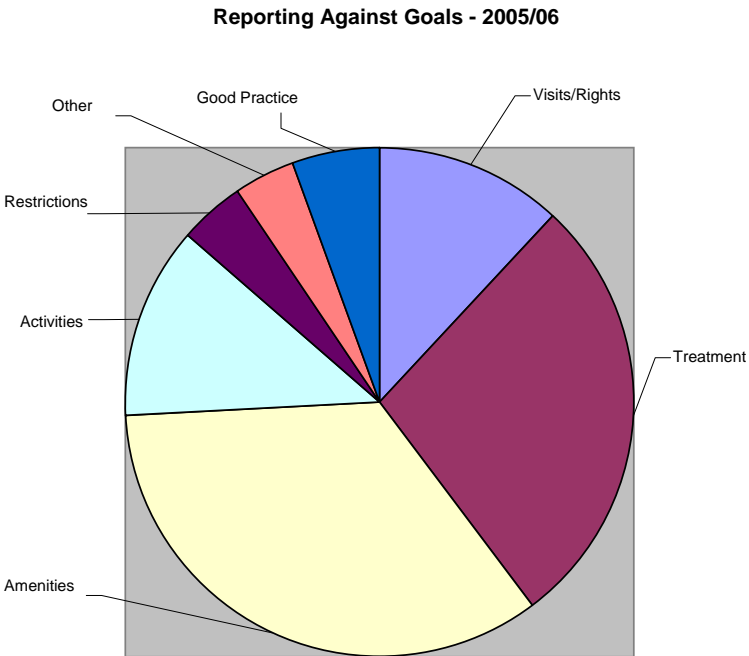


Chart 2: Report of Goal 2: *Treatment*. Percentage of times objective for Goal 2 has been reported against statewide.

Reporting Against Goal 2: Treatment – 2005/06

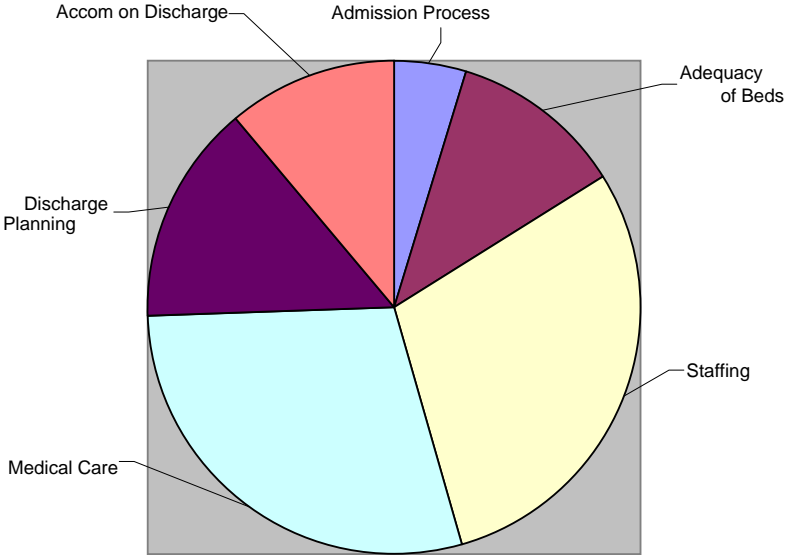
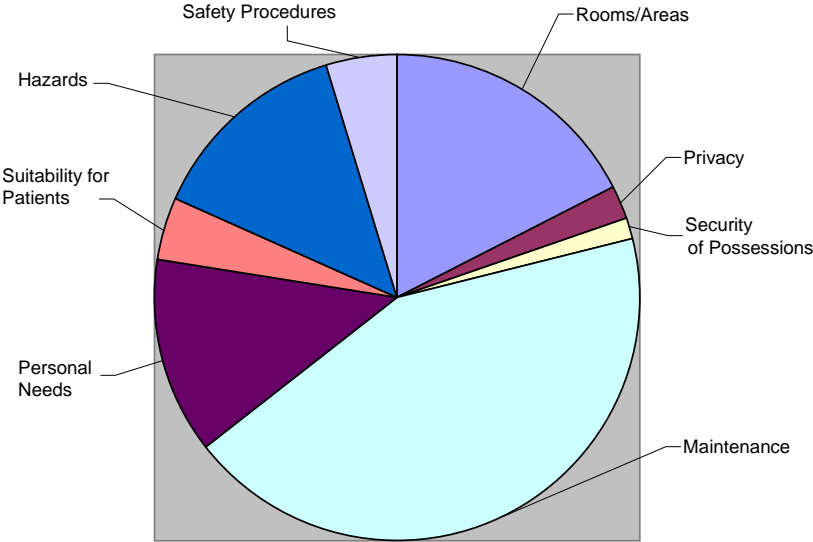


Chart 3: Goal 3: Amenities and Environment. Percentage of times objective for Goal 3 has been reported against statewide.

Reporting Against Goal 3: Amenities & Environment



Note: in all of the charts, there are both positive and negative comments recorded for each objective.

4 NORTHERN METRO REGION

Northern Metropolitan Region extends from inner suburban Melbourne to the rapidly developing outer urban areas of Epping and Whittlesea.

Nine Community Visitors attend the seventeen public mental health units: three adult acute inpatient units, two secure extended care units, two aged persons mental health residential care units, two child and adolescent inpatient units, two specialist units (mood and eating disorders, mother and baby), one community care unit and six forensic mental health units at Thomas Embling Hospital.

Community Visitors believe the quality of care provided in these facilities is generally excellent and report many positive comments by patients and residents.

Of significance in the region is the construction of the new mental health unit at Austin Health that, when opened later this year, will incorporate the four inpatient units temporarily housed on the Repatriation Hospital site since the closure of Larundel in 1999.

In the Government's 2006-07 Budget, the proposed provision of \$9 million for developmental works for a new extended clinical care facility – including mental health beds – on the Heidelberg Repatriation Hospital site is good news.

Community Visitors are concerned about the needs of mentally-ill persons in Correctional Services facilities and the pressure this has placed on Thomas Embling Hospital. The announcement of \$21.1 million to expand the Thomas Embling Hospital by 18 beds, and improve treatment for people needing secure mental health facilities is welcomed. The allocation of funds to address the complex mental health problems of the prison and forensic population is also seen as a very positive step.

4.1 Issues of concern

Shortage of acute and extended care beds

At Austin Health adult acute unit, Community Visitors often report waiting lists for people needing admission (e.g. five waiting at visits in February; two in March; four in April; five in May; two in June). Compounding this has been the need to provide beds for patients who should be in long-term care or a "step-down" unit.

At Bunjil House during the period from March to May 2006, there were between 15 and 22 active referrals of patients needing admission to this secure extended care facility. Some patients are there because there is no appropriate alternative accommodation – particularly for the six patients with a dual disability, for whom existing community care units may not be suitable. At Northern Hospital the shortage of discharge accommodation meant that some patients required an extended admission to the acute unit.

Locking of wards

Frequently the adult acute unit at Austin Health has been locked because of insufficient high dependency beds for very disturbed patients or those at risk of absconding. This has

meant that other patients are nursed in a more restrictive environment. A similar problem at Northern Hospital has also been reported.

Safety

At the Eagle statewide child unit, Community Visitors remain concerned at the close proximity of an access road and entrance to a new carparking area. They have recommended that a barrier, preferably using appropriate planting and landscaping, be established.

Delays in maintenance

The problem of blocked and debris-laden spouting on the building housing the inpatient child and adolescent units at Austin Health has been an ongoing unresolved issue reported by Community Visitors. A failure to attend to a routine maintenance task has led to some water damage and created a fire risk from the highly flammable twig and leaf debris on the roof of the annexe of the adolescent unit.

Slow response to problems with food transport

At the eating disorders and mother and baby unit (Banksia House), despite reports by nursing staff and Community Visitors the food services unit took several months to rectify the problem of some food being left uncovered during transport to the unit.

Inadequate facilities

The building housing the child and adolescent inpatient units at Austin Health is inadequate for its present purpose. The following are some of the particular issues noted by Community Visitors:

- In the adolescent unit, the location of the recreation room and the number of external doors means that supervision is difficult and at times requires additional staff.
- The adolescent high dependency and child time-out areas are cramped, and poorly located in terms of supervision, and the fabric of the walls of the adolescent unit is too fragile.
- The laundry in the child unit is in a cramped, poorly ventilated toilet room off a lounge area used for recreation and therapy groups.
- In the child unit an external door is needed from the dining room to the outdoor play equipment area to facilitate easy access and supervision.

Space for the excellent activities program at the Kath Atkinson Wing of Bundoora Extended Care is limited and a room for craft and cooking purposes is needed.

The air-conditioning units at Thomas Embling Hospital do not extend to the bedroom areas, which are very hot during the summer months. During these times patients report unpleasantly hot conditions in their bedrooms.

4.2 Improvements

Improved facilities

The eventual erection of a fence for the expanded children's play area and a new secure garden for the adolescents have considerably improved the safety of the child and adolescent inpatient units at Austin Health. Funds were raised for custom-built play equipment for the child unit.

The extension and refurbishment of the garden of Mary Guthrie House has created an attractive place where patients can easily walk or be wheeled. Raised garden beds allow disabled patients to do some gardening.

The attractive repainting of rooms at Mary Guthrie House, the adolescent unit at Austin Health and the Merv Irvine Nursing Home are welcome improvements, as are the new furniture, blinds and curtains at the adolescent unit.

Services and care programs

At the adult acute and secure extended care units at Austin Health the Management of Acute Arousal Program continues to benefit patients. This aims to give agitated patients insight into their feelings and behaviour and empower them to help manage their distress. It is collaboration between the nurse and the agitated patient as to what action is possible and what the patient feels is appropriate and helpful. Community Visitors believe this practice has contributed to a significant reduction in calls by patients to the Office of the Public Advocate's advice service. A new program of activities at the acute unit is also proving very helpful.

At the aged persons mental health residential unit (Merv Irvine) a new meals service introduced provides greater variety and choice for residents.

A carer peer support worker has been appointed at the aged persons mental health residential unit (Merv Irvine) to work with families of residents.

Refer to **Appendix 2: Northern Region Statistical Report for 2005-06.**

5 SOUTHERN METRO REGION

The Southern Metropolitan Region stretches from the Melbourne bayside area to the Mornington Peninsula and to Berwick. There are 24 units covering all aspects of care including an extended secure unit and a mother and baby unit. There are 14 Community Visitors visiting these units. The high workload continues for this region and the region is now divided into two, with a second Regional Convenor being appointed to help manage the large area and corresponding workloads. Close working relationships continue between staff and Community Visitors as both work toward a better future for people with a mental illness in care.

5.1 Issues of concern

Accommodation on discharge

With the closing of several supported residential services in the Frankston area, there is a serious lack of suitable accommodation for patients on discharge. Staff report that this is contributing to the higher readmission rate recently.

Lack of facilities for patients in need of long term intensive support

One patient was recently trialled in a community care unit after a year in the acute unit at Dandenong. This was unsuccessful because the program was not suitable for the patient's needs and therefore the patient has now returned to the acute unit.

Community Visitors report that staff are unable to find suitable accommodation for a patient with complex needs and severe behavioural problems.

At the Banksia Unit in Dandenong there are no high dependency beds for patients who are very unwell and therefore they are placed in the acute unit which is having a negative impact on other patients.

Staffing

There have been bed closures for a period of two months because of a shortage of nursing staff.

There were long delays at Casey Hospital in filling vacancies for an occupational therapist and a psychologist, and also for nursing staff. There was a similar long-term vacancy for an occupational therapist at Amaroo.

Cleaning and maintenance

At Monash there has been a long-standing problem with the standard of cleanliness both internal and external, particularly in the courtyard areas.

Community Visitors report the desperate need for the replacement of worn and unsuitable furniture in the mother and baby unit. Moorabbin community care unit has had insufficient funding over the past seven years, with three units in serious need of maintenance.

Locking of units

One area of concern occurring across the region is that units are often locked to prevent patients absconding who would otherwise require care in a high dependency unit.

The Alfred Hospital has resorted to locking unit doors more often this year because of the increased acuteness of patient illness. Community Visitors have been informed of the proposed plan to increase the bed numbers in the high dependency unit. This will hopefully reduced the need to lock the adult acute unit.

Monash Hospital adult acute unit has also introduced locked doors in order to better monitor the movements of patients and in an attempt to prevent patients absconding.

5.2 Improvements

Discharge planning

Procedures regarding discharge planning have been changed at Frankston and Dandenong Hospital, with staff reporting better bed availability and fewer delays in the emergency department.

The new prevention and recovery care unit at Springvale has also contributed to better discharge practices. Community Visitors have been advised that another unit is planned to be opened very soon in the Prahran area.

Reduced use of seclusion

There is a new procedure being introduced for patient management at the Alfred Hospital in an attempt to reduce the need for patients to require seclusion.

Maintenance

Maintenance issues delayed for many months at Dandenong Hospital are now being addressed, after the recent allocation of additional funding.

No smoking policy

The Alfred Hospital is working toward a smoke free environment with the introduction of a QUIT program.

Refer to **Appendix 3**: Southern Region Statistical Report for 2005-06.

6 WESTERN METRO REGION

The Western Metropolitan region extends from the Royal Melbourne Hospital to Broadmeadows, to Melton and to Werribee, encompassing a broad mix of urban and rapidly developing outer suburbs. There are twenty units comprising four adult acute units, one secure unit, two aged persons acute units, two child and adolescent acute units, four aged persons mental health residential units, three specialist units (eating disorders, neuropsychiatry, mother and baby) and four community care units.

Fourteen Community Visitors visit these units and attend management meetings. These forums allow discussion of concerns and brief Community Visitors on developments. A positive partnership between Community Visitors and unit managers enhances the effectiveness of the program.

Overall Community Visitors have been impressed with the general commitment and care shown to patients and residents by staff and management.

This year North West Mental Health has faced significant budgetary constraints but the state government's 2006-07 budget announcements have increased the capital works allocation to the service. This will enable the establishment of a prevention and planning unit at the Royal Melbourne Hospital that will provide a 48-hour assessment area for patients, thus relieving pressure on the emergency department.

Community Visitors welcome the combined initiative of North West and South West Mental Health Services in gaining Department of Human Services funding for a feasibility study for a prevention and recovery care unit in Deer Park.

6.1 Issues of concern

Inappropriate long-term placement of patients

It is a disturbing trend that patients with a dual disability (such as an intellectual disability and a mental illness) remain in an acute or secure extended care unit after their mental illness has been stabilised. It appears they are not placed on a priority list for Disability Services to enter more appropriate accommodation. For example, one client at a secure extended care unit catches public transport each week-day to her disability program placement, then returns each afternoon to the unit and is locked up.

A patient with complex needs was maintained in an acute unit for more than two years. This was inappropriate and had a negative impact on other patients.

At times beds in acute units are occupied for a lengthy period by persons from other areas (often interstate) who, when stable, should be transferred to their home area. In particular, this applies to persons who are brought to local hospitals when experiencing a mental health crisis at Melbourne Airport.

Insufficient secure extended beds

Community Visitors are aware of waiting lists of patients needing to be transferred from acute units to secure extended care.

The illness of a resident of a community care unit had become so severe that the behaviour of this person was having a serious effect on other residents and the functioning of the unit. The unavailability of a secure extended care bed for this patient meant that this unsatisfactory situation continued for several months.

Difficulty in retaining occupational therapists

Community Visitors have noted that services can attract graduates to these positions but the retention rate is poor. The effect is that when a position is vacant the existing program ceases and patients are left without access to appropriate and essential activities.

Delays in displaying required emergency evacuation plans

Since 2004, Community Visitors have been reporting their concern that, in both the adult acute and mother and baby units, no emergency evacuation plans were displayed. Despite this matter being raised by Community Visitors, this continued until early 2006. The plans were eventually put in place; however, the content of the plan in the adult acute unit remains a concern as the instructions still require minor adjustments.

Insensitive treatment of patients

At Sunshine Hospital emergency department the protocols for transporting patients from the emergency department to the adult acute unit have been ignored, thus causing distress to unwell people. Existing protocols provide for transportation of the patient to the admitting unit via ambulance or lifts away from public areas. A patient complained that she had been strapped in a wheelchair and, despite her protests, was taken through the main foyer directly adjacent to the cafeteria. She was particularly unwell and felt acutely embarrassed.

6.2 Improvements

New treatment initiatives

Staff of the community care unit and secure extended care unit combined to develop a more appropriate treatment model for a different type of clients they are now dealing with; i.e. aggressive younger males with a dual diagnosis. This new model reflects best practice treatment and psycho-social rehabilitation principles. Implementation began in early 2006. A key feature of the model is staff training and development.

There has been a public/private partnership pilot between North West Mental Health and the Melbourne Clinic. The Department of Human Services has funded three beds at the Melbourne Clinic for public patients. This is an excellent initiative to help relieve pressure on the public health system and it is anticipated that another three beds will be provided in the future.

Development of facilities

New extensions at Werribee community care unit were completed and are fully operational, providing a more welcoming foyer and a better environment for health professionals in their treatment of residents.

Refer to **Appendix 4**: Western Region Statistical Report for 2005-06.

7 EASTERN METRO REGION

The Eastern Metropolitan region covers the area in the eastern suburbs extending from St Vincent's Hospital, through St Georges Hospital to the units under the umbrella of Eastern Health extending out to the Yarra Ranges. These include the adolescent unit at Maroondah Hospital that accepts patients from northern Victoria and southern New South Wales, and the statewide personality disorder unit, Spectrum. In all there are 14 units and a total of 15 Community Visitors conducting visits throughout the year.

It is apparent that most units are stretched to the limit coping with the increased complexity of the needs of the people presenting for care and the demands for the available beds. People still have long waits in emergency departments for beds. It has been a constant struggle to recruit staff, with beds at Maroondah Hospital unavailable for occupancy for a short period.

In Eastern Health considerable staff resources have been focused on the redevelopments and planning for the new units announced last year, and working on strategies required in the interim stages.

Maroondah Hospital has been one of the hospitals where Community Visitors are participating in a six month pilot project undertaking trial visits to the emergency department. The Community Visitors have been warmly welcomed by staff during the trial when making observations and inquiries with respect to mental health patients awaiting assessment in the emergency department.

7.1 Issues of concern

Concerns regarding treatment

Patients often were concerned about what they perceived as a lack of communication by staff. Some patients stated that they felt it was as a result of the large workloads of staff.

Staff numbers have fluctuated throughout the year, with long delays at times before new staff are recruited. Beds have been unavailable for occupancy in both the adult acute and the adolescent units at Maroondah Hospital when staffing numbers have been at a crisis level.

For most of the year, except at St Vincent's, the staff of the acute units have found it necessary to lock the units. This has been because of the level of severity of patients' illnesses and the risk of patients absconding.

At the community care unit in East Ringwood, a resident with behavioural problems needs to be housed alone in a unit. The other residents initially reported feeling intimidated by this resident. This is seen by staff as being the least restrictive option for treatment and all are hopeful of returning the resident to community supported accommodation in the resident's own area.

Concerns regarding building fabric

At Maroondah Hospital at the adolescent and adult acute units initial damage is repaired, however final painting is not done. In the adult acute unit, window coverings have been a

problem: either there are no curtains or, in some areas, sheets are being used; patient privacy is continually compromised.

Other Issues

There has been no Consumer Consultant at the Eastern Health facilities for some time. External advisors have been utilised as the need arises.

Whenever the unit is locked at Maroondah Hospital access to garden areas is limited to half hour blocks, shared between the high dependency patients and the acute unit patients.

The introduction of a no-smoking policy in the adolescent unit of Maroondah Hospital has had very few complaints raised by patients, with all patients being offered alternative therapy.

The Spectrum program has introduced a policy whereby patients in the program must find alternative accommodation at weekends. This has caused some concern from those who live in the country. Discussions with regard to the impact of this decision for patients are ongoing and not yet resolved.

7.2 Improvements

St Vincent's hospital has tried this year to reduce aggression and absconding behaviour of patients through new procedures and a comprehensive activities program. Staff report this has been successful to date.

The aged care acute unit run by the Peter James Centre has improved the standard of cleanliness, after ongoing negotiations with contracting staff.

Much money has been spent in the region on refurbishment, in purchasing new furniture and effecting some internal structural changes. Changes to both St Vincent's Hospital and Box Hill Hospital have greatly improved the environment in the high dependency units.

All four of the aged persons residential units in the region obtained Commonwealth accreditation this year. Particular mention should be made of the Peter James Centre (mental health program), where there were no areas of concern to report.

Activity programs in all facilities appear to be of high standard, though inevitably some patients still voice dissatisfaction, because they have individual needs which cannot be met.

The Community Visitors have been satisfied that all long-term stay patients in the units have been there because of specific treatment needs.

Refer to **Appendix 5**: Eastern Region Statistical Report for 2005-06.

8 HUME REGION

This large rural region extends from Seymour to the New South Wales border and incorporates the Goulburn Valley, Shepparton, Wodonga, Wangaratta and Beechworth. Six Community Visitors travel to the widely dispersed units that consist of two adult acute inpatient units, two aged persons mental health residential units, and two community care units. The quality of care across the region is of a high standard.

The recent 2006-07 budget announcement provides for the relocation of the existing prevention and recovery care unit (eight beds, two day places) and the specialised rehabilitation residential unit (eight placements) at Shepparton to the redeveloped Ambermere psychiatric hospital, which will provide ten community care beds and eight prevention and recovery care beds, plus two beds to be allocated according to need.

Because of their concerns about current conditions that compromise patient privacy at Kerferd Clinic, Wangaratta, Community Visitors welcome the recent grant from the Department of Human Services to redevelop the high dependency unit where this problem exists.

8.1 Issues of concern

Shortage of appropriate discharge accommodation

There is a shortage of 24-hour secure supported accommodation for patients who require additional care and rehabilitation. Although community accommodation options for three acute unit inpatients were eventually arranged, their discharge from acute care was delayed for periods ranging from 97 to 168 days. At present, another acute inpatient with complex needs has been waiting for over 12 months for a secure accommodation placement.

There is a shortage of permanent, suitable and affordable accommodation for patients following discharge from acute care. In June 2006, regional rural housing waiting lists (Shepparton 348, Benalla 139, Wangaratta 239 and Wodonga 475) demonstrate the accommodation crisis being experienced.

Clients continue to be inappropriately placed in pension-level supported residential services accommodation following discharge from mental health units. Staff 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.

Shortage of staff, particularly psychiatrists

Recruitment and retention of professional mental health staff is an ongoing challenge for mental health management in rural areas. The shortage of psychiatrists in the Wodonga and Beechworth centres has reduced services available to the residents, particularly those in the mental health residential facilities.

Delays in maintenance

At the adult long term unit (Willow program), there was a 12 month delay in replacing the boundary fence, which had been destroyed in a storm.

At Wanyarra acute unit, the long delay in finding a solution to the problem of the heavy exit doors to the patio caused considerable difficulty for the elderly patients, including one patient being injured when caught by the heavy doors.

At Kerferd Clinic, Community Visitors continue to be concerned at the lengthy delays taken to attend to maintenance issues.

8.2 Improvements

Facilities

At Wanyarra acute unit, the reception area and high dependency unit have been redeveloped to enhance care and improve privacy.

Night sensor lights have been installed throughout Grutzner House units, thus improving safety and visibility for residents.

Grutzner House residents are enjoying the new television and other audio visual equipment recently installed in the activities room.

Availability of appropriate discharge accommodation

The adult acute unit (Kerferd Clinic) Homelessness Officer has secured one two-bed unit and one three-bedroom house through Rural Housing. Support for residents is being provided by existing Disability Support Services.

Availability of staff

Two clinical psychologists are now employed by the Wangaratta Division of Psychiatry for group and individual therapy.

New staff appointments at the acute unit in Shepparton include a psychologist for the activities program.

Wodonga Regional Service has recently employed a psychiatrist who visits the community care Wodonga unit each week.

Activities and programs

Inpatients at the adult acute unit (Kerferd Clinic) praise the diversity and individuality of the therapeutic activities provided. No longer do Community Visitors hear that boredom is an issue.

At Willow an outstanding activities program has been developed which provides for individual choice and involves residents in discussion about the program.

At Benambra community care unit, new programs have been developed, including a car cleaning contract that helps in encouraging a good work ethic, self esteem and time management. A therapeutic garden project has also begun with enthusiastic involvement of residents.

At the adult acute unit (Kerferd Clinic) the practice of reviewing evacuation plans at the daily patients' meeting is valuable and essential for new patients.

Legal representation for patients

Victorian Legal Aid services have received funding to set up a program to represent involuntary inpatients attending the Mental Health Review Board. This is a new initiative and two Wangaratta lawyers have been accredited.

Refer to **Appendix 6**: Hume Region Statistical Report for 2005-06.

9 BARWON–SOUTH WEST REGION

This region covers both the Warrnambool and Geelong areas, with six different units. These cover adult acute and community care units, but there is only one aged care unit and no provision for those needing long-term care or those who have special needs. The region is serviced by six Community Visitors at present.

9.1 Issues of concern

Pressure on beds

In Barwon–South West region there is a continual pressure for admission to the community care unit in Geelong. Some patients ready for discharge from the acute unit are unable to access the community care unit beds, as residents in the community care units are unable to find alternative appropriate community based accommodation in the region.

Staff report a high readmission rate at the adult acute unit at Geelong because of a lack of sufficient community support for patients.

Geelong has had significant population growth; however, the number of mental health beds has not increased to meet the current demand.

Accreditation

The aged person mental health residential unit (Hilary Blakiston House) had difficulty in obtaining Commonwealth accreditation this year. The main areas for concern were the management and documentation for residents. Strategies are now in place and Community Visitors have seen improvement in these problem areas. Community Visitors also note an improvement in the response to maintenance matters since the accreditation survey.

9.2 Improvements

The community care units both have full activity programs and the Community Visitors have attended the residents' meeting at the community care unit in Geelong, where they have ensured that the activities offered are meeting the residents' needs and that there is a clearer understanding of the role of Community Visitors.

At the aged person mental health residential unit (Hilary Blakiston) and at the adult acute units there are a variety of activities available. Refer to

Appendix 7: Barwon–South West Region Statistical Report for 2005-06.

10 LODDON MALLEE REGION

This region covers a vast rural area from Kyneton to Mildura and along the Murray River to Swan Hill. The public mental health units are mostly located at Bendigo (an adult acute unit, an aged persons acute unit, secure extended care unit with associated community care units and an aged persons mental health residential unit). At Mildura there is an adult acute unit that includes aged persons acute beds.

Five Community Visitors attended the units and observed the commitment of many staff to providing the best possible care. Community Visitors have also been aware of the stresses on the system and staff arising from the difficulty in recruiting and retaining psychiatrists, nurses and other health workers. Some of these frustrations arise where some units are not adequate for their purpose, and from the limitations on providing well-integrated mental health care across a large region.

The Bendigo Health Care Group is proceeding with the establishment of a prevention and recovery care unit in partnership with the Richmond Fellowship. It will be located in a ten unit property already owned by Bendigo Health Care Group. The Department of Human Services has provided funding for architectural assessment and refurbishment and it is hoped the facility will be operational by 2007.

10.1 Issues of concern

Shortage of psychiatrists

In Bendigo, the position of Clinical Director of Mental Health Services was unable to be filled for an extended period of time. While the situation has improved, two psychiatric positions are still vacant. At Mildura Hospital there has been no senior psychiatric registrar for twelve months.

Insufficient acute beds

At Mildura Hospital there is usually a waiting list for admission to the adult acute unit.

From July 2005 to February 2006, the adult acute unit at Bendigo Hospital experienced a 45% increase in admissions. This placed enormous pressure on the resources of the hospital and necessitated the placement of psychiatric patients in general hospital wards, or transfer to out-of-area units. This also required the provision of a significant number of additional nursing shifts.

Need for allied health staff

At the aged persons acute unit (Marjorie Phillips) at Bendigo, regular activities programs are not possible because allied staff are not available and there is inadequate suitable space.

In Bendigo, at the aged persons mental health residential unit (Simpkin House), a part-time social worker is needed to assist with discharge planning for patients who require alternative care.

Shortage of appropriate discharge accommodation

At Mildura there is an urgent need for a 'step-down' unit to relieve pressure on the adult acute unit at Mildura Hospital and to provide more appropriate accommodation for patients recovering from the acute phase of their illness. One patient has been in the unit for more than 12 months, as no suitable accommodation can be found in that area.

Inadequate facilities

Because of inadequacies in the air-conditioning systems at both the Alexander Bayne Centre and Marjorie Phillips Unit at Bendigo Hospital, some heating and cooling problems continue.

Despite the erection of sail cloths to provide shade, the courtyard of the high dependency unit at Alexander Bayne Centre is an ugly, barren area unsuitable for distressed and unwell patients.

Community Visitors believe that at the secured extended care units at Vahland House, Bendigo, there are potential safety issues for patients resulting from the lack of supervision that can be provided by staff, due to the lack of vision for staff to the lounges and kitchen areas used by the patients.

10.2 Improvements

Significant impact of changes in practice

At the Alexander Bayne Centre, the adult acute unit at Bendigo Hospital, various changes and improvements have been implemented resulting in a more efficient use of resources and a better outcome for patients.

Despite a dramatic increase in admissions during the past year, there has been, in recent months, a significant reduction in the number of mentally ill patients having to be nursed in the hospital's general wards or transferred to units out of the area. In August 2005, 149 bed days were needed on the general wards, plus 140 bed days out-of-area, whereas in February 2006, 11 bed days were required in the general wards and only 17 days were utilised out-of-area.

Changes and developments include:

- an increase in psychiatrists' time and an altered medical management process enabling more consistent patient/doctor contact
- more rapid provision of medical files from distant areas thus expediting appropriate treatment
- more effective staff hand-over sessions including involvement of allied health staff, crisis assessment team and case management teams
- family sensitive training for staff
- resumed carers' information sessions
- changes in seclusion practices.

Long-standing maintenance issues have been attended to, e.g. new carpet where needed, translucent film on bedroom windows to increase privacy, and improvements to the high dependency unit.

Community Visitors have also noted a significant reduction in calls by patients to the Office of the Public Advocate's Advice Service in recent months.

Refer to **Appendix 8**: Loddon Mallee Region Statistical Report for 2005-06.

11 GRAMPIANS REGION

The area covered is from Bacchus Marsh to the South Australian border and includes services at Ballarat, Stawell, Horsham and Nhill. Six Community Visitors are responsible for the region's one adult acute inpatient unit, one secure extended care unit, one aged persons acute unit, three aged persons mental health residential units and a community care unit. Overall the quality of care at these facilities is excellent and interaction between staff and patients or residents is very positive. Community Visitors appreciate the productive meetings with senior management and the commitment of staff to improving their skills.

11.1 Issues of concern

Delayed official response to complaints

At the Ballarat Hospital's acute admission unit, a complaint notified in early December was not officially responded to until mid-April. It concerned a range of issues about the quality of care received by a patient. Community Visitors have been advised that a recent report within the facility confirmed that delays in official responses to complaints were not uncommon but that this problem is being addressed by management.

At Sovereign House, Ballarat, the lengthy delay in replacing the badly worn and damaged carpet in the walkway is a safety risk to patients and staff.

Increased administrative work for nursing staff

At the aged persons acute unit (Steele Haughton), Ballarat, Community Visitors have heard patients' comments and have observed that nursing staff are now spending significantly more time on administrative duties, resulting in reduced time available for patients.

11.2 Improvements

Availability of staff

Community Visitors have observed a significant increase in available resources in the Wimmera area, with the appointment of a psychiatrist located in Horsham and a full complement of registered psychiatric nurses on the team.

Patient information specifically for the use of Community Visitors

At the aged persons mental health residential unit at Stawell, staff have introduced a profile of each resident that provides information about past occupations, interests, hobbies etc. Community Visitors feel this helps them to relate more effectively to residents during their visits.

Redevelopment and upgrade of facilities

Plans for the redevelopment of the adult acute unit at Ballarat Base Hospital are nearing the final stage. This includes a new entrance area, offices and security provisions and

direct access to the acute unit. Community Visitors have been invited to participate in the Acute Admission Redevelopment Users Group.

A long overdue general upgrade, including bathroom facilities, is being undertaken at Eastern View community care unit, Ballarat.

Commendable activity programs

At Sovereign House, Ballarat, a pilot project involving aerobic exercise for people with chronic schizophrenia is in progress. The long-term benefits of this will be evaluated by Ballarat Health Services and La Trobe University.

An extensive and beneficial activities program has been developed at the aged persons mental health residential unit at Ballarat. This includes interesting and appropriate outings, discussion groups, games, exercises, walks and handcraft.

Refer to **Appendix 9**: Grampians Region Statistical Report for 2005-06.

12 GIPPSLAND

This region's mental health units are based at the Latrobe Regional Hospital in Traralgon. The units cater for adult acute and adolescent patients, secured extended care and aged persons acute and mental health residential services. Four Community Visitors currently undertake routine visits to these units.

Community Visitors have encountered few concerns this year, with previously reported maintenance items being addressed and new furniture and floor coverings installed. The Flynn acute unit continues to be fully occupied, with occasional over demand resulting in patients spending up to 48 hours in the emergency department. The new community care unit in Traralgon is almost operational and should alleviate pressure on the acute unit, where previous delays in discharges were due to the lack of community residential care options. Community Visitors welcome the proposed plan by the Department of Human Services – Mental Health Branch for a prevention and recovery care unit to be located in Bairnsdale. Quarterly meetings have been held between Community Visitors and hospital management with a useful exchange of information.

12.1 Issues of concern

Admissions

Community Visitors have noticed that some patients are frequently readmitted despite good community support. There may be the potential, with the opening of the community care units, for readmission rates to be reduced. Patients are aware of the treatment plans developed for them, but nursing staff report that these are sometimes not completed.

No smoking policy

The introduction of the no smoking policy throughout the hospital from 1 March 2006 resulted in some complaints from patients. One serious assault, by a patient unable to comprehend the ban, was reported. Most patients now accept the no-smoking status and can receive assistance in the form of patches or other medications. Constant monitoring is needed to ensure that cigarettes and lighters are not brought into the unit to cause potential risks. Community Visitors will be required to monitor the effects of the smoking policy to ensure that adequate support is provided to patients who are unable to smoke, particularly those patients who are involuntary and cannot access the hospital's smoking areas. Monitoring is also required where patients refuse alternative treatments and undergo the effects of withdrawal from nicotine.

12.2 Improvements

The aged persons mental health residential unit (Macalister Unit) achieved Commonwealth accreditation recently, with no major changes in the program needed.

Seclusions

Seclusion rooms appear to be appropriately utilised in patient care and Community Visitors do not report any concerns in this area.

Activities

Good activity programs are in place in all units.

The opening of the new community care unit is an eagerly awaited addition to the region, as Gippsland has been waiting for many years for these units.

Refer to **Appendix 10**: Gippsland Region Statistical Report for 2005-06.

13 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.

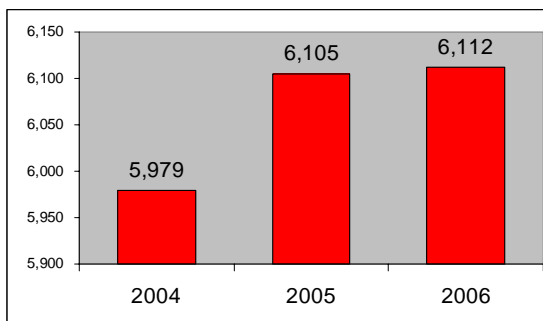
The core role of the Community Visitor is to safeguard the interests and rights of people with a disability in accordance with accepted community standards. Community Visitors are independent of service providers and through regular visits to facilities are able to assess whether the service is observing 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. In selecting Community Visitors, the program values broad life experience and volunteers need to demonstrate a commitment to people with a disability enjoying the same rights as other members of the community.

13.1 Year in review

The Office of the Public Advocate was responsible for training and supporting 594 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.

Number of visits



Community Visitors made 6,112 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.

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.

Health Services

Community Visitors (Health Services) who visit Supported Residential Services made 1,528 visits this year and reported on a broad range of issues. These include problems arising from the complex resident mix in many pension-level facilities, the quality of care provided, a lack of activities, inadequate staffing, an absence of tenancy rights, the physical environment, and poor documentation. However Community Visitors acknowledge that there are also many SRS proprietors and staff providing good quality care, and those charging less than or just above pension-level, often struggle financially. Many SRS residents have few social supports and some have a history of homelessness. Others are at risk of homelessness, because of their support needs and the limited accommodation choices available to people on low incomes.

Community Visitors congratulate the Victorian Government on its announcement of the *SRS Supporting Accommodation for Vulnerable Victorians* initiative in the 2006 State Budget. This initiative will provide \$29.41 million over four years (or \$40.4 million over five years) to implement a range of measures to improve the viability of pension-level SRSs and the quality of life of SRS residents. Community Visitors hope these resources will advance the standard of care in SRSs and expand the opportunities and choices available to people living in SRSs in Victoria.

The Community Visitors also commend the government on legislative reforms to strengthen requirements in relation to residential statements, the management of resident finances, and notification to residents and their families when an SRS closes.

Despite these reforms, there is still more to be done to ensure that SRS residents are able to live in a home-like environment and participate in their community. Some residents continue to live in poorly staffed facilities in conditions that would not be acceptable in other aged and disability residential services, or tolerated by the general public. Standards need to be strengthened and alternatives created.

Disability Services

Whilst Community Visitors visiting Disability Services applaud the redevelopment of Kew Residential Services, they call on the Victorian Government to have plans and proposals approved by 30 June 2007 to redevelop the remaining outdated and run-down institutions of Colanda in Colac and Sandhurst in Bendigo. The State Disability Plan 2002-2012 states that all institutions will be redeveloped and the absence of any decision by the government for the future needs of these residents at Colanda and Sandhurst is unacceptable.

Community Visitors welcome the introduction of person-centred planning as a mechanism for ensuring that the disability services sector is driven by the needs, rights and aspirations of individual people with a disability rather than by the needs of service providers. The Office of the Public Advocate has been involved in consultation around the implementation

of this approach and remains optimistic about the benefits to people with a disability. What is now required is a commitment to implement this approach in a comprehensive way.

Community Visitors continue to report on:

- the importance of capable leadership and quality staff support across disability accommodation services;
- the problems for people with a disability participating in community activities when there is insufficient transport, particularly for those living in geographic isolation;
- the importance of health care and regular health monitoring and the right of residents to receive the same range of health services that are provided to the general community;
- the need to recognise the significant increase in the number and proportion of ageing residents living in disability accommodation services and the requirement for consistent and clear policies and practices for them; and
- a continuing shortage of respite places where demand exceeds supply for facility based respite.

Quality Project

The Department of Human Services provided funding for a project to review visiting and reporting of the Community Visitors (Disability Services). The report of this project was received by the Community Visitors (Disability Services) Board and the Department of Human Services in December 2005. The key findings and recommendations have been widely distributed and discussed. While many of the findings and recommendations were specific to the Disability Services stream of the Community Visitors Program, they have relevance for the whole program across all streams. The key findings and recommendations have been put forward for consideration in the strategic planning process for the whole program, which is being conducted.

One of the findings of the project was the need for additional coordinators. A fourth coordinator position, which includes a responsibility for quality monitoring within the Community Visitors Program, has received funding from the Department of Human Services for another year at this stage.

13.2 Visits by Community Visitors

Community Visitors: Visits

	2002-03	2003-04	2004-05	2005-06
Disability Services	2389	2945	3008	3210
Health Services	1652	1587	1617	1528
Mental Health Services	1350	1447	1480	1374
TOTAL	5391	5979	6105	6112

Each stream of the Community Visitors Program has different requirements for a minimum number of visits by Community Visitors to each facility. The varying requirements are outlined below.

Disability Services

In 2005-06 Community Visitors (Disability Services) completed 3,200 visits to 1,076 places, which remains below the ideal target.

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. All these institutions were visited on a monthly basis, with a total of 168 visits being recorded for the 26 units (each accommodating a large number of residents) at these institutions.

There is no legislated minimum number of visits to the other 1,050 accommodation services, which are generally houses accommodating up to five people. Most places were visited at least twice during the year. The Disability Services Board has set an ideal target of visiting once a quarter, which translates to a target of 4,200 visits per year (plus the visits to institutions).

Mental Health Services

The *Mental Health Act* requires Community Visitors to visit each of the 106 approved mental health services on a monthly basis. Of the 1,374 visits conducted by Community Visitors this year, 1,160 were scheduled routine visits and 214 were callout visits in response to requests from individual patients and or their families. On this basis there was a shortfall of 112 visits. This has occurred as a consequence of a shortfall of Community Visitors in some areas and the difficulties in visiting all units against the number of visits as required by legislation. A noted change and possible reason for the shortfall in visits has been the increase and complexity of callout visits which can involve considerable time of Community Visitors.

Health Services

There is no legislative requirement relating to the regularity of visits to Supported Residential Services. The Community Visitors (Health Services) Board, however requested that in 2005/06, Community Visitors aim to visit all Supported Residential Services with pension-level beds on a monthly basis and pension-plus facilities less often. There are difficulties setting accurate targets as the pension-level status of a Supported Residential Service depends on the particular residents at any time.

Target number of Community Visitors

At 30 June 2006, there were 473 Community Visitors of whom 406 were appointed and 67 in training. Together with the 121 Community Visitors who resigned during the year (that is 25.5%), a total of 594 Community Visitors were trained and supported over the course of the year.

The number of prospective Community Visitors in training (67) is indicative of the ongoing efforts to recruit volunteers during the year. The process for selecting and training Community Visitors is, appropriately, quite an extensive one. It can take six months before recruiting efforts flow through to an increase in the number of Community Visitors. It is estimated that, to meet the visiting requirements of the program, another 48 volunteers are needed across Victoria (as at 30 June 2006: 37 in Disability Services, 6 in Health Services and 5 in Mental Health). Due to the proportion of volunteers who leave the program each year (25.5% in 2005/06), the need to recruit is a continuing challenge.

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 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, 112 training sessions were conducted for 1,403 attendees. Thirty four of these days were run centrally for 692 attendees and a further 79 sessions were run locally with 711 attendees. The high quality of the training program and the commitment of Community Visitors to attend training are fundamentally important to the quality of the program.

Whistleblowers Protection Act

The *Whistleblowers Protection Act 2001* encourages and facilitates disclosure of improper conduct by public officers and public bodies. For the 12 months ending 30 June 2006, the Public Advocate did not receive any disclosures covered by the Act. The Public Advocate is committed to the aims and objectives of the Whistleblowers Protection Act, and a copy of the Public Advocate's Whistleblower Procedure Manual is available on our website at www.publicadvocate.vic.gov.au or from the Office of the Public Advocate, Level 5, 436 Lonsdale Street, Melbourne.

APPENDICES

Appendix 1

Mental Health Goals and Objectives 2005/2006

The Community Visitors Program seeks to promote the rights, dignity and safety of people with a disability, both at an individual and systemic level, through the provision of an independent, credible and respected program of visits to facilities as required by the four Acts establishing the program.

Community Visitors practice is guided by the following principles and values of fairness, objectivity, integrity, honesty, conscientiousness and commitment to the public interest.

Goal One

To visit each mental health service providing residential services and 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.

Community Visitors will meet this goal by:

- Being alert to signs that the rights and dignity of individuals are not being respected
- Investigating complaints about treatment and care
- Following up referrals from the Office of the Public Advocate's Advice Service
- Providing the required reports of visits and following up actions and outcome of any issues of concern.

Goal Two

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

Community Visitors will meet this goal by:

- Raising issues of concern encountered in the admission process (including treatment in the emergency department)

- Monitoring the availability and distribution of beds in the services
- Inquiring into access to treatment options for both psychiatric and non-psychiatric treatment with reference to specific clients
- Inquiring into discharge planning procedures and the availability of suitable accommodation on discharge
- Regularly asking about the number of professional and ancillary staff and noting any shortages
- Reporting on issues of concern both at the facility and systemically.

Goal Three

To assess and report on the appropriateness and standard of facilities for accommodation, physical well-being and welfare of people with a mental illness.

Community Visitors will meet this goal by:

- Inspecting all areas, noting levels of physical comfort, cleanliness, safety, privacy, maintenance and security
- Inquiring into clients' personal care needs (clothing, toiletries, dietary requirements)
- Reporting on problems and following up on any proposed actions to remedy deficiencies
- Observing the appropriateness of a facility and raising any concern if it is felt the facility is inappropriate for a specific client's needs.

Goal Four

To assess and report on the opportunities for recreation, occupation, education, training and rehabilitation of clients.

Community Visitors will meet this goal by:

- Observing the availability and suitability of areas for these purposes
- Inquiring into client satisfaction with programs and facilities
- Discussing programs (such as Individual Service Plans and activities) with staff with reference to a specific client's concerns.

Goal Five

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

Community Visitors will meet this goal by:

- Understanding the provisions of the Act regarding a person's rights (including restraint and seclusion provisions) and being prepared to act on their behalf where there appears to be a breach of the legislative provisions
- Checking that clients are fully informed of their rights and assisting with appropriate information where this is needed
- Observing whether the accommodation is the least restrictive environment possible (including the reasonableness of any restriction).

Tasks for 2005-06

A) Community Visitors are asked to assist in gathering information relevant to the following issues:

- Evidence of lack of psychiatric beds for persons needing admission to a mental health facility
- Evidence of increasing levels of disruptive behaviour as demonstrated in increased incidents in facilities
- The demand for High Dependency Unit beds and the additional support required as a consequence of a shortage of such beds
- Frequency of readmission of clients and reasons for this.

B) Community Visitors' representatives on the Community Visitors (Mental Health) Board will endeavour to visit regions over the coming year.

These goals and objectives have been developed by the Community Visitors (Mental Health) Board for Community Visitors appointed under the *Mental Health Act 1986*.

Appendix 2: Northern Metro Region Statistical Report 2005/06

NORTHERN REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Epping Hospital	12	3	15
	Austin Health – Ward 10	12	4	16
	Austin Health – Ward 17 War Veterans & Wives	4	0	4
Secure Extended Care Unit	Austin Health – Bunjil House	12	1	13
Brain Disorders Unit	Austin Health – Mary Guthrie House	12	1	13
Community Care Units	Wood St, Preston	9	1	10
Child and Adolescent Inpatient Unit	Austin Health – Adolescent	11	0	11
	Austin Health – Statewide Child	11	1	12
Mother and Baby Unit	Austin Health – Banksia House	12	0	12
Aged Persons Mental Health Residential Unit	Bundoora Extended Care Merv Irvine	10	0	10
	Bundoora Extended Care Kath Atkinson Wing	10	0	10
Forensic Mental Health	Thomas Embling – Argyle	12	0	12
	Thomas Embling – Atherton	12	3	15
	Thomas Embling – Barossa	11	1	12
	Thomas Embling – Canning	10	0	10
	Thomas Embling – Bass	10	0	10
	Thomas Embling – Daintree	12	1	13
Specialist Unit: Mood and Eating Disorders	Austin Health – Banksia House	12	0	12
Austin Hospital Emergency Dept (Trial visits)	Austin Health	6	0	6
TOTAL		200	16	216

Appendix 3: Southern Metro Region Statistical Report 2005/06

SOUTHERN METRO REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adolescent Unit	Monash Medical Centre	12	2	14
Adult Acute Inpatient Units	Alfred Hospital – Junction	12	7	19
	Alfred Hospital – Waiora	12	13	25
	Casey Hospital – Ward E	9	3	12
	P Block, Monash Medical Centre	12	5	17
	Acacia Ward, Dandenong Hospital	12	3	15
	Banksia Ward, Dandenong Hospital	12	4	16
	Frankston Hospital	12	2	14
Mother & Baby & Eating Disorder Units	Monash Medical Centre	12	0	12
Aged Persons Acute Units	Baringa, Caulfield Medical Centre	12	0	12
	Frankston Hospital	12	0	12
	Amaroo, Dandenong Hospital	12	0	12
	Biala, Kingston Centre	9	0	9
Aged Persons Mental Health Residential Units	Namarra, Caulfield Medical Centre	10	0	10
	Allambee, Kingston Centre	11	0	11
	Yarraman, Kingston Centre	8	0	8
	Carinya, Frankston	11	0	11
Secure Extended Care Unit	Wurringga Unit, Dandenong Hospital	12	0	12
Community Care Units	East St Kilda, Alfred Hospital	9	0	9
	Doveton, Dandenong Hospital	9	0	9
	Frankston Hospital, Spray Street	11	0	11
	Moorabbin	10	0	10
Aged Persons Mental Health Residential Units	Moorleigh, Kingston Centre	11	2	13
	Michael Court, Frankston	11	0	11
TOTAL		263	41	304

Appendix 4: Western Metropolitan Region Statistical Report 2005/06

WESTERN METRO REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Broadmeadows Hospital	12	2	14
	Royal Melbourne Hospital	12	7	19
	Sunshine Hospital	12	8	20
	Werribee Mercy Hospital	12	7	19
Secure Extended Care Unit	Sunshine Hospital	12	3	15
Aged Persons Acute Units	Broadmeadows Hospital	12	0	12
	Sunshine Hospital	12	1	13
Child & Adolescent Acute Units	ORYGEN	12	0	12
	Banksia	12	0	12
Community Care Units	Broadmeadows – Talgarno St	10	0	10
	St. Albans – Evergreen St	10	0	10
	Norfolk Terrace – Flemington	10	0	10
	Werribee	10	0	10
Aged Persons Mental Health Residential Units	McLellan House, Broadmeadows	10	0	10
	Westside Lodge, Sunshine	10	0	10
	Southstone Lodge, Werribee	10	0	10
	Weighbridge, Flemington	10	0	10
Specialist Units	RMH – Eating Disorders	12	5	17
	RMH – Neuropsychiatry	12	0	12
	Mother & Baby Unit	12	0	12
TOTAL		224	33	257

Appendix 5: Eastern Metropolitan Region Statistical Report 2005/06

EASTERN METRO REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Maroondah Hospital	14	10	24
	Upton House, Box Hill Hospital	14	10	24
	St Vincent's Hospital	12	3	15
Adolescent Inpatient Unit	Maroondah Hospital	12	0	12
Aged Persons Acute Units	Peter James Centre, South Ward	12	1	13
	Normanby House, St George's Hospital:	12	2	14
Aged Persons Mental Health Residential Units	Riverside, St George's Hospital	11	0	11
	Auburn House, St George's Hospital	11	0	11
	Mooroolbark, Peter James Centre	11	2	13
	Northside, Peter James Centre	12	0	12
Community Care Units	Canterbury Rd, Box Hill Hospital	11	2	13
	Bona Street, Maroondah Hospital	12	0	12
	Footbridge, St Vincent's Hospital	11	0	11
Specialist Units	Spectrum, Statewide Personality Disorder Service, Maroondah Hospital	11	0	11
Maroondah Hospital Emergency Dept	Maroondah Hospital	-		
TOTAL		164	30	194

Appendix 6: Hume Region Statistical Report 2005/06

HUME REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Kerferd Clinic, Wangaratta	12	2	14
	Wanyarra, Shepparton	12	4	16
Community Care Unit	Willow Care Unit, Beechworth	10	0	10
Community Care Unit	Benambra, Wodonga	12	0	12
Aged Persons Mental Health Residential Units	Grutzner House, Shepparton	9	0	9
	Blackwood Cottage, Beechworth	10	0	10
TOTAL		65	6	71

Appendix 7: Barwon-South West Region Statistical Report 2005/06

BARWON-SOUTH WEST		NUMBER OF VISITS		
Type of Service	Facility Visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Swanston Centre, Geelong	12	12	24
	Ward 9, Warrnambool	13	6	19
Community Care Unit	Geelong	12	2	14
Community Care Unit	South West Healthcare, Warrnambool	12	0	12
Aged Persons Mental Health Residential Units	Hilary Blakiston House, Geelong	13	0	13
TOTAL		62	20	82

Appendix 8: Loddon Mallee Region Statistical Report 2005/06

LODDON MALLEE REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Units	Alexander Bayne Centre, Bendigo	11	21	32
	Mildura Base Hospital Mental Health Services	11	2	13
Aged Persons Acute Unit	Marjorie Phillips Aged Acute Psychiatric Unit, Bendigo	11	1	12
Secure Extended Care Unit	Vahland House, Bendigo	9	8	17
Community Care Unit	Vahland House Bendigo	7	3	10
Aged Persons Mental Health Residential Unit	Simpkin House, Bendigo	7	0	7
TOTAL		56	35	91

Appendix 9: Grampians Region Statistical Report 2005/06

GRAMPIANS REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Unit	Ballarat Base Hospital	12	18	30
Secure Extended Care Unit	Sovereign House, Ballarat	12	1	13
Community Care Unit	Eastern View, Ballarat	12	1	13
Aged Persons Acute Unit	Steele Haughton Unit, Ballarat	12	0	12
Aged Persons Mental Health Residential Units	MacPherson Smith, Stawell	9	0	9
	Iona House, Nhill	9	0	9
	Steele Haughton Extended Care, Ballarat	12	0	12
TOTAL		78	20	98

Appendix 10: Gippsland Region Statistical Report 2005/06

GIPPSLAND REGION		NUMBER OF VISITS		
Type of service	Facility visited	Statutory	Callout	Total
Adult Acute Inpatient Unit	Flynn Ward, Latrobe Regional Hospital	12	12	24
Child and Adolescent Unit	Flynn Ward, Latrobe Regional Hospital	0	0	0
Secure Extended Care Unit	Flynn Ward, Latrobe Regional Hospital	12	0	12
Aged Persons Acute Unit	Macalister Ward, Latrobe Regional Hospital	12	1	13
Aged Persons Mental Health Residential Units	Macalister Ward, Latrobe Regional Hospital	12	0	12
TOTAL		48	13	61