This version of the NT Lived Experience Network's online survey includes comments that some people may find distressing.

Please note that there is another copy of the survey is available, which does not contain comments. You may wish to read this instead.

Need help?

In a mental health crisis call:

- Emergency services on **000**
- NT Mental Health Access Team on **1800 682 288**

For mental health support call:

- Lifeline on **13 11 14**
- Kids Helpline on **1800 55 1800**
- Suicide Call Back on **1300 659 467**
- Brother to Brother Crisis Support on **1800 435 799**

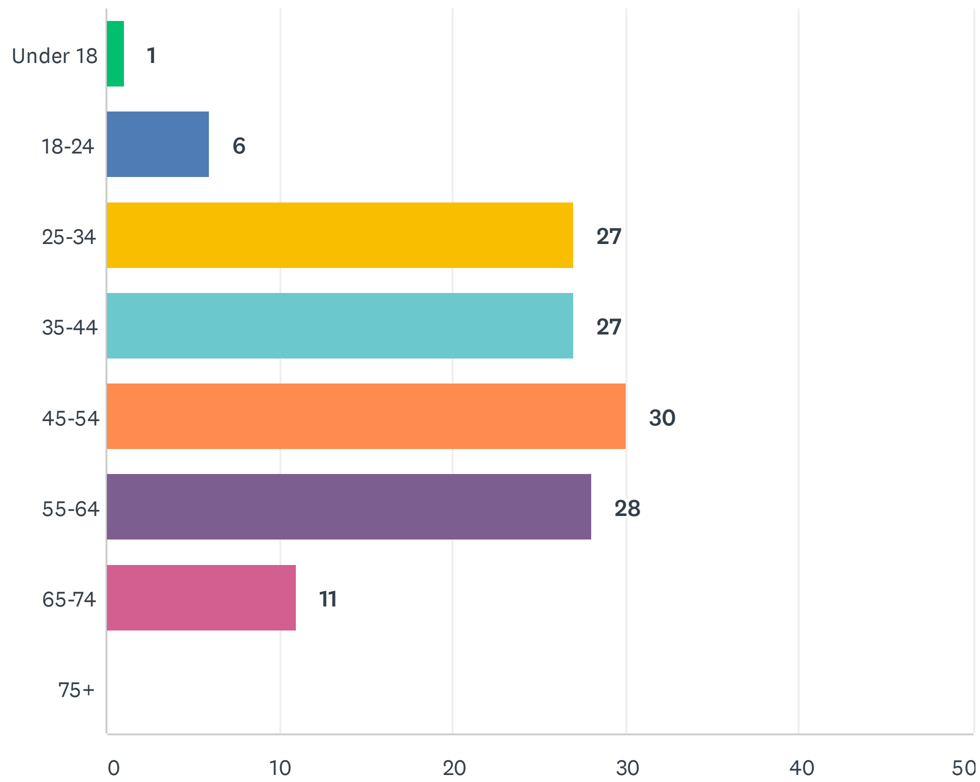
The NT Lived Experience Network has also created a downloadable resource which has comprehensive information to assist Territorians to find mental health support.

To download the resource, go to:

https://livedexperiencent.net/resources/

Q3 What age group you belong to?

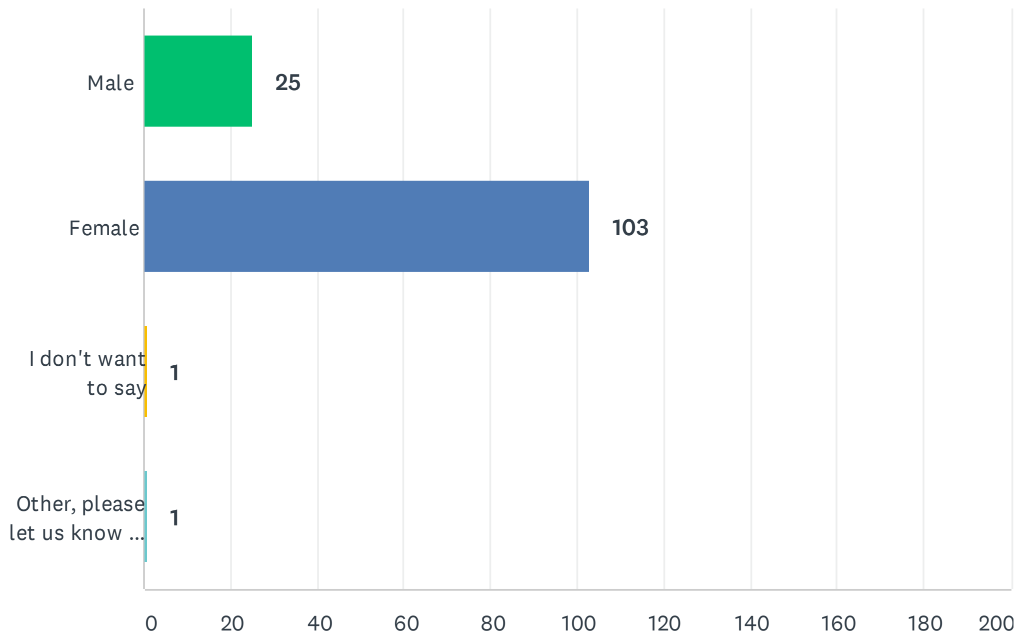
Answered: 130 Skipped: 19



ANSWER CHOICES	RESPONSES	
Under 18	0.77%	1
18-24	4.62%	6
25-34	20.77%	27
35-44	20.77%	27
45-54	23.08%	30
55-64	21.54%	28
65-74	8.46%	11
75+	0.00%	0
TOTAL		130

Q4 What is your gender?

Answered: 130 Skipped: 19

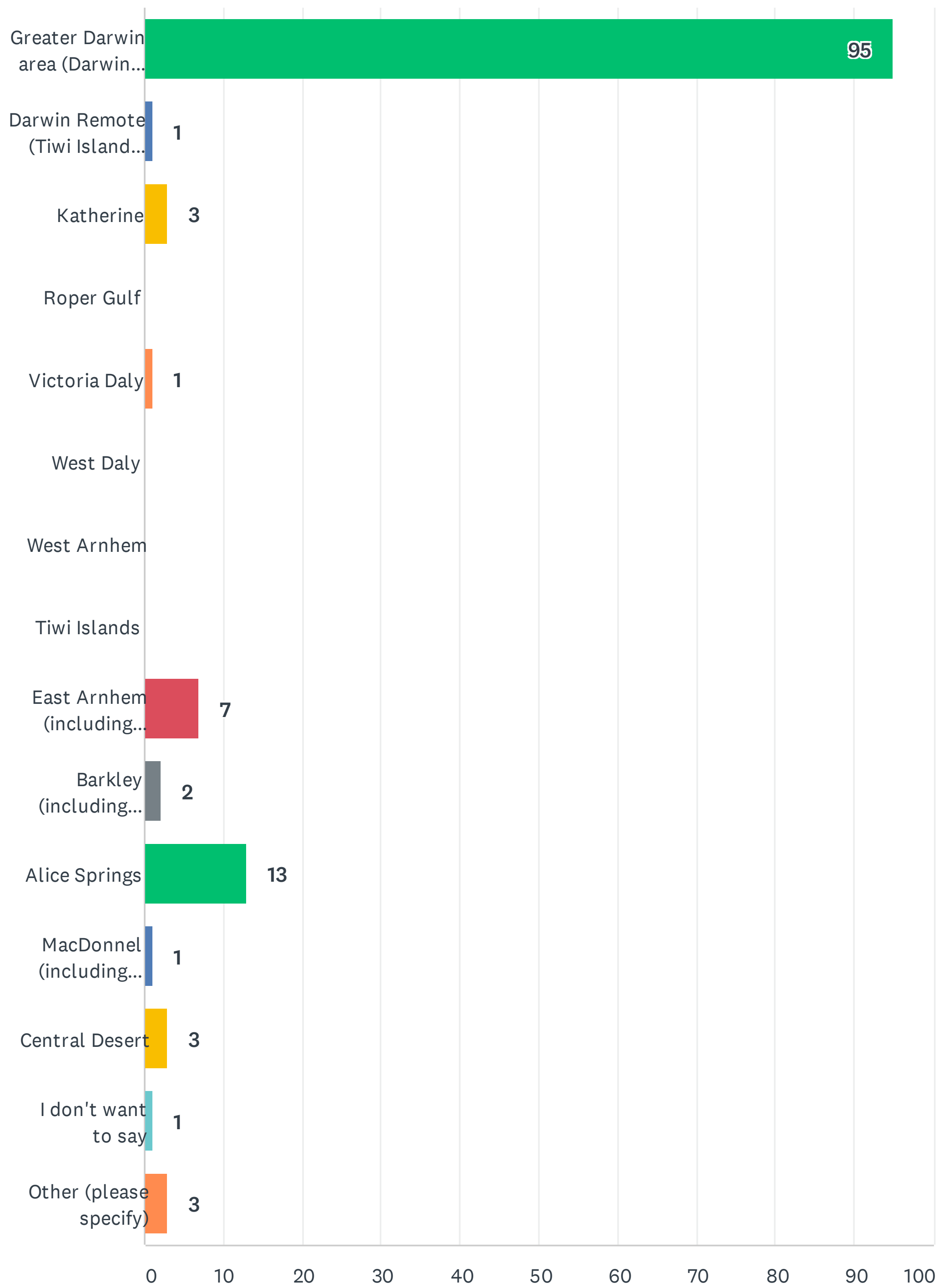


ANSWER CHOICES	RESPONSES	
Male	19.23%	25
Female	79.23%	103
I don't want to say	0.77%	1
Other, please let us know how you identify	0.77%	1
TOTAL		130

#	OTHER, PLEASE LET US KNOW HOW YOU IDENTIFY	DATE
1	Queer/genderfluid	

Q5 Where do you live most of the time?

Answered: 130 Skipped: 19

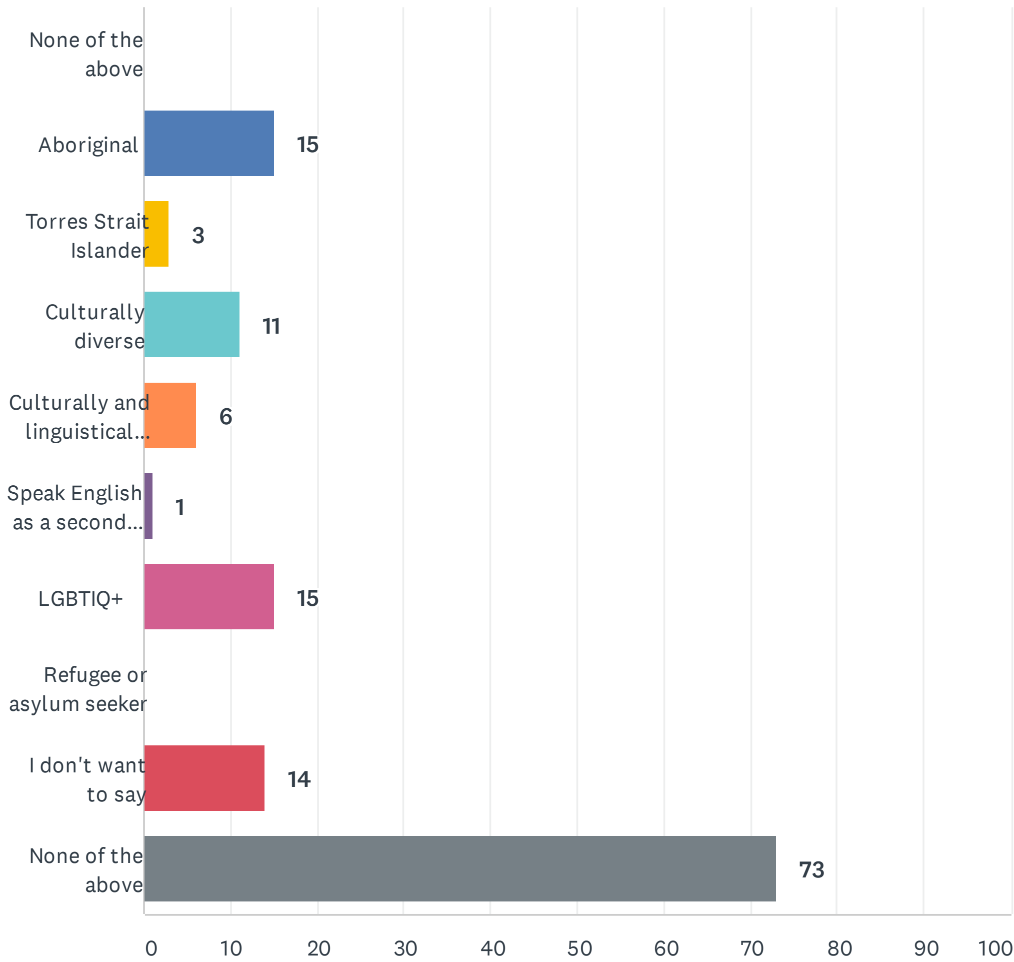


ANSWER CHOICES	RESPONSES	
Greater Darwin area (Darwin, Palmerston, Litchfield)	73.08%	95
Darwin Remote (Tiwi Islands, Belyuen, Coomalie)	0.77%	1
Katherine	2.31%	3
Roper Gulf	0.00%	0
Victoria Daly	0.77%	1
West Daly	0.00%	0
West Arnhem	0.00%	0
Tiwi Islands	0.00%	0
East Arnhem (including Nhulunbuy)	5.38%	7
Barkley (including Tennant Creek)	1.54%	2
Alice Springs	10.00%	13
MacDonnel (including Yulara)	0.77%	1
Central Desert	2.31%	3
I don't want to say	0.77%	1
Other (please specify)	2.31%	3
TOTAL		130

#	OTHER (PLEASE SPECIFY)	DATE
1	Remote Katherine	
2	Burrundie	
3	Borroloola	

Q6 Do you identify as belonging to any of the following groups? (Please select all that apply.)

Answered: 130 Skipped: 19



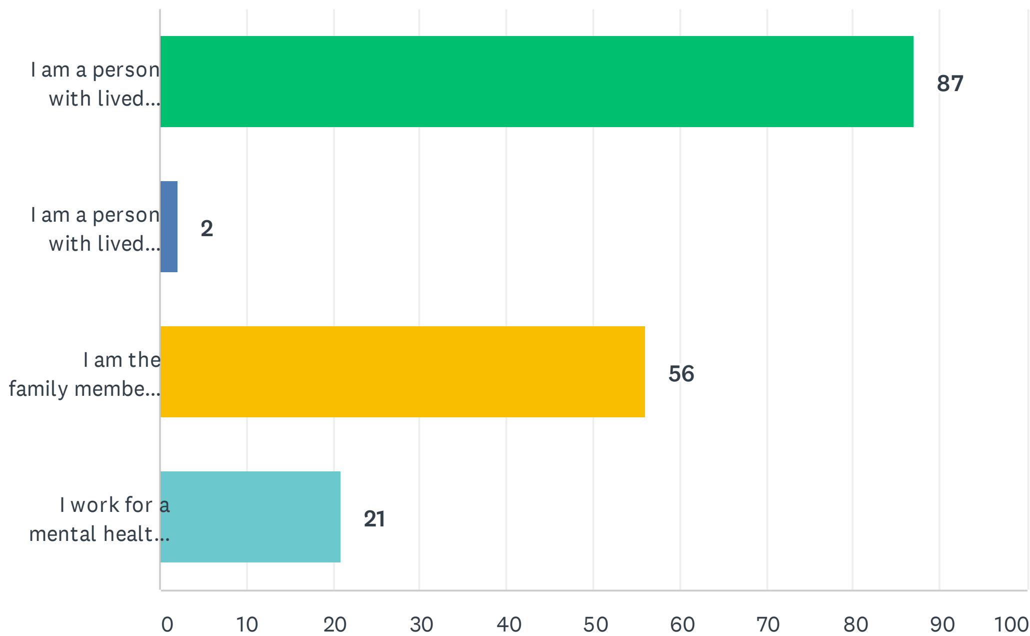
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Aboriginal	11.54%	15
Torres Strait Islander	2.31%	3
Culturally diverse	8.46%	11
Culturally and linguistically diverse	4.62%	6
Speak English as a second language	0.77%	1
LGBTIQ+	11.54%	15
Refugee or asylum seeker	0.00%	0
I don't want to say	10.77%	14
None of the above	56.15%	73
Total Respondents: 130		

#	OTHER (PLEASE SPECIFY)	DATE

1	Also English
2	Moved here from overseas
3	Asperger's Syndrome
4	ex defence but a territorian who came home...
5	Australian
6	English

Q7 Which of the following best describes your background? (Please select all that apply.)

Answered: 130 Skipped: 19

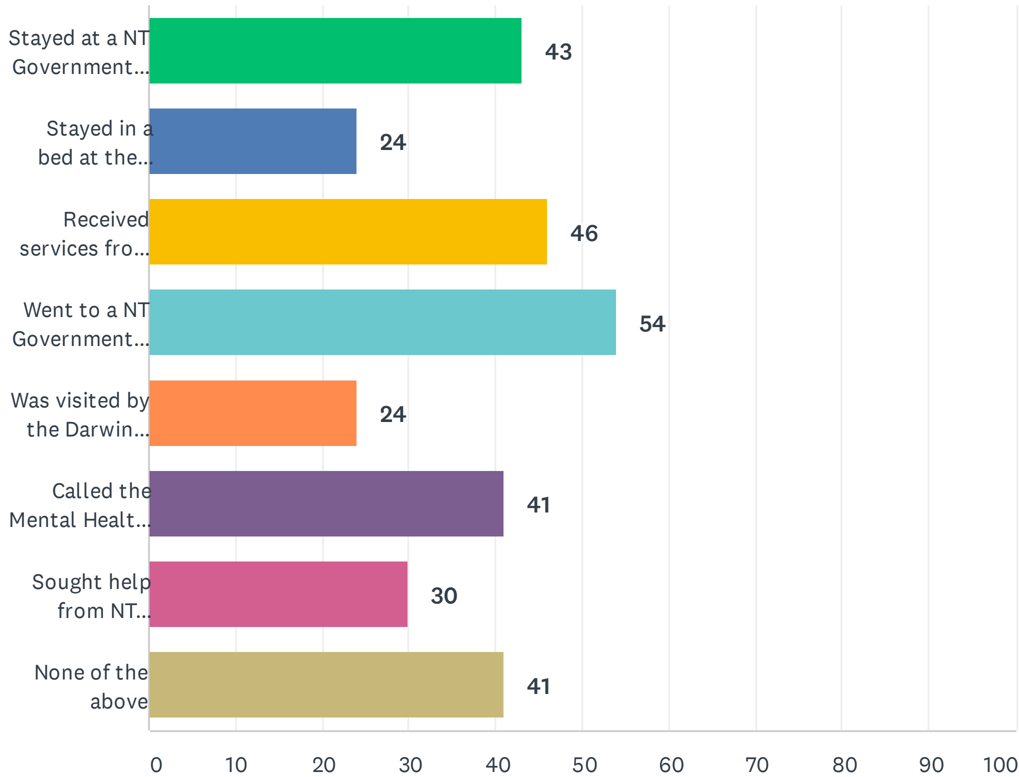


ANSWER CHOICES	RESPONSES	
I am a person with lived experience of mental distress or illness and am completing this survey on my own	66.92%	87
I am a person with lived experience of mental distress or illness and am completing this survey with support from someone	1.54%	2
I am the family member or close friend of a person who has lived experienced of mental distress or illness	43.08%	56
I work for a mental health, alcohol and other drugs or related service	16.15%	21
Total Respondents: 130		

#	OTHER (PLEASE SPECIFY)	DATE
1	Health - Nursing	
2	Left Qld, DV 2020. ADF one way ticket.	
3	Primary healthcare nurse	
4	I am a worker employed in the homelessness industry	
5	And I am a the family member or close friend of a person who has lived experience of mental distress or illness	

Q8 What is your experience, interacting with NT Government mental health services? If you support someone, what is their experience interacting with NT Government mental health services? (Please select all that apply.)

Answered: 130 Skipped: 19



ANSWER CHOICES	RESPONSES	
Stayed at a NT Government hospital in a mental health ward	33.08%	43
Stayed in a bed at the Emergency Department because there were no beds in the mental health ward	18.46%	24
Received services from a NT Government mental health outpatient service or clinic	35.38%	46
Went to a NT Government Hospital Emergency Department because of mental distress or illness	41.54%	54
Was visited by the Darwin Mental Health Co-Response Team or NT Police because of mental distress or illness	18.46%	24
Called the Mental Health Access Team for advice on 1800 682 288	31.54%	41
Sought help from NT Government mental health services but was not provided with treatment	23.08%	30
None of the above	31.54%	41
Total Respondents: 130		

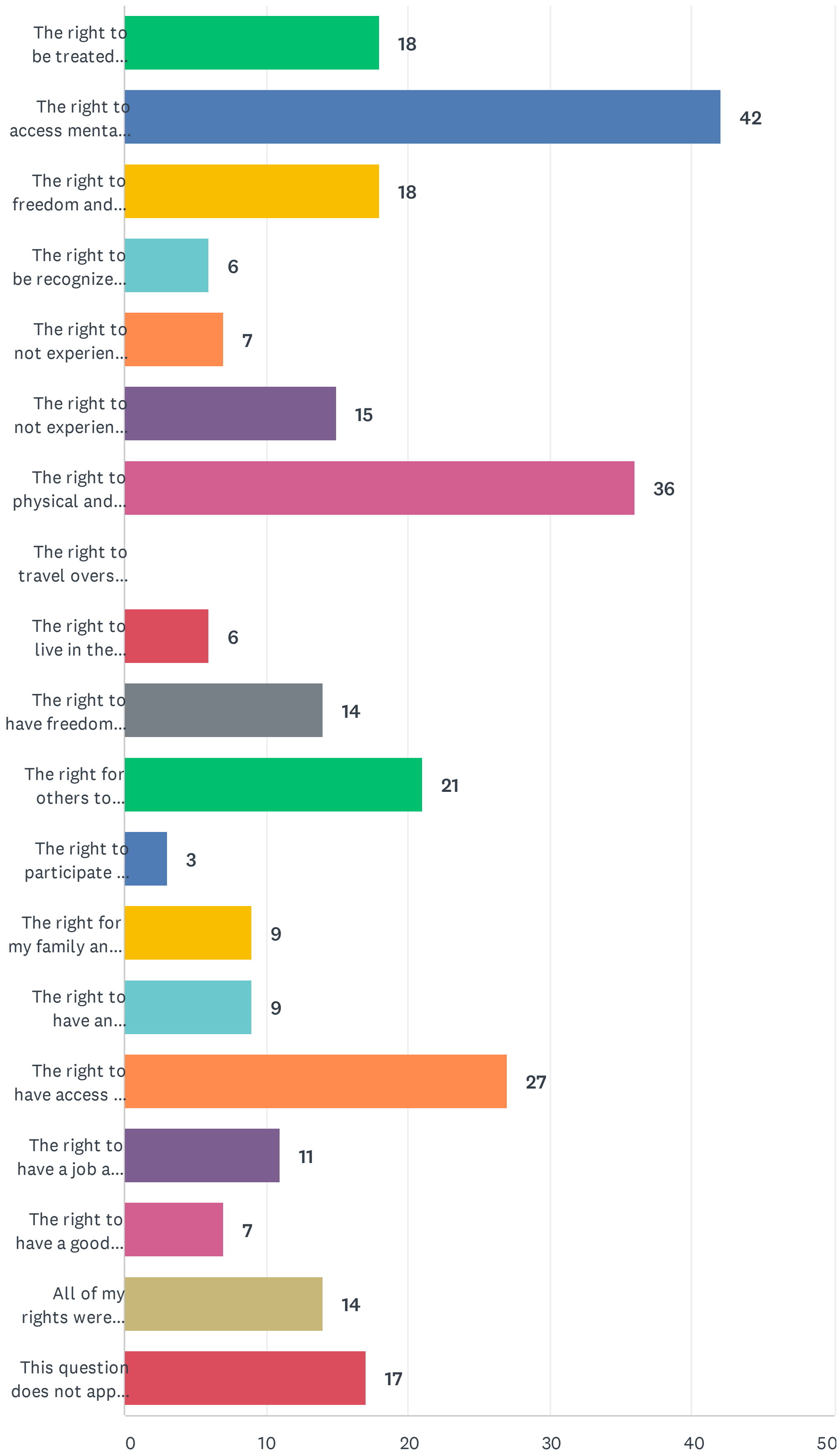
#	OTHER (PLEASE SPECIFY)	DATE
1	Sought help from TEAM Health on advice from a health advocate. Cold not gain access to mental health support and referred to to TEMHS.	
2	I asked for help through my doctor, and had to pay but was too expensive. The next time I asked for help the agency I was referred to did not contact me even though I was eligible for free support	

3	Pt’s discharged on arrival at KDH who have be sectioned
4	Recieved phone calls from relevant mental health organisations during quarantine, which was extremely important and helpful.
5	ATAPS Referral by GP. Psy DSM V
6	Supported a family member to access NT Government hospital mental health ward
7	Callee MHAT on behalf of a client
8	Stayed at a bed in the emergency department because the emergency medical staff thought they could successfully manage the situation.
9	Stayed on a couch in Emergency Dept because there were no beds
10	Sought help through the defence force
11	ptsd, anxiety, depression, at times thinking suicide
12	Tried 4 different counsellors. Still waiting to be seen by a psychologist
13	Husband had an appointment with the Tamarind Centre, I was treated by a mental health nurse while staying in Royal Darwin Hospital for an unrelated condition
14	Worked in NT with Indigenous Women
15	11 years old, so stayed at the hospital and yip wasn't a suitable option and too young if I remember correctly
16	Beyond Blue and Headspace services

Q10 Think about the mental health treatment that you (or the person you support) has received in the NT. Please read the following list of human rights and tick the matching box, if you feel that your/their human rights were NOT upheld? (Please select all that apply.)

Answered: 98 Skipped: 51

Your Voice Matters



ANSWER CHOICES	RESPONSES	
The right to be treated equally before the law without discrimination (was not upheld)	18.37%	18
The right to access mental health treatment when needed (was not upheld)	42.86%	42
The right to freedom and safety (was not upheld)	18.37%	18
The right to be recognized before the law and have legal representation that was suitable (was not upheld)	6.12%	6
The right to not experience torture (was not upheld)	7.14%	7
The right to not experience abuse, violence or be taken advantage of (was not upheld)	15.31%	15
The right to physical and mental safety (was not upheld)	36.73%	36
The right to travel overseas and return home (was not upheld)	0.00%	0
The right to live in the community (was not upheld)	6.12%	6
The right to have freedom to express my views and to have an opinion (was not upheld)	14.29%	14
The right for others to respect my privacy (was not upheld)	21.43%	21
The right to participate in my culture (was not upheld)	3.06%	3
The right for my family and home to be respected (was not upheld)	9.18%	9
The right to have an education (was not upheld)	9.18%	9
The right to have access to health care (was not upheld)	27.55%	27
The right to have a job and work (was not upheld)	11.22%	11
The right to have a good standard of living (was not upheld)	7.14%	7
All of my rights were upheld	14.29%	14
This question does not apply to me	17.35%	17
Total Respondents: 98		

#	OTHER RIGHTS THAT WERE NOT UPHELD (PLEASE SPECIFY)	DATE
1	Not rights related but EAS was so focused on attributing the issues I reported on the community. Get out of the kitchen their words.	
2	When a Workplace Bullying complaint is investigated by WorkSafe NT the victim is not told the findings our outcomes. The system is set up to protect employers.	
3	THe police who attended at a residential address of a mentally ill person need to be educated about dignity of a person who was not at all threatening. For example, the adult male had just had a shower was sectioned because he would not enter the ambulance, then handcuffed and not allowed to dress before being taken to the paddy waggon. He had only a bathtowel around his waist. A parental intervention saw his mother help him into his trousers and the police refused to undo the handcuffs for this to happen. There was no threat of vioence on his part. It was undignified and distressing for parent and adult child.	
4	Interviews, medicals never tell u have mental illnesses..never get job	
5	During prolonged stays at the Youth Inpatient Unit at RDH my child, husband and myself were treated in an emotionally abuse fashion that has caused prolonged issues for us. The staff were not trained to deal with complex mental heath and have created more problems for an already fragile young person and a family living in a day to day crisis environment. Having only mental health nurses and trainee psychologists for some of the most in need is not ok.	
6	the right to be consulted in decisions that affected me - was not upheld	

Q11 Please enter any other information that you would like to share about your experience (or the person you support), and the topic of human rights when receiving mental health treatment in the NT.

Answered: 35 Skipped: 114

#	RESPONSES	DATE
1	Told that there was a waiting list of 3 months to see psychologist to help with severe depression of wife.	
2	NT mental health is a disappointment, My self and my wife have been to other facilities in other states and the NT is behind a very long way and people will die before change comes.	
3	My daughter has a genetic condition and has been dx with autism and has mood disorders. We have called police when she was unwell (hit her sister) and the officer was so rude and said she s be arresting her, when I explained autistic and manic the officer brushed me aside and said no she s on ice you don't know your daughter (to bad she s been the same when she was a toddler and definitely not on ice). We can't get her in to psychiatrist when she s manic (she doesn't recognise) then she agrees when depressed / suicidal but by the time we get appt at Tamarind it's weeks later and they tell me it's not bipolar as not seeing her up and down. We be called mental health line when she s suicidal they book a time to come and don't show for another few days . Another time her psychiatrist changed, we waited 6 weeks and he walked in the room, told us nothing wrong with her but mild depression (despite having not spoken to us yet just read her notes) , that he didn't believe she had autism (that she s been diagnosed with in childhood after multiple assessments and engagement with Camhs) and wasn't interested in her genetic condition. When he told me she wasn't autistic I tried to explain multiple reports and engagement and he said why are you arguing with me you should be happy your daughters not autistic . Implying the fault was me always bringing her in (she s now 26 and at times had her children removed and placed with me when she s unwell , hospitalised for suicidation, had post natal referrals after midwives concerned mental health so multiple people recognised not just me like the dr implied). And I would be happy if he took her away her dx if he also took away the behaviour with it, but he left her without support	
4	When people ask for help, follow through needs to be done and people shouldn't be ignored. After my second request for help it confirmed that no one cared, not what I needed.	
5	I self admitted to the mental health unit via emergency. I was in significant distress and mentally unwell. After being admitted into the mental health unit the nurse taking my belongings took my mobile phone charger. I asked why and she made the motion of looping the charger around her throat. I generally wouldn't find that to be amusing but on that day it was cruel and uncalled for. Another time was my review appointment, I, alone and unknowing, walked into a jam packed room full of budding students and whoever else was invited to come along and look and the woman with mental health issues. I found this to be very confronting as no advise was received prior to the meeting that there would be a room full of people. That moment set me back quite a lot in terms of how I felt about myself and my self worth. It was a horrible experience.	
6	A basic right to treatment and acknowledged that safety to the pt was a risk hence the sectioning NOT released without assessment into a town where my home is 120kms away	
7	As an individual with a history of sexual abuse I find the Team Health acronym Recovery Assistance Program to be too close to the word rape. I have only recently come to terms with this abuse and now consider myself a survivor. I have raised this with Team health and have found initial responses to be dismissive.	
8	My then 12 YOD. I accompanied her. End of 2020. Careflight to Darwin Spent time in RDH ED before being moved to YIP ward - came out more traumatised than when she went in. Witnessed countless acts of violence by other patients; against others and themselves. Was coached on how to SI by another girl there after being told her reason for admission was "lame" and she needed to get serious about what she was doing. Facility is seriously understaffed, needs greater scope to isolate patients from one another. Patients spend their days staring at the walls waiting for very rare visits to the recreation room - they are bored stupid. Psych staff cover adults and adolescents and are stretched beyond breaking point. Counselling beyond their sporadic and brief visits is non-existent. Ward staff have reams of	

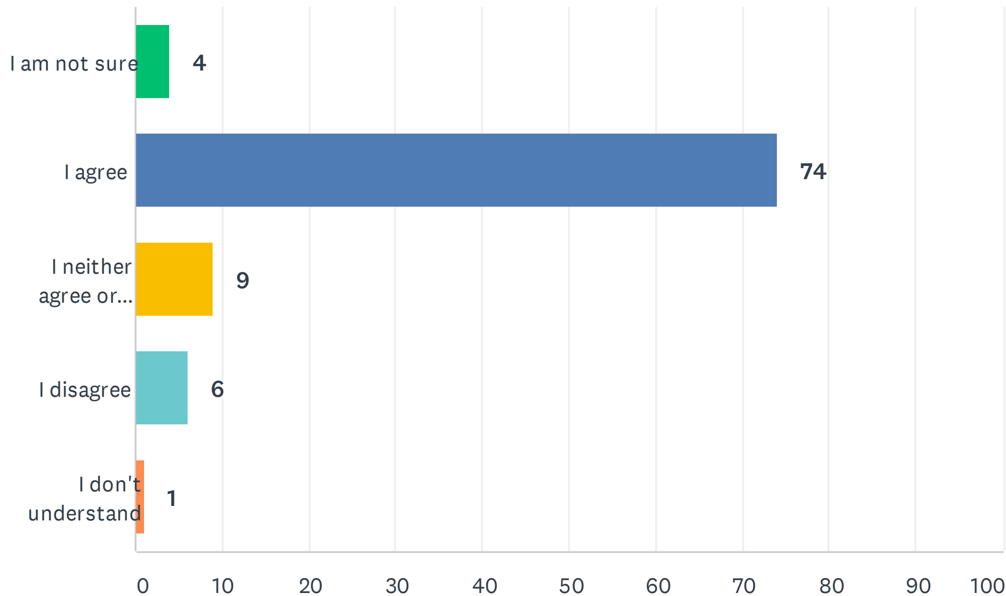
	paperwork to complete each shift and lose a lot of time to that obligation rather than being with their patients. Staff work double shifts to cover shortages and are too tired to provide proper care.
9	Family of 7 living in a very small 2 bedroom house. Included a newborn and 4 teenagers. This has happens on numerous occasions. They are denied bigger housing because they weren't upper management with Voyages Ayers Rock Resort. Many children living in YULARA require mental health support and there is no one trained to work with kids, only adults.
10	I was told by Maurice Blackburn Lawyers that the NT Workers Compensation laws are very regressive compared to all other states and territories. Especially in relation to for mental health against exposure to workplace bullying.
11	My family member was a smoker but there was not a secure area within the Alice Springs Hospital provided for him to have a cigarette. The staff of the mental health ward let him leave the hospital for a cigarette in the care of his father. He then ran away from his Dad and later committed suicide
12	Very limited capacity to access suitable mental health care. General practitioner treatment was disgraceful and discriminatory. The right to choice medication treatments and dosage was not provided. To seek a second option on treatment being given. The practitioner would believe they were the expert in my care. They did not consult me, listen to my concerns.
13	Rights of a person should be prominently displayed and freely available to consumers, families/loved ones/supporters in order to know, understand, protect and assert their rights.
14	When my husband was involuntarily admitted for a episode of drug induced psychosis I had no idea he was being 'held' and was given no information about what was going to happen.
15	An hour long wait in the paddy waggon outside the hospital while space was being created inside was distressing. An 8 hour wait inside the padded emergency area was distressing. Only one night was spent in the psychiatric ward. The psychiatrist and team released the patient with a declaration that he had no mental illness. That very declaration was damaging as it created a false notion of being fine. A mentally ill person can obscure their condition with intelligent answers when questioned and they have calmed down . There was a very long record of prior incidents to the mental health team discussing aberrant, life-risking behaviour that was , I believe not considered, including numerous police search and rescue efforts over 24 and 48 hours. A little time later there was a suicide attempt from the very person who had their recorded (telephone calls to Tamarind for advice about episodes) history of distress dismissed as, " no mental problems".
16	My partner has MH issues and would always feel like killing himself. I encouraged him to see a psychologist which he did, but claims it was not his thing and discontinued shortly after. At one point when he disclosed his thoughts to me again a few months later, I rang the 1800 number and it was engaged - so I asked him to please get in the car to go to the ED department (please note he did NOT want to do this). When we got to ED we waited around 4-5hrs, and were seen by a male MH nurse with an English accent who came and saw us for 5min, asked questions then left. When he returned, he told us that we were having "relationship issues and that relationship counselling was needed". This was between 2016-2017. I took my partner home where he continued to have suicidal thoughts and have since stopped him myself likely over 100x since we went to the ED, having to call the police twice to help make sure he is still alive. I ended up taking him to Tamarind and he was asked more questions, prescribed meds which he did not want to take and then was told a MH worker would ring him every month to check in (this never happened). He has since given up and I continue to be the person deescalating his suicidal thoughts that occur every so often which is draining and affecting my own MH.
17	Human rights ? Really, so there is some kind of perceived problem the "human rights" are being violated News to me
18	1. NDIS provided $ for support, people came to visit, said they would organise, but for 9 months nothing happened. My mental health deteriorated significantly. 2. Being financially abused (elder abuse) by daughter, rang new NT elder abuse hotline, after 21 minute wait on phone in tears, gave up. 3. Re 2, lodged claim with NT court system - claim has been delayed, meetings cancelled / delayed / postphoned, so being abused by the court system as well.
19	holistic and inclusive care, trying not to infringe on sense of freedom and valuing their recovery journey. Noting all medication changes and again with a holistic approach
20	I am a 15 yr with ASD and mental health difficulties; when I hospitalised voluntarily I was in YIP with highly violent people. This scared me. I did feel heard by the Phsyciatrist who

	treated me, I was discharged with medication that was not good for me and made me angry and verbally aggressive towards me family. We asked to not have that medication as stimulants made me symptoms worse, this was ignored. Since then I have been turned away from the hospital 3 times while at crisis point and need to go to a facility interstate because I am not able to access suitable and safe treatments here in Darwin.
21	na
22	Being sectioned and held at Cowdy Ward, RDH, was like how I imagine prison would be. Yet having talked to people imprisoned for serious offences, they seemed to have a better standard of facilities. There was completely insufficient therapeutic treatment and it felt unsafe. I have no idea what outcomes of was developed to achieve for people with chronic mental illness, tithed than punish them, and remove them for the community.
23	Needed to see a psychiatrist but was declined a service citing conflict of interest
24	We need Dialetical Behavioural Therapy in Darwin that is publicly accessible to prevent crisis.
25	I hadn't slept for three days. My sleeping medication was having no effect. I was at my wit's end. Went to emergency department of local hospital and asked for something to sleep. Dr said they don't give that medicine at ED and there was nothing they could do. He then checked my file, saw that I had PTSD, and said quite sarcastically 'I see you have PTSD. I advise you go home and deal with the underlying issues'. He seemed to imply that my inability to sleep was my own personal social problem rather than a proper medical issue. I went home and tried to kill myself because I didn't feel like I had any other option. That was the only way I could think of to deal with the underlying issue of ptsd. I think the medical professional had a view that mental illiness means a person is attention seeking and doesn't actually need help.
26	I feel betrayed
27	Our experience in dealing with YIP and the head of Psychiatry at RDH has resulted in us having to deal with suicide attempts and ever declining mental health on our own. It is not a safe place for someone with complex needs and not a safe place for a family that strongly advocate for their child. Having been treated so poorly by the head of Psychiatry is a sure sign that things are broken from the top down. New staff are needed, the old boys club behaviour and mentality needs to stop and be replaced by empathetic, experienced staff who want to make positive changes for patients and there families.
28	I was admitted to RDH when having my first mental health crisis (manic state). I was in RDH overnight and transferred to a mental health ward. However initially there were issues with my placement, as they wanted to place me in JRU instead of COWDY, due to no beds being available in COWDY. My fiance and family advocated for me, as I was non-violent and they felt my condition would worsen if I was placed in JRU. My dad said he would take me back to QLD for treatment if nothing could be done. Thankfully the doctors found me a place ib COWDY and I recovered there for 5 weeks. If I hadn't had loved ones advocate for me, I believe my placement would have been incorrect and my mental health condition would have worsened.
29	There is almost no mental health support in jail! To access a psych you have to say you are suicidal the you are placed in a glass box in a white gown on suicide watch which is the most dehumanising thing I’ve ever been subject to. It was torturous somebody was screaming out the whole weekend the cell smelt like shit and spew. A male prisoner on more than one occasion exposed himself to me and wanked himself while staring at me which was one of the most uncomfortable thing’s I’ve ever had to deal with you whilst at risk. I was not allowed to have the light turned down at all it was bright in my eyes all weekend. I was held in B Block at Darwin correctional centre located in Berrimah prison. I had to be placed in a suicide cell within the males high security area. Whilst I was in there I noticed that this place was the most disgusting place that I had ever been held. There was bloody and feces smeared all over the cell and all over the toilet seat. There was also blood and feces smeared all over the white mattress I was given to sleep on, the mattress had urine stains all over it and smelt very badly of urine feces and spew. I tried to wash a little area of the concrete bed to sit on but the only water I had access to was a broken off tap that continually dripped drops of water. I asked for a cup but was not given one I was told to drink out of the toilet. The sound of the dripping tap all day and night drove me completely mental, I was unable to sleep at all I was kept in these horrific conditions for over a week I think every day just seemed like it never ended. I was never allowed to have the lights turned down. I was given one hour exercise per day in the yard attached to my torture chamber. I continually asked for access to a shower. I was told that I could have a shower in the yard in full view of two or 3 cameras and also the males could just look over at me and see me naked at any time there was no privacy whatsoever. The water for the so called

	shower concisted of a black piece of poly pipe than ran along the exposed steel form work and curled around so that the water inside would heat up then above me in the middle of the court yard water came pouring out the end of the pipe I had to share my exercise yard with a man so at any time he could have looked out the little window at me from his cell to the court yard and had an unobstructed view of me. I was also being monitored by cameras that were monitored by 3 male guards inside the fish bowl at B block. I felt extremely uncomfortable and am still traumatised by these events today. The cell that I was in the light was broken so it continually flicked on and off all night and all day I had no idea if it was night time or day time. I asked if I could have some clean clothes and some toiletries but was refused these basic items for about 4 days I was not allowed to brush my teeth either in that time either. I felt very dirty and putrid I had my period as well and was not allowed sanitary items either I was forced to use toilet paper. The running water was never fixed it was a continuous slow drip drip drip and the overhead light kept blinking on and off all day and night. The water dripping was not enough to drink but just made me think about being very thirsty. While I was laying on the cement block for a bed in the cell because the cement block was cleaner than the mattress I was given I was not given a pillow at all either or a sheet. I was run over by cockroaches continually throughout the day and the night. Whilst I was held in B block I had a visit with my father it was a non contact visit thankfully because I was putrid dirty as my father noticed and had been in the same clothes same underwear and had not been able to have shower as well as having my period at the time. This was one of the most traumatic experiences of my life and it still effects me today. I feel like I was tortured with the dripping tap and flashing on and off light all night and day and not given a cup to drink from. I was told to drink the toilet water when I told the officers that I was thirsty. I was denied the ability to have a shower or to at least even change into clean clothes or clean underwear.I was denied basic female women’s hygiene products. I was exposed to blood, spit, urine, feces, cockroaches and torture tactics from the war days. Even filling out this form and writing this has made me feel dirty like I need a shower. I hope for the mental health of the people who came after me that this B block segregation unit was disused very soon after I left.
30	I have been a mental health consumer i have utilised services of team health and Grow. Ihave both the chair and member of NTCAG I have done Lifeline training and mental health first aid and utilise the services of CaTt and lifelinr
31	It is difficult to experience human rights and dignity when someone spends 3 days in ED awaiting a mental health bed.
32	There were length periods child was left alone in the ward, and luckily there was a support person allocated full time, but not an adequately trained person. I would have been very concerned if a male was allowed in this position, due to the age of the child. I was able to stay for most of the time, but if I couldn't I was most concerned with how long she was left without any physcs, or any thing to help her process what she was going through.
33	Not enough services or hospital beds
34	I was sent to the Joan Ridley Unit twice in the past two years and after requesting a transfer to the Cowdy ward due to the fact that I felt seriously unsafe in JRU, I was laughed at and mocked by the nurses and psychiatrists.
35	Acess to quality mental health services in remote areas. Perhaps the lack of awareness of it.

Q13 Do you agree that family relationships are important for recovery and that mental health treatment services should work in ways that promote healing for families after a mental health crisis?

Answered: 94 Skipped: 55



ANSWER CHOICES	RESPONSES	
I am not sure	4.26%	4
I agree	78.72%	74
I neither agree or disagree	9.57%	9
I disagree	6.38%	6
I don't understand	1.06%	1
TOTAL		94

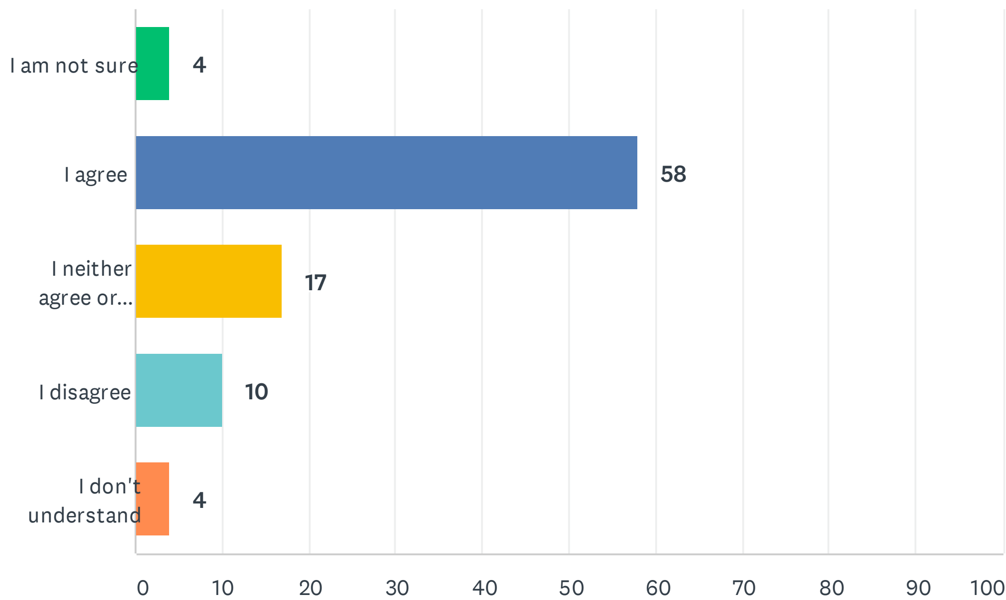
#	COMMENT	DATE
1	If the family truly care they will find a way to support. A few sessions to help with understanding what their family members going through and triggers etc. Are fine however I believe baby steps first and focus on the patient!	
2	I’m the one who looks after her and have had her children placed with me on two occasions yet I’ve had some workers not discuss concerns with me	
3	I haven't told family of my diagnosis because some members of my families make jokes about it. I don't think they'd take it seriously, but I'd prefer to be open about.	
4	It depends on the dynamics of the family. I think if the family genuinely care and want to help then they should be supported in that by the mental health service.	
5	As a family member of the person with the mental health ussue i found it duffucylt to get information frim the doctor. I would have thought they may have asjed for background information and c9ntacted me more as I am caring for mty daughter.	
6	Our other children have needed a lot of support, education and encouragement to understand what their sister is going through and why she does what she does to cope with her mental distress.	
7	Most of the time its caused by the family	

8	Family relationships can be helpful and also detrimental , we should not take away people's choice in this matter as we often don't have all the information about their family and how it could affect them.
9	Consultation between parties needs to be consensual, discussing the benefits on having support systems in place to keep everyone safe. It's the law as well, safe to safe and others
10	I think that at all NT mental health services a booklet (locally produced) should be provided to families/loved ones/supporters that has information, resources, and mental health and wellbeing support phone lines, websites and support services - about how to support a loved one (and themselves) when the person they are supporting is receiving services or treatment from government mental health services or care. In my experiences with Top End Mental Health Services there has been no acknowledgment of family, loved ones and supporters that recognises and reflects their vital role or an inclusive approach to care. In current models of care a family inclusive approach is meant to be part of care - but this does not occur. These resources should include an explainer about how people receiving treatment might feel and possible concerns they may have. Recovery does not occur in mental health services; rather it occurs in the community. Therefore relationships between government mental health services and families/loved ones/supporters should be supported and form part of treatment plans (as directed by the consumer). If this process requires education and capacity building - then support services for loved ones should be funded so that they can be empowered to take an active and supportive role. This way government mental health services can then direct them to it - to facilitate the transition of care that needs to occur.
11	Yes families affected by mental health become prisoners in their home.
12	If family is healthy And strong too
13	For some families, it's important but for my partner, it wasn't. He would never disclose his MH issues to them so I had to tell them. And they had no interest in being involved.
14	Often it's the family that's the biggest issue
15	I agree and I disagree - situation dependent
16	The family are the ones who know person best, but go through tough times with them
17	i have some how slipped thru the safety net and dva do not care.. but i have struggled and finally got a decent psychologist and the grow organisation for mental health..
18	Families can be the source of mental distress
19	Dependent on the nature of the relationships outside of the acute episode and whether the family have heathy intent for the person's recovery. Families can be a major support for recovery. Families can also exacerbate situations and derail recovery, particularly if the family dynamic is dysfunctional.
20	I think its important for someone to identify a support network and that the treating team works with both the person and their support network (whether this is family or not). Information that the treating team wishes to be shared with the family/friends, should always be clearly discussed with the person. A support network is incredibly important but their should be options around how they are involved and what is shared.
21	It depends on whether abuse/neglect has been perpetrated by family members or not. If the abuse/neglect is dismissed, diminished or denied then this is also a problem.
22	Sometimes family are the cause of the persons distress.
23	Its really important but very hard to do
24	If they care, yeah sure
25	Where a person wants the family involved it should be encouraged and supported but if the patient does not want the family involved no they shouldnt be involved unless that patiend is a child. No information we provided to doctors about our child was listened to or given any weight in assessments and no support or referrals were given to us to assist in our support.
26	I only agree if the person has agreed to have their family contacted
27	"Family" includes same sex partners. this is not always respected by NT Health
28	It is often the family environment that can be the cause of mental illness. Each recovery program needs to be tailored to the individual and if it is safe for that to include the family

	then yes i agree that family is important. however, must be tailored and specific
29	I'm not sure i understand this question fully.. but I think your asking if the family should be better support after the crisis.. (id hope before too, one does not present to ED unless its an emergency as I feel them asking some questions ie if they had a plan isn't fair, for those who are genuinely struggling but don't fit their criteria therefore are properly left in the dark. And left unsupported and isolated during this time.
30	I believe support is important, whether that's from family or friends depends on relationships. It obviously can be unhelpful and detrimental to involve people who don't understand or support an person or who are harmful.

Q14 Do you agree that unless their is a risk of harm, the doctor should encourage information sharing with families?

Answered: 93 Skipped: 56



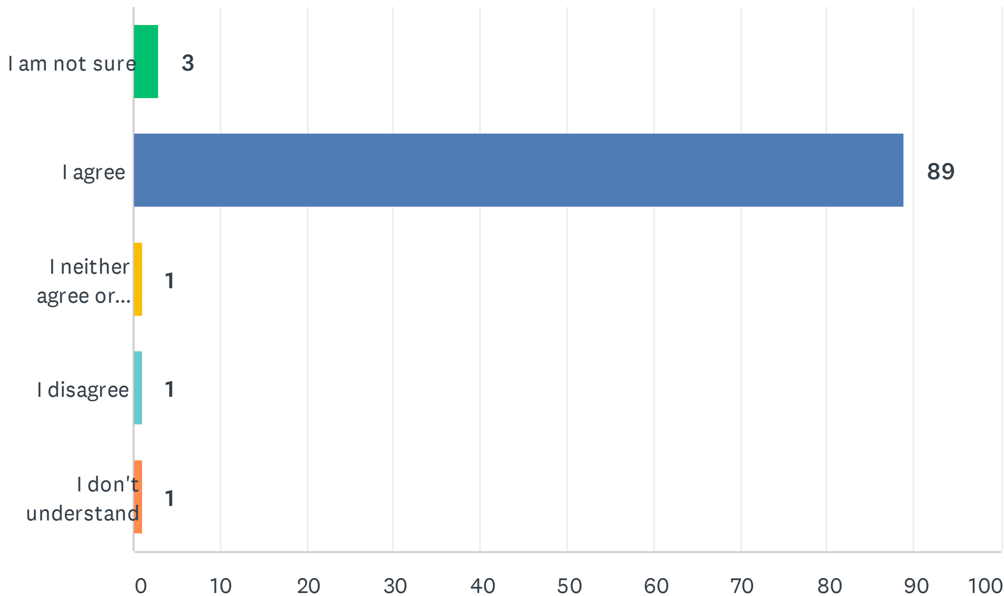
ANSWER CHOICES	RESPONSES	
I am not sure	4.30%	4
I agree	62.37%	58
I neither agree or disagree	18.28%	17
I disagree	10.75%	10
I don't understand	4.30%	4
TOTAL		93

#	COMMENT	DATE
1	Depends on the relationship with the family. Sometimes it is a waste of time.	
2	Depends on family and their attitude to mental health. It could worsen the person's mental state	
3	There was not enough sharing with the family. I only got to speak to the doctor pruvately once and i had to ask for that time.	
4	Mental health should be discussed openly and freely. The stigma needs to be erased.	
5	This question is confusing - is it supposed to read "the doctor should NOT encourage"? and it should be there instead of their.	
6	The doctor should encourage if the person is in a good mental state, for them to reach out to a a trusted person for support, it does not need to be family. Also should be mindful of not repeatedly bringing it up.	
7	Provided that the patient support the process. I believe GP would benefit greatly about speaking with client about the benefits of supportive care.	
8	For the reasons I have stated at question 12	
9	Often those with mental health don't seek out medical treatment	
10	With permission	

11	If there is no risk of harm then mind your own business
12	Family is sometimes the problem, so again situation dependent.
13	i have no family here.. many relatives but they seem to be very judgemental.. so i keep away from them.. they are trouble.. im an alcoholic but struggle with not drinking..
14	Dependant of the health of familial relationships.
15	It would be better if they encourage the person to let their family/support network know the information, unless the person would prefer it came from the doctor...again their needs to be clear communication and options for the person being treated
16	It's not always easy for a third party to know whether there is risk of harm or not.
17	It needs to be on a case by case basis and importantly, the decision of the person receiving treatment
18	I think it should be more of a case of communicating with each family to the extent that is the most beneficial for the situation. For example, if a patient is struggling with their sexuality while living with their religious parents, they may not necessarily be at risk of harm should the parents find out, but they may not be feeling mentally strong enough to cope with their parents feelings about their child being queer.
19	So everyone is on the same pages for recovery on both parts
20	only if the patient agrees
21	As long as the patient wants his/her information shared with family
22	not sure about this question... I would want my family to be told if I was a risk to my own or others health
23	as per comment in Q12 - highly dependent on individual situation
24	I agree, although also understand when the sharing of information can be detrimental or the patient may not be fully calm and aware when making these decisions and would like family notified, rather than their first incoherent response. Families can help the healing process, they will be critical in some cases in helping the client heal from this. So the more they know the more they can provide support. They also know the client well, and can provide very critical information on ways to support them to feel more secure and therefore respond much better to treatment and therapy. They can also tell if the client may be trying to manipulate the situation, they can read for signs of mania they may be subtle, and for things that are also working. They can also observe them, and if restraining them is cause worse behaviour responses, they can suggest and at times help to 'get through to the client. This is general for those over 18.
25	With consent from the person/patient.

Q15 Do you agree that the doctor should ask a person if there is someone that they definitely DO NOT want their confidential information to be shared with?

Answered: 95 Skipped: 54



ANSWER CHOICES	RESPONSES	
I am not sure	3.16%	3
I agree	93.68%	89
I neither agree or disagree	1.05%	1
I disagree	1.05%	1
I don't understand	1.05%	1
TOTAL		95

#	COMMENT	DATE
1	Difficult to support family member with anxiety and depression f you do not know what happens with doctor visits and how we can best support them.	
2	We have people within our family who do not respect boundaries and who believe in “woo” cures. Sharing with these people is exhausting and potentially dangerous.	
3	Yes, that person maybe contributing to the cause.	
4	To ensure that safety, dignity, autonomy and self-determination of the person is preserved. We know that people who experience mental health challenges are also impacted by social determinants of health and so people receiving care often are impacted by family and partner violence, substance abuse and negative interpersonal relationships for example. All interactions with services need to be protective and this an be facilitated by a person choosing not to disclose or have information disclosed about them to others. Choice supports empowerment at a time when a person may be feeling, or is actually experiencing disempowerment while receiving care and having their liberties restricted. Recovery requires a person to exercise choice and control across the domains of their life and the area that relates to who is privy to personal information is essential for a person to have choice and control.	
5	Often the people the patient does not want to share information with are the peple they live with, so yes it should be shared.	

6	Most definitely! It may be that a particular member is causing problem and to tell them would make it worse.
7	Why?
8	Cant hurt to ask but I am assuming that the before mentioned person would not be listed on the consent form or as a contact for sharing information with, so there would be no reason that a doctor would contact them if they weren't on the consent form or emergency contact as that would be breaking confidentiality.
9	This needs to happen every time.
10	Depends on what the person has requested in their care plan. Care plans are usually made when the person is stable.
11	Of course they should and they should listen to them too
12	Absolutely. Confidentiality is crucial for anyone suffering with mental illness. there is still so much stigma attached that the fear of the 'wrong person' knowing that you are ill has the potential of causing the person to spiral further
13	I believe if the client has multiple supports this should definitely be respected and heard. If client has no one else, I think multiple attempts should be made to provide another support person or find out why they do not wish to share information and negate with them based on the findings, and if it warrents no communication.
14	Definitely 100% agree.

Q16 If the person is under the age of 18, what do you think should be considered when sharing information with their parents or adult guardians?

Answered: 72 Skipped: 77

#	RESPONSES	DATE
1	Under 18, parents need to know the issue/s that are of concern to their child/ren. Children do not always / often wish to communicate with parents about their personal feelings. Perhaps that is best. It is frustrating not to know what they are thinking/feeling, what mental health issues they have, and how to help them resolve health concerns.	
2	I think the professionals dealing with the patient SHOLD (if they assessed the patient correctly) be able to determine what direction to proceed. Weather it be sharing information with the family or not.	
3	Suicidiation	
4	No Parents and guardians are not always the safest person. Personal experience, family used information from docs and made my situation worse	
5	The young persons saftey	
6	Parents background, some cultures don't see mental health as an issue. So of our older generation also have a similar attitude	
7	Young people may have mental health concerns that are directly related to relationships with parents or other family members, or even just concerns about things they don't want to share with their parents. Thus, it is important to maintain client confidentiality when the young person doesn't want their information shared with parents.	
8	Safety is the main issue here. They may not say it straight up but they may be in an abusive situation. Need to ensure Safety, first and foremost.	
9	All information should be available for discussion with the main care giver or where the person resides If the person is 15-18 hrs old a discussion with the person prior noting what will be discussed and maybe some issues not relating to safety don’t need disclosing	
10	Their safety, whether it would be beneficial or act as a barrier when seeking treatment.	
11	Age - teenagers have a right to privacy	
12	If sharing Information with the legal guardian will be any Benifit to the young person	
13	As the law allows	
14	The safety of the child should always be the primary consideration. Parents/Guardians need to know about treatment regimens and be advised on what they can do to support the young person. Where they can go for further information. What their rights are. What costs can be claimed or offset. What alternatives may be available.	
15	Important to share with parents so they can work together to alleviate issues as they arise.	
16	Privacy of the emerging adult.	
17	Who cause their anguish in the first place & ask the patient who they want to be their contact	
18	Whether family dysfunction or abuse may part of the reason for the mental health crisis, how close the person is to their family (whether they live with them, whether they have a relationship with them, whether they have restraining orders on them), criminal record of family members,	
19	The wishes of the young person should be respected	
20	The well-being and opinion of the child should be considered, dependent on age. Most young people are able to make decisions about themselves and we should support their autonomy. Also discussing with families and children if there is a safe person they feel more comfortable sharing information with. This will enable there to be a support person available.	

21	Duty of care should apply.
22	Risk of harm Signs and symptoms
23	If the care givers or guardian is able to provide the proper care and understand the information they are receiving
24	This is tough, as sometime parents are the cause. Or significant others.
25	The doctor should have a supportive conversation with the young person prior to communicating with family (if in a state to do so). This is so that the YP can express their views on how and why they feel about sharing information. The conversation would ascertain whether the young person would like to share the information themselves (accompanied by doctor or speak to family while on the phone with doctor), which information they want to share directly, which information they would prefer the doctor to share. Also to identify the information they do not want to be shared and why. This way the doctor can explore the reasons why the young person feels this way, assess potential risk or harm to wellbeing associated with sharing information - and for the young person in collaboration with the doctor to explore potential ways to share the right amount of information to serve their needs and preferences. Ultimately it would be from a supported decision making perspective providing ways for the young person to avoid feeling further disempowered. Mental health services should provide options to facilitate family meetings (and rooms) where the young person has a support person (potentially a social worker - who is advocating for the interests of the young person) available who understands and supports their preferences. Then the doctor, family and young person can have a discussion together - that is led by the young person - not the doctor. The doctor is available to explain things as directed by the young person.
26	The diagnosis, the perscription,
27	Firstly age- if they are over 16 Safe place/safe people
28	All information unless the parent is an abuser of safety
29	Their safety
30	Risk related concerns and with their consent, how family can assist in helping if they are part of the problem
31	The person’s concerns.
32	Absolutely
33	Are the parents the problem ? Is there grandparents or other relatives to assist
34	Relationship with their family. Who do they consider to be their guardian.
35	Their wishes.
36	Are the parents guardians, of good Standing and cappabile of understanding and giving care
37	The parent-child relationship, in context.
38	I think that it is important for the person to know what has been said.
39	Culture, religion, family history
40	The parent and the person should receive the same information.
41	Whatever the person explicitly says can and can not be shared.
42	Yes they are underage but young people still need to be treated seperate from their guardians. As they could be contributing to their issues
43	Their wishes
44	yes
45	The intentions of the family. The mental health of the family
46	Care should be person-centred, even when the person is under 18. Therapists and doctors should be aware that family dynamics may be exacerbating a mental illness or episode, and the person reviving care should come first (safety, confidentiality, treatment goals and choices etc.)
47	All that is relevant & helpful to the client

48	Again, I think the young person should be given options around their care and as long as they have identified an adult they trust as the emergency contact, then their information shouldn't be shared with parents unless the young person wants it to be. This does not mean that family cant be involved in care if it would be beneficial, but this needs to be encourage and done in collaboration with the young person (as to not take away their power and rights).
49	1. The young persons wishes. 2. The risk of self harm.
50	Whether abuse/neglect has happened.
51	The confidentiality of the underage person. If the family members have not been able to make the connection with the child and find out the information first hand. . .then that says a lot.
52	That any negative reaction by parents may result in lasting trauma for a child, and that children are entitled to a certain amount of privacy. The child's development must be the highest priority at all times.
53	I feel it's important that honesty is the best policy…its important that the adult understand to help the younger get through things
54	Loaded question
55	The safety of the child and family should be considered above all.
56	Considerations should be worked out in the care plan.
57	If there is a risk of harm to the person or others
58	I believe there should be open communication and information shared with family, but only if there is no harm or negative impact towards the child.
59	The patients wishes if they want family involved or not. It still should be up to the person if their info gets shared or not
60	nothing
61	The risk to themselves or risk of harm to others
62	what will make them safe
63	ask the patient. they are under 18 and yes there is a duty of care, but they still have a voice and should be respected in the process
64	Capacity of individual Consent of individual Relationship to others
65	The adolescents safety and wants.
66	Safety of the vulnerable individual
67	Everything should be shared at this age, for their safety, and your own awareness of how deep the situation is so you can be aware of very subtle things should the findings show that these may be substantial indicators on the mental health, and how quickly help should be sought after.
68	Everything should be shared for better understanding
69	Whether or not their parents are people they can trust and talk to.
70	Yes in theory, but this sharing of info in early stages needs to be general …Eg. They are safe here….
71	The person/patient's wishes. If they don't want their parents to know much then only share what is essential information for their parents to keep them safe and know when to seek help.
72	No. Because it some cultures mental health issues are a taboo and of zero relevance. This can deprive the child getting no proper help.

Q17 Please share any other information that you would like about your experience (or your family member's), and the topic of sharing information with family?

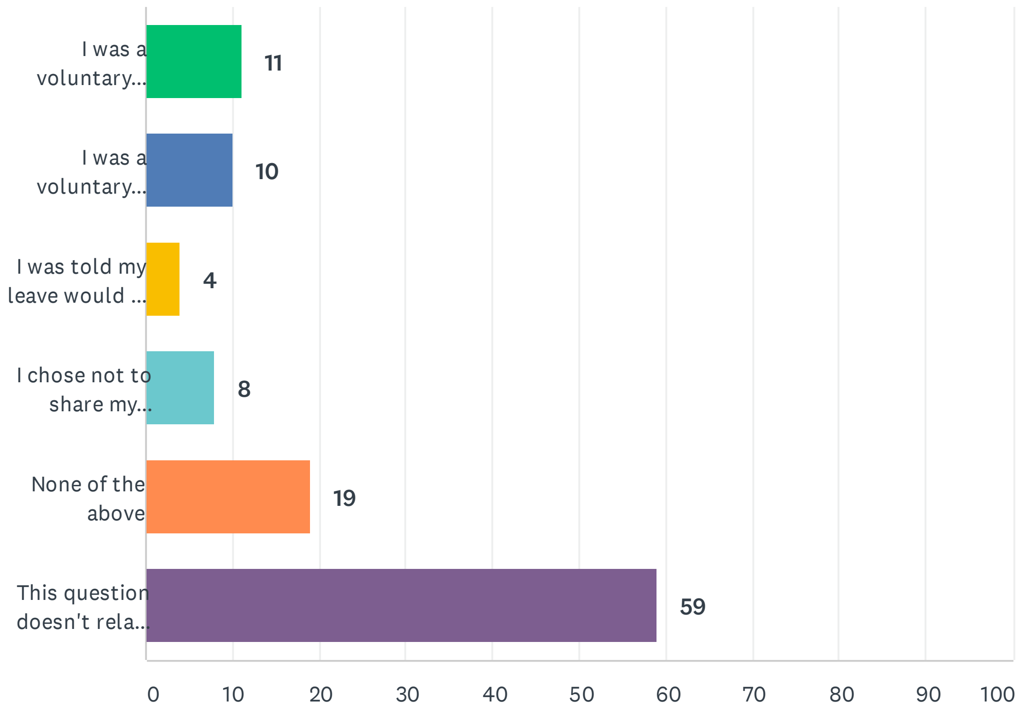
Answered: 30 Skipped: 119

#	RESPONSES	DATE
1	Really it should be up to the individual what they want to share and don't want to share. Everyone experiences mental health differently.	
2	Understanding the terminology and ensuring it's is understood The use of an interpreter	
3	Just hard to access support unless you're prepared to pay privately	
4	Famikies need to be keot in the loop more. It is very isolating and worrying not to.know what us going on with your child. Also more strategies of how we can help when the child comes home.	
5	We have felt very alone and isolated on much of this journey. Our daughter is doing much better - mostly due to family support and care. At present she has been given what we feel is a blanket diagnosis that doesn't not quite fit and are beginning the process of having her accessed for ADHD - fighting mental health staff who don't want to admit there may be more to do.	
6	Always share. Unless there is the risk of domestic violence or abuse.	
7	My diagnosis of ASD at age 51 was a relief and now I understand how my neurology is different from "neurotypicals" I can shift my locus of control to internal and manage my life and activities in a more peaceful and productive way.	
8	My mum told me the doctors said whenever they tried to discharge me I would threaten to kill myself, which was not true. You cannot imagine how detrimental that was to my mental health and my relationship with the doctor.	
9	If a patient has A&D issues combined with long term mental health. It turns into a cycle of getting no where. Each service blame the other for what is the issues and nothing gets resolved. There is a loop hole in the mental health where MANY people have been left out of getting the care they need. It is almost impossible to get an intervention through the courts.	
10	Sharing can be beneficial. The process is always giving the option.	
11	A child who suffers serve mental health issues but refuses to access help should be made to. A child that suffers severe mental health can devastate families.	
12	My former husband suffers greatly from shame and stigma and does not keep his family informed of his treatment or welfare. I do not know from one week to the next how he is going to present or if he is safe for our child to be around. There should be a mechanism for very basic updates to be communicated	
13	There is in my experience a mindset with the mentally ill person I care for that they should not, and will not, apply for Centrelink. That idea is from the prism of their clouded , proud, perspective of not bludgingin and for 6 years this has continued. I wish there was a way to counteract/ overcome that resistance for a carer to put a cse forward on their own as having an income awards the ill person a modicum of dignity in their decisions as to how to spend their money as well the notion that in life one has to pay for accomodation and food. A carer's hands are tied in terms of that necessary application to Centrelink.	
14	Sometimes family can make judgments based on ignorance and or self interest	
15	Family could be a more trusted friend or support person rather than blood relative.	
16	If potential abuse is reported to a school, the perpetrator should NOT be sent a copy of the communication.	
17	i am niether black or white.. life has been hard.. but i always worked. now im old and broken..	
18	My family are actively din my care and my parents.	

19	Family provide a whole aspect about the person. The person is providing one part of information and sometimes less insight. Where family can provide a broader aspect
20	Na
21	I think when there is a need to break confidentiality, this needs to be done in a really gentle, supportive way. I have had experiences of therapists "freaking out" and calling my contacts or the CAT team and not letting me have much knowledge or say in the process. I felt completely powerless and it made me disengage from services for many years and could have ended worse. I also had them show up to my families house and this was never explained to me as something that would happened if I didn't attend my appointment.
22	In the workplace: Not good & supported policies in regatd to bullying in the workplace. Looks goid on paper but HR, workforce services do not follow through with complaints. Unions also ineffective unless complainant goes to Police, Media or suicides.
23	I spent time with my under 18 year old in the mental health facility and was shocked with the amount of medication my under 18 was having each day
24	Sociopaths win . Chris.
25	Care plans should be routinely developed in consultation with the person and people they nominate to be part of the plan so that doctors know how to appropriately respond in crisis or when the person becomes unwell.
26	My privacy was recently breached by corrections. I made a complaint by of course they investigated the incident and found no breach of my privacy was commited they are a law unto themselves. There is no privacy when seeing Dr’s or psych’s inside of Darwin correctional centre. Whatever you say will be heard by an officer who is sitting within earshot of where you are there is to be no expectation of privacy in Darwin correctional centre at any time. It makes me feel a bit shame especially when the officer later on gives you crap about something you said in a conversation with a psych. As in stirs you up in front of your friends about something that you said to a psych which you would never repeat in front of your friends.
27	i have not had this happen
28	i have depression and anxiety my husband has PTSD our son has ASD, ADHD and anxiety mental illness is a very real part of our lives and we are very open with others in the hope to break down the stigmas associated with mental illness
29	Supporting families need tools to support ..advice and assistance … This can be provided without giving away private information .. families need psychoeducation as well
30	I feel that medical professionals should hear us, family especially during traumatic situations such as attempted suicide, and trying to wake patient out of medical induced coma, or during a period of heightened mania, or manic episode.. listen to the parent, they do know best.. and with your support can difuse and assist much better than your 3 plus attempts. Rather than creating a situation where they feel scared, and very alone.. the person close to them can provide a comfort no professional can.

Q19 Do any of the following statements reflect your experience (or the person you support), accessing leave at a NT Government hospital mental health ward? If you are a family member/support person, please answer based on what you know or observed. (Please select all that apply.)

Answered: 89 Skipped: 60



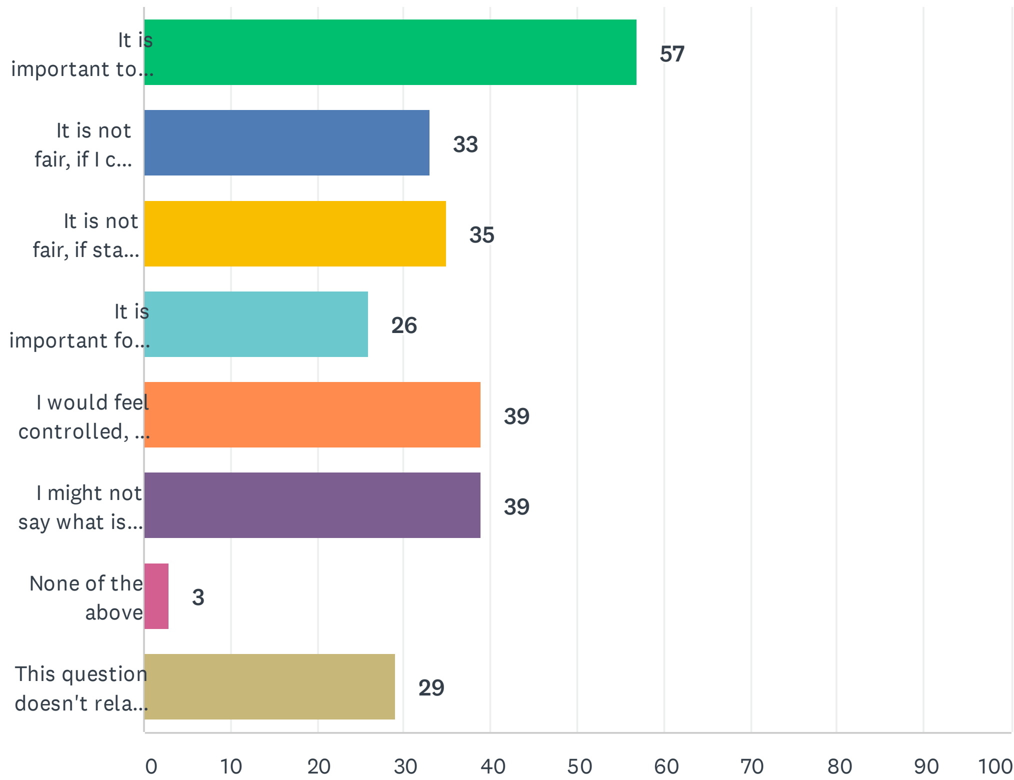
ANSWER CHOICES	RESPONSES	
I was a voluntary patient and was told that I could not take leave when I wanted to	12.36%	11
I was a voluntary patient and was told that I would be changed to involuntary, when I said that I wanted to take leave	11.24%	10
I was told my leave would be taken away if I did not do a task I was told to do by staff, e.g. clean my room	4.49%	4
I chose not to share my opinion or thoughts about my treatment with my doctor because I did not want to risk getting or keeping my leave	8.99%	8
None of the above	21.35%	19
This question doesn't relate to me	66.29%	59
Total Respondents: 89		

#	COMMENT	DATE
1	My wife was made involuntary without proper consultation and I am looking for an Avenue to share my experiences with mental health treatment in and out of the NT	
2	We were able to take multiple leave sessions during the time we were at YIP. Largely, I feel, because I was with my daughter. We had access to a car and my parents live nearby. Ward staff admitted they felt my daughter was better off spending as much time out of the ward and away from the other patients as possible. Concerns about the lack of counselling etc were not raised during our time there as we did not want anything to occur that might exempt our stay. Our daughter agreed that the sooner we left the sooner she could work on healing.	

3	My family member was admitted as a Voluntary patient and then became an involuntary patient due to the severity of his mental illness
4	I was involuntary
5	Getting someone admitted is difficult when the services are stretched and no beds are available
6	Although, communication of staff in a Psychratric ward fail to communicate effectively, if you can’t communicate for you mental health reason, they hold it against you .. there are other ways of methods of communicating we’d that mental health professionals are failing to capture
7	I was able to see their concerns regarding my assessment of my own safety and accepted their temporary confinement with only a little annoyance. They may have been right.
8	I had lots of leave
9	Not related to me, however it aligns with my experience being one of imprisonment and punishment, rather than therapeutic, person-centred, quality care practices. We may have mental illnesses, but we are not naughty children or unruly prisoners. More often than not, we are highly intelligent, capable people, who have a better understanding of our illness and needs that the treating doctors. A one size all approach does not work and dignity of risk should be considered when making decisions that curtail right and freedoms.
10	Our child was admitted on both a voluntary and involuntary basis multiple times at YIP. Leave was a big issue as it was agreed on between our chid and his doctor with no consultation with us. We were not ready for our child to be in our care following multiple threats and attempts at our lives. Staff bullied us into taking our child before he or us were ready, resulting in us having to return our child to YIP sometimes within minutes of leaving. This lead to more bullying behaviour by staff advising us that is was 'not a hotel where we could come and go' . Leave was granted despite there being any evidence of improved mental health. Staff would not take our child for a walk regularly despite him asking repeatedly, they would make up stories about why they couldnt but would then sit and read there books/newspaper, play computer games and watch cricket on tv.
11	The current department of health smoking policy is ridiculous as it does not factor in the dignity of risk that every individual should be afforded. There is also no safe smoking area near the Cowdy ward in Darwin.
12	I don't think it is right that you are promoting smoking. People should be able to not be around people who are smoking and not be humbugged when you do want to stop
13	Holy heck. I believe that its hard to tell when they are faking it to leave or genuinely mentally feeling better.. I am scared for them to fool us family into thinking they are better too soon, and then attempt again or something happen and they are not ok. Smoking inside could definitely help to settle them better so they are more honest.
14	I didn’t get the option of leave or a transfer from JRU to Cowdy. I wasn’t given any activities to do to pass the time. I was left to sit and stare at a wall or watch the same episode of the same show over and over again.
15	When first arrived was very unwell …not as rational and reasonable as usual. So whatever I was told I would have tried to do my own thing and ignored them….not good for my safety. When I was somewhat better I was frustrated cos rights seemed to change...

Q20 We want your opinion about the importance of accessing leave and an outside environment while staying at hospital. Are any of the following statements true for you (or the person you support)? If you a family member/support person, tick the statements that you think would be true for them. (Please select all that apply.)

Answered: 93 Skipped: 56



ANSWER CHOICES	RESPONSES	
It is important to go outside, if I am at hospital	61.29%	57
It is not fair, if I cant take leave while admitted as a voluntary patient	35.48%	33
It is not fair, if staff take away my leave for reasons that don't relate to safety	37.63%	35
It is important for me to to smoke tobacco, if I am at hospital	27.96%	26
I would feel controlled, if staff threatened to take away my leave	41.94%	39
I might not say what is important to me, if I thought it would affect my access to leave	41.94%	39
None of the above	3.23%	3
This question doesn't relate to me	31.18%	29
Total Respondents: 93		

#	COMMENT	DATE
1	My daughter wanted to be admitted as voluntary patient but turned away	
2	the question should read "if you ARE a family member"	
3	Very inadequate and inappropriate PUBLIC facilities in DARWIN	

4	Voluntary is just that. There are rules that make things manageable Imagine a psychiatric ward with no rules ? You should be able to leave at any time if you are in by your own hand and are no risk
5	The fact that these questions are being asked is depressing. Voluntary inpatients freedom is not something they need to earn and decisions should never be made about their rights or freedoms if it’s not due to risk management. (And even then, dignity of risk principles should apply).
6	Our child would pretend to be fine with doctors to get leave when he wanted it and would punch walls etc when he wanted to be sedated. he worked the system to get what he wanted and we kept advising of this but as mentioned earlier no weight was given to anything we said
7	It is important for leave to be granted when it is safe to do so regardless of voluntary or involuntary status. Leave for involuntary admissions can be granted when there is someone willing to take responsibility for the person seeking leave.
8	again, why are you going on about smoking? it is not being caring for people to tell them to keep doing something that will kill them. and make other people have to have their smoking too
9	I don't believe a family member should have leave outside the hospital due to the scary attempt, and as their family i don't think we could have provided adequate support, supervision or been able to handle and extreme behavioural concerns.

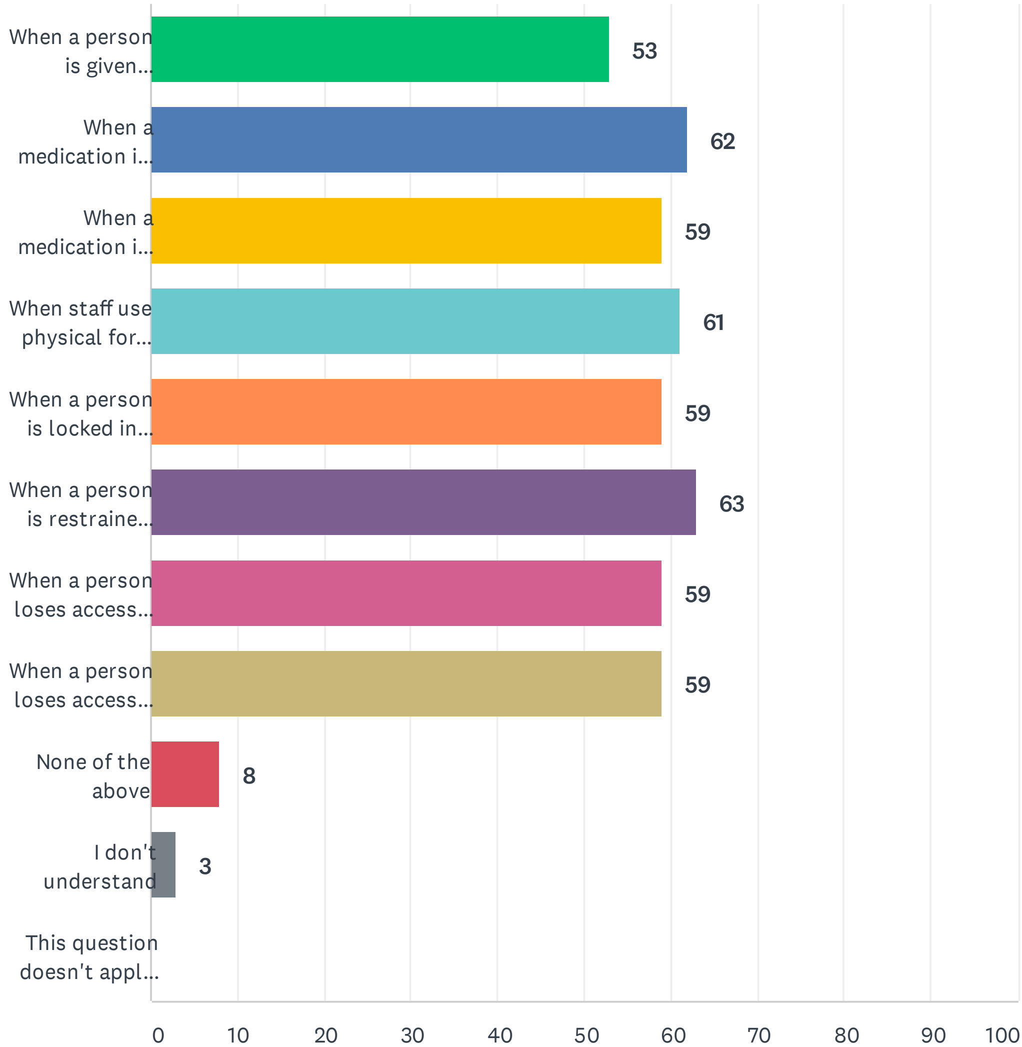
Q21 Please provide any other information you would like about your experience (or the person you support), and the topic of access to leave.

Answered: 16 Skipped: 133

#	RESPONSES	DATE
1	I would rather email someone about my/wife experiences	
2	I found it stressful taking my daughter out for leave the first time. I was given no strategies or ideas and i was concerned she might harm.herself again.	
3	Leave was my daughters primary motivation during our time at YIP. The more time she could spend in the sanctuary of my parents house where it was quiet and she felt safe the better she felt.	
4	It was not shared with me about how one would go about asking for any kind of leave. Lack of information was a big problem	
5	patient not support, mixtures of mental health condition patient mixture inappropriately occurs. Sexual exposure by other patients.	
6	There seemed to be no opportunity to form a relationship with a pyschiatrist as personnel seemed to change often at Tamarind house.	
7	Being able to come and go Willy nilly is ridiculous and defeats the purpose. It's not a baby sitting service	
8	I was not allowed ground leave because I wasn't a smoker. Honestly I just wanted the time to sit outside in the fresh air, on the grass and to look and hear nature. Being in Cowdy was like being in prison.	
9	People are being treated for other reasons. While yes smoking is not healthy its what helps keep people calm. In a normal hospital clients are allowed to leave gp outside for a smoke and return to their bed no questions. Its harmful to make clients stop smoking whilst going thru other reasons	
10	na	
11	My sister felt was scared and wanted information, she was frustrated and heightened when she didn't get information for staff. When she reacted the staff insinuated she would be considered at risk. She felt scared to do or say anything as she thought she would never be discharged.	
12	From my experience particularly with young people is that their mental illness is usually induced by alcohol or drugs..there for limiting their access to leave would be beneficial to stop them obtaining more drugs or alcohol hence creating more severe problems.. Help get them well first..	
13	Leave for children should be discussed and agreed between the doctor and parents before any discussion with the child	
14	I think having outside space to have fresh air and be away from people shouldnt be called leave. It should be part of the place	
15	Ability to go outside is very important for patients. Particularly given how ridiculously cold the Aircon makes RDH. We need to support this but sometimes staffing is not adequate to be able to supervise this.	
16	For under 18.. I think it was ok to leave, but I also felt it was important to stay to take the break from reality and to heal and rest. I was also scared of any potential triggers and still processing and recovering from the attempt and coming to terms with how unwell they were. Confused and lost as the caregiver, I didn't know what the right decisions were. I would have loved for a support worker to have provided weekly support for us both, so we could have felt supported and as the adult I could have leant on that person and perhaps got some referrals for ndis, for example, or counselling etc..things that my own mental health was struggling with.. and the brain fog that followed this gruelling and draining time.	

Q23 Which items from the following list do you think should be considered 'restraint' and have laws about their use to protect people's rights?

Answered: 85 Skipped: 64



ANSWER CHOICES	RESPONSES	
When a person is given medication without their permission	62.35%	53
When a medication is given to a person without an explanation of how it will make them feel	72.94%	62
When a medication is given to a person using physical force	69.41%	59
When staff use physical force against a person	71.76%	61
When a person is locked in a room or an enclosed space	69.41%	59
When a person is restrained to a bed or handcuffed	74.12%	63
When a person loses access to personal items that are important to them and don't pose a risk to anyone's safety	69.41%	59
When a person loses access to leave or privileges even though there is no risk to anyone's safety	69.41%	59
None of the above	9.41%	8
I don't understand	3.53%	3
This question doesn't apply to me	0.00%	0
Total Respondents: 85		

#	COMMENT	DATE
1	These are all restraints under the NDIS	
2	When my blood or other sample is taken without my consent	
3	Difficult one. There was girl in the ward who was docile and compliant when we arrived. Unknown events set her off on day two and she became extremely violent - harming herself and staff and attempting to harm other patients. She was isolated and confined to one section of the ward (which also excluded everyone else from half the ward area and an outdoor space which impacted negatively on their treatment as well). I know she was medicated but am unaware of how or what (of any) force was used to administer it. She was a serious safety risk to herself and others but being confined also increased her rage. Staff need to be able to protect themselves ….. very fine lines to tread.	
4	One Flew over the Cukoo's Nest novel by Ken Kelsey.	
5	Not enough staff ratio to patient	
6	In 2018, my late elderly grandad was given medication and had a catheter inserted without my knowledge as his present carer and without any explanation. He said he had refused but was forced. I was not happy about this. I had also told the doctors specifically what I did not want my grandad to have in terms of medical procedures and they did it anyway, claiming it was an accident. Appalling. My late grandad passed on mid 2019.	
7	Is this implying that there are no laws in regards to this subject?	
8	When dealing with people's mental, issues,staff need to make sure medication is given, clients are kept safe from themselves and others.	
9	i have never been restrained.. some how i just kept going.. medications have taken their toll with side effects..	
10	Disability and aged care are clear about the consequences of unauthorised restrictive practices or in/under-reporting of the use of restraint, yet mental health services are still not effectively regulated to protect people in this regard. I would like to see a new quality framework and regulatory body to ensure providers are acting according to standards and best practice.	
11	I think there are times when restraints are necessary but I feel the whole system needs to be looked at…eg when people are first asking for help and they have to wait 2 or 3 weeks to get help and if they are lucky they might get an hour of help and then have to wait another week..	
12	People subject to involuntary admissions may be given medication without their permission and this is not considered restraint.	

13	i reckon that safety is important and sometimes my son needs to be kept away from other people so he doesn't hurt them or himself. Staff do their best, but sometimes his actions are really bad
14	This is hard, but I have to keep going as its soo important.. So with what I said before about use of family to help during these extreme behaviours, to help calm and soothe the client. Rather than restraints or a locked room, medicine .. I do see why they are necessary but I could not cope with being isolated in a room or restrained I don't no why we think it is OK for the clients. I know they tend to lash out on occasion.. I think this is very complex and I don't believe many people are very well equipped to " ride out the wave", with the client..not against them. So to speak. We are not well trained nor educated in what FASD, ADHD, ASD, cognitive disorders or even communication disorders etc. .. what they look like or how they can present in people and how to best case scenario 'relate and have a real understanding of what and how that person thinks, and have some understanding of who that person is' and truly respond as someone they can trust and who can 'see' them, in a way they feel validated and heard.
15	Ist of these statements is problematic…if person is very unwell , especially if they or their behaviour risk to (anyone’s) safety, medication may be necessary.

Q24 Please share any other information that you would like about your experience (or the person you support), and your thoughts about the use of 'restraint'.

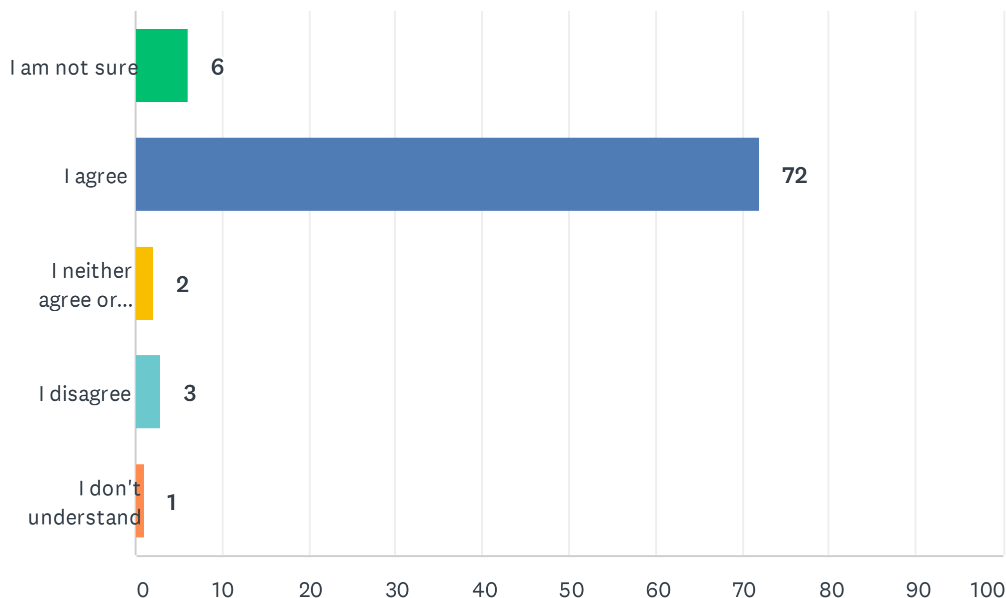
Answered: 11 Skipped: 138

#	RESPONSES	DATE
1	I have not chosen the physical force ones as I have lived experience with people who can be violent due to their condition/s and sometimes mixed with drug use. Sometimes physical restraint is the only way to keep all parties safe.	
2	Only when there is a significant risk to staff and as a last resort.	
3	My daughter is still traumatised after being held down by four adults trying to re insert her drip cannula. She didn't have medical anxiety before that. Also, Children and adults who have experienced sexual or physical abuse should not be physically held down. We need to find better ways.	
4	Should be use as a last resort, as I understand mental health through lived experience. I have had my partner restrain me for my safety snd his own.	
5	I think that there are some occasions where people need to have medication against their preference. This would mostly be due to safety and complete loss of insight. But there needs to be a legislated and transparent set of safeguards, policies and procedures that determine why, when and how this can take place. People at times do not want to take medications due to being threatened by staff or fear of this impacting their treatment or experiences as an inpatient, due to previous bad experiences with either being medicated, being medicated against their will or using medications that have caused negative experiences and side effects for them. A person receiving treatment should always be supported to have an open conversation with prescribing doctors (and dispensing staff) about medication, to express their concerns and reasons for not wanting to take medication or a certain medication and to be able to legitimately consider alternatives - and have these supported by the powers that be. A person should have their prior personal history taken into account in regards to previous medication use and experiences. They should be supported to choose from options that incorporate the knowledge of the consumer on what works for them, what side effects are tolerable or not and for all decisions to be made with them - not without them. Doctors should explain the risks and benefits prior to any medication being prescribed. There should also be mandatory review points (not from a medical perspective- but from a consumer perspective) - where if a consumer has received medications against their will or preference - that this is reviewed so that once safety or insight has returned, medication can be reviewed and negotiated according to the persons preferences. Consumers/patients should always have access to a consumer advocate for support, who can accompany them during decision points to help them communicate and asset their rights of participation and choice in anything that impacts them. This is critically important due to the incredibly vulnerable position a person is in and the state of disempowerment and power imbalance when a person is unwell or receiving treatment. On any occasion that a person takes medication that is not preferred by them or is forced to - this needs to have mandatory documentation and reporting - including justification for why a persons preferences were not followed. It also needs to document the consumer's expressed preferences and objections. This information and reporting needs to be shared with the entire treatment team and must be considered and reviewed at every stage of treatment - as circumstances change.	
6	Restraint is nessary in alot of cases, over use of restraint does happen, but, in these cases staff protection and client care come first	
7	The amount of medication given is a serious worry but I also realise the otherside especially if the person is violent they can't be allowed to cause havoc on everyone around either.	
8	I made a formal complaint whilst in COWDY, against a staff member who used excessive physical force to return me to bed. The staff member was moved to work with another patient, but I am concerned they would be doing this to others again.	
9	As a health professional in ED. Often a patient's behaviour presents a risk to themselves and others around them. In this situation we do need to restrict liberty but in the least	

	restrictive viable option. E.g. sectioning, keeping within a locked room, physical or chemical restraint. If this happens it's vital that a legal process is followed.
10	Its scary for all parties. More so for those restrained. I didn't think that these wards resembled the wards I saw on TV any more. Truth be told they are much scarier as they are exactly the same, including the methods used. No medical professional seems to ever look at a model that actually works and has proven results anywhere in the world and actually decides to implement the same structure as another mental health facility. It is so outdated, especially the methods used. I know if we actually looked at every single location of mental health facilities in the world we will see one or more that has components worth implementing or overhauling our own system for.
11	My understanding is that the Oleander room in RDH ED that is used for many mental health patients is sometimes locked, which is legally restraint but not recorded as restraint and isn't protocol to use restraint in this way in ED.

Q26 Do you think its a good idea to have a new support service to ensure people's wishes are considered for their treatment and that their rights are upheld?

Answered: 84 Skipped: 65



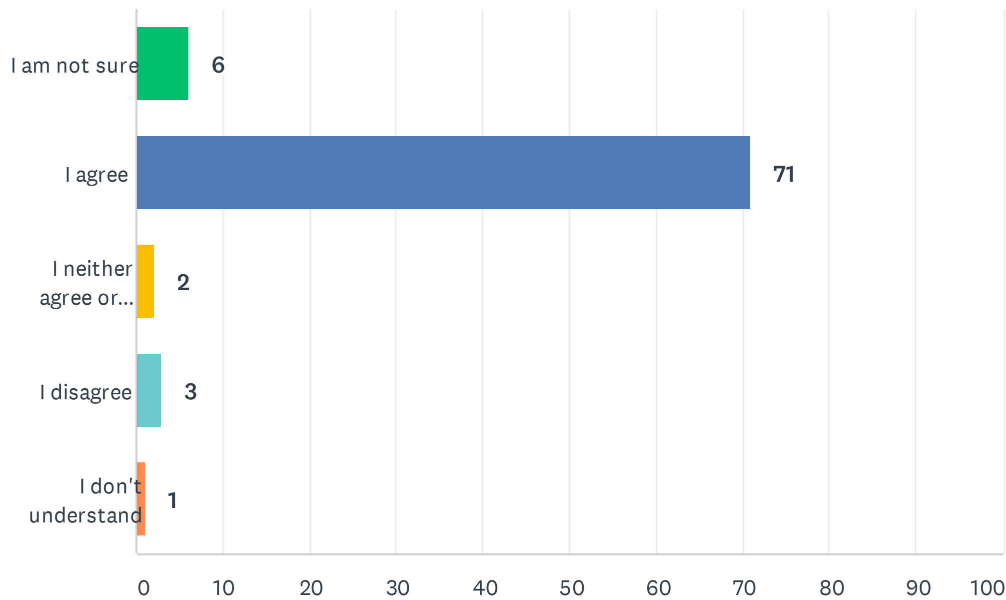
ANSWER CHOICES	RESPONSES	
I am not sure	7.14%	6
I agree	85.71%	72
I neither agree or disagree	2.38%	2
I disagree	3.57%	3
I don't understand	1.19%	1
TOTAL		84

#	COMMENT	DATE
1	Great idea	
2	new crisis response team emergency services, paramedic, police office and mental health worker excellent idea especially for ex military	
3	Ethical standards are foremost considerations.	
4	I think if other aspects are dealt with including robust laws, then this sort of measure would be at most temporary in the transition period, and eventually one would hope it wouldn't be needed anymore. However, I do think it is very important that people are able to be understood and understand the medical staff with regards to language.	
5	The Community Visitors play a role in this space	
6	I am a support coordinator, through lived experience I support others with mental health issues. I am able to advocate and provide options for them to choice from as it's about empowering them. It will assist them in managing their mental health. We fails for the triage of care for the patient. Sadly you have GP, medical professionals working in the industry thinking that they know best. Without consulting the person as it's their journey. They are the experts. It's time to change the viewpoint.	
7	People receiving care from government mental health services can be extremely vulnerable; many people experiencing mental health challenges are also impacted by various and	

	multiple forms of disadvantage. Many people do not have the literacy, knowledge, skills, confidence or assertiveness to self advocate - particularly when unwell. Such a support service would be protective and also support empowerment as a critical component of recovery.
8	They do have patient advocates at the hospital which is good but I think there needs to more of this. It's not openly known!
9	Whilst staff in mental health care facilities need to be screened, I believe that their intent to help should not be hindered by unnecessary additional organisations and paperwork.
10	needs to be culturally appropriate and really consider the needs and protocols of Aboriginal and Torres Strait Islander people.
11	I believe this is a legal matter not a social worker one This all sounds very fluffy, what are we talking about this service providing exactly, more airheaded equity BS or actual no nonsense practical assistance
12	No use if gonna take too long to access. Help lines need enough staff to answer calls within a couple of minutes.
13	i have seen amity house for alcohol abuse.. i have never dealt with sexual abuse..
14	The support service needs to be there, but it also needs to be made available to patients AT THE TIME it’s needed. No health service in the NT is ever available in times of crises when they’re needed...ever! Don’t spend the money on a service that cannot be accessed when needed. That only exacerbates distress associated with acute events, increases frustration and helplessness, and reinforces physical and mental isolation.
15	I have seen patient advocates in hospitals do nothing, or have no power to make a difference, so I would have to see that the role had influence before agreeing it would be a useful service. (Advocates are important, but must be skilled and listened to by providers).
16	PEER SUPPORT WORKERS!!!!
17	As long as they have the same understanding that they also have responsibilities that go with it too.
18	This is a great idea but think the person/organisation should be at arms length from the hospital so it doesnt become a position that advocates for the staff rather than the patient eg. like the community visitor program staff, arms length, level of respect/fear by staff when they are present.
19	The CVP's role is to ensure people's right are protected perhaps additional powers and resources can be allocated to the CVP rather than starting a new service?
20	Doesn't the visitor program cover this
21	it is more important to have someone who can speak my language and help intepret. I dont need some stranger thinking I need them to support me - I want to be my own story teller
22	Absolutely. And we need to move away from the 'one size fits all model'. mental illness does not discriminate but it is also very individual and effects all people differently. Tailored, specific approaches need to be in place with real grass roots discussions.
23	I don't believe they will have any actual "power or authority" therefore rendering them useless. Considering their rights is different to upholding and taking them into the decision making process.
24	I think all patients should have CONFIDENTIAL access to a therapist or counsellor each day of their stay in hospital

Q27 Do you think the proposed support service would be valuable if it worked in the ways that we described?

Answered: 83 Skipped: 66



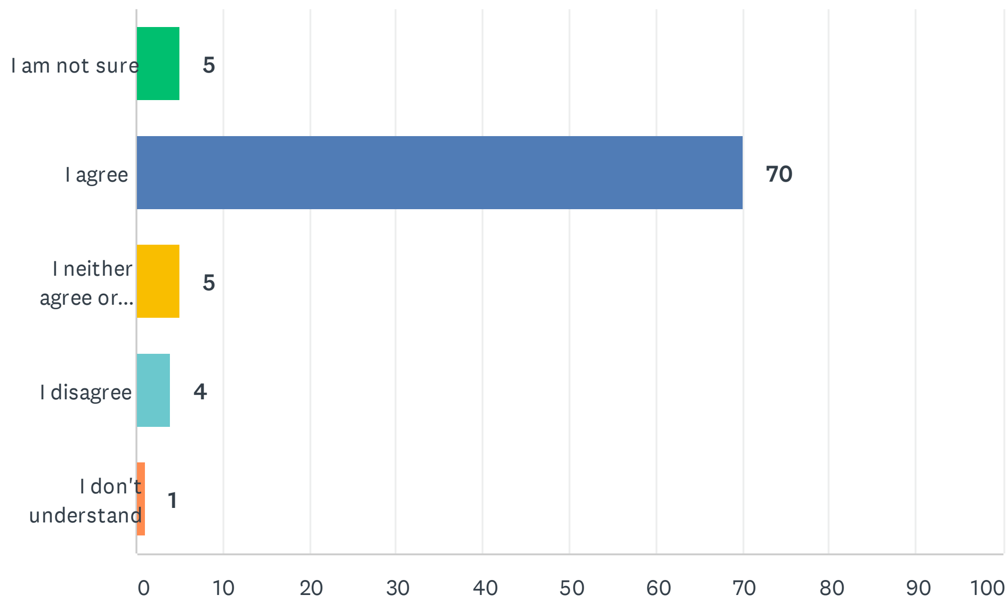
ANSWER CHOICES	RESPONSES	
I am not sure	7.23%	6
I agree	85.54%	71
I neither agree or disagree	2.41%	2
I disagree	3.61%	3
I don't understand	1.20%	1
TOTAL		83

#	OTHER (PLEASE SPECIFY)	DATE
1	Cant be any worse	
2	Cooperation across agencies problematic	
3	Absolutely, I feel at a loss leaving the hospital and trting to make plans and appointments with support services that have a long wait list. I think it woykd be goid to start support whilst in the hospital would be a better transition.	
4	Isn't all this just part of the mental health service anyway? Does it really need a new, special team? If it does, then I definitely support it. It just seems so basic to what mental health care should be about! Also, I think some of the points above could be provided through chaplaincy (e.g. support person, connect person to other services (religious), help person with care plan (religious).	
5	Totally agree, it's about a triage of care putting the patient in the forefront of the control of it. It's about providing them with information, breaking the learning into manageable parts on an INDIVIDUalistic way. One size does not fit ALL ..	
6	Critical to transition care and recovery into the community - which is where recovery actually occurs.	
7	Isn't that a social worker?	
8	Advanced care plans are extremely important!!!!	

9	I think that these services are already provided though having more providers would be valuable.
10	I would of thought that mental health services would have this covered ! If not fund the existing system before making even more managers and dept staff that suck up funds and leave people wandering our streets
11	I strongly agree and would highly value this service, both personally and for others. It would help tremendously with recovery.
12	Depends how it was set up.
13	care workers and follow up has been very patchy and many changes of staff so no consistency..
14	I strongly agree that this service is needed to support patients
15	They would also need to have an excellent understanding of all services available to a person, as I have found in the mental health sector, people and organisations operate quite independently, with little connectivity for referrals and holistic person care, and limited knowledge of other services etc.
16	I am concerned that there are not enough mental heath trained staff to fill current services & that GP's do not have enough experience to manage mental health clients appropriately. (generally speaking).
17	I agree that the services listed above should be established but I see these types of service as being different to the rights advocacy service described earlier. The people most equipped to provide the services listed above are lived experience/peers.
18	why would I trust a stranger to intrude into my business. I don't want to go to hospital ever - I want to be well in my home and have my family with me
19	The best people to provide this service will be those with lived experience. the ability to connect on a meaningful 'i get it' level will prove beneficial.
20	I feel "after they leave the hospital" has the mental health out patient program that already acts in this way. Proving support throughout and past the mental health team process and who checks in every 6 months or so, in person could be in-valuable service.. although I do believe that is already happening? I think this money could and should be better spent actually changing the internal system and ensuring everyone who works in a mental health facility is trained REGULARLY, with updates in real world time to the training they already have, plus new training they regularly should be provided with. Better strategies should be adopted with better monitoring for staff to ensure ridged protocols are followed and communication isn't lost up or down the chain of command. I also strongly believe if the clients don't positively respond to staff regularly they should be moved out of that specific position, and an attempt made to see if clients respond more positively to certain staff regularly.
21	However strict training and screening of staff who are part of this service...is crucial.

Q28 Do you agree that the proposed support service should have peer workers and social and emotional well-being workers?

Answered: 85 Skipped: 64



ANSWER CHOICES	RESPONSES	
I am not sure	5.88%	5
I agree	82.35%	70
I neither agree or disagree	5.88%	5
I disagree	4.71%	4
I don't understand	1.18%	1
TOTAL		85

#	COMMENT	DATE
1	I believe I would be an excellent staff member. Recovery from an eating disorder and debilitating depression (tip of iceberg). It excites me to help people get ontop of their mental health.	
2	The peer workforce within the NT is limited and lacking robust support. Let alone the ability to undertake peer training here in the NT. If any supports services were to be established post the review of the mental health act - it needs to be well planned for workforce succession including training	
3	All parties need their mental health preserved.	
4	Are peer workers in danger of relapse? Would they have supervision and support available to them? I certainly think if there is such a service that it should include workers who are Aboriginal and Torres Strait Islander. I also think it's not just about social and emotional well-being but also about spiritual well-being. Especially with such a high percentage of Aboriginal people who call themselves Christian (70%) and have a strong connection to their cultural indigenous spirituality.	
5	Through lived experience, many can help others.	
6	It is common for people to have negative experiences as a result of them being unwell, receiving treatment, or having their liberties restricted when sectioned in government mental health services. Consumers' experiences of help seeking and treatment have frequently been traumatising (this is certainly the case for me). It is well documented that best practice	

	is not always followed, that consequences of the clinical model can be disempowering and are felt negatively for consumers. It also well documented that people experience harms through institutions of mental health treatment. Having access to a peer and social and emotional wellbeing workers would provide an element of support that clinicians cannot provide and that is responsive to people's experiences. These workers have first-hand experiences that may be similar and therefore can provide a sense of understanding and comfort that cannot be provided by government mental health services. Peer and SEWB workers can provide aspects of holistic support that are essential for recovery - particularly when a person transitions out of government mental health services. These workers would support a persons transition back into the community and to other services - addressing the current gaps in after-care, follow-up and wrap-around services and care that government mental health services do not currently adequately provide. These workers can provide a sense of psychological safety for consumers in a context where people often inherently feel or are unsafe. These workers can support consumers into an active role in their recovery and provide mentorship, coaching and emotional support. These are things that government mental health services do not do and are unable to do in the same meaningful way. Community services likewise do not do this - as there is not an explicit linkage to support this transition. SEWB workers would be a critical aspect of providing culturally responsive and safe care to First Nations' consumers. The current clinical model of NT government mental health services does not provide flexibility to do so in a way that respects, values or honours cultural knowledge or cultural conceptions of social and emotional wellbeing. This is a denial of cultural rights and human rights. This presents a huge barrier to recovery as government mental health services do not address holistic mental wellbeing of First Nations' consumers. Not responding to cultural needs has and can create harm to consumers and impede recovery.
7	Stating Aboriginal or Torres Strait Islander is not required. A broad variety of backgrounds and appropriate skills and knowledge is what would benefit everyone.
8	Just treat folks with compassion and stop all this woke nonsense Look how the Sikh community help people doing it tough with almost no money and no talk of race or "my truth" We are going in circles with this craziness and our streets are full of people suffering and our jails are exploding
9	For me personally, skills and knowledge of treatment and providers, and ability to influence treatment, would be more important. But cultural safety will always be important too.
10	Yes and these roles need to be a priority, paid appropriately, understood and acknowledge
11	Are people that are carers considered as potential workers because there is many that have a lot of knowledge and understanding to offer.
12	I want interpreters, not strangers pretending they know me. I don't even know what peer means. Someone who has depression doesn't mean they know everything about other worries
13	absolutely. and those that can mentor people through their recovery process and be real with them that there will be set backs, and help them with the tools of how to not let those set backs take over their lives
14	Strongly agree
15	Not really sure what this means or will look like practically speaking.
16	However strict training and screening of staff who are part of this service...is crucial....with regular updates.

Q29 Please share any other information that you would like about your experience (or the person you support), and our proposal for a new support service at NT Government mental health services.

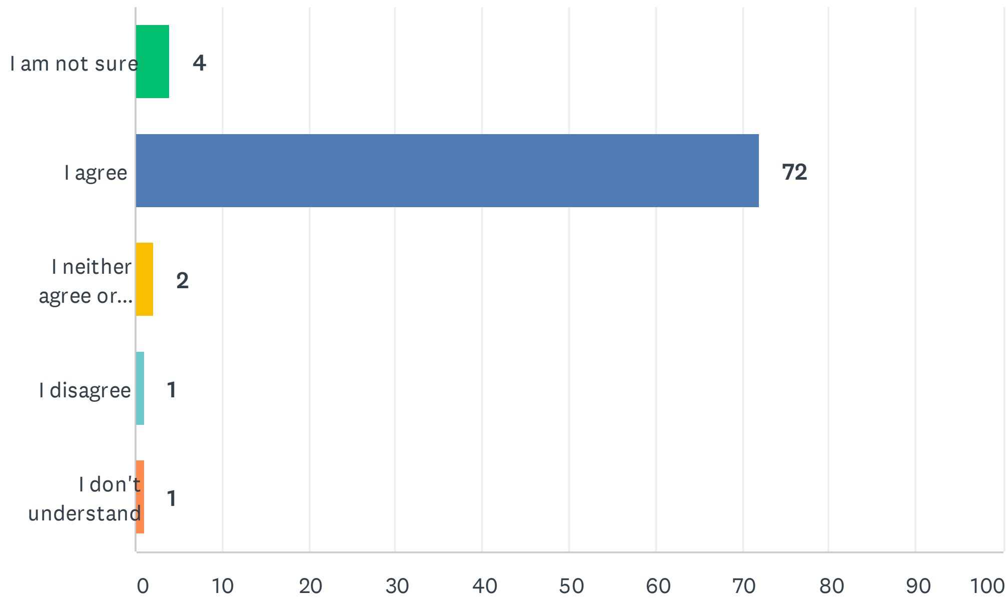
Answered: 15 Skipped: 134

#	RESPONSES	DATE
1	Please contact me if the support service goes ahead. I believe I would be an asset to the mental health system up here.	
2	This sounds brilliant and I'd really like to be involved!	
3	An interpreter service should also be used	
4	It would be great to have targeted support services in every remote region, including YULARA. Mental health services are just as important as doctors and nurses.	
5	I didn't get any follow up support when I left Cowdy. And when I went to ED I spent a whole day being passed around and assessed by too many different doctors and nurses. When I asked what the tablet I was given, after I had reminded them that the Dr said they were going to give me something to calm down, the nurse uses the pharmaceutical name. When I asked but what is it exactly, she turned to my support person and whispered "it's an antipsychotic" I responded by saying "hello, I'm the one who asked and I am the one who is taking it, you don't have to whisper to my friend" Another nurse handed my to another nurse saying This is ……she is bipolar. Totally wrong, I was there for assessment. Don't pass unwell people around and treat them like crap when they are already feeling like shit. In the end I left without seeing mental health services. I waited from 10am to 6pm. When I finally saw someone at Tamarind and they medicated me, they forgot to send me records to my GP who when I went to the GP had me guessing what meds I was on. I got it wrong. I had to call tamarind and ask them to please send my records as they said they would. On top of that the woman at tamarind who did my initial assessment wasn't even listening and was so rude, checking boxes on her clip board and asking me questions that I had already given her the information on. The whole experience told me that there is no help really. Mental health services are overstretched I know, something needs to change and that support service you are talking about sounds like a good start. You can complain about the incompetencies and short comings but no one cares, Everyone knows they are stretched so getting half arsed support is just expected and normalised	
6	I think chaplaincy would be a good addition to such a support service plan.	
7	New facilities that is working with the needs of the client.. Complex.. related support	
8	One experience some time ago that was unfortunate was a support worker who had all the hallmarks of depression, having suffered a bereavement in the last year or so, being assigned to engage and revitalise interest in the outer world. That was not successful as their melancholy permeated the situation. It leads to negation of other persons being tasked with "support" for the mentally ill in a transition to the larger world.	
9	My experience is that I have never met a social worker or even a psychologist at the publicly funded level that can even grasp that the system is so ineffective.	
10	I'm think face to face access to mental health services in remote communities needs to have priority as a preventative measure. Places like Tennant Creek don't have much on offer outside of an ED department. Lots of young people don't get the support they need and then problems escalate. Psychologist, even for a few days a term, or once a week, should be based at the high schools.	
11	Are you not creating another layer of bureacy that this should be down by the mental health service by the person leaves the ward its called adischrge plan	
12	I think it is really dumb idea	
13	I think it is a very good idea to have an independent, culturally informed person to support people in times of crisis and ensure they are aware of their rights.	
14	This appears to be more a bandaid approach instead of any attempt to repair a broken system.	

15	This is a great idea. I believe this would also help in advocacy and ensuring peoples rights are upheld.	

Q31 Do you agree that a person should receive a mental health assessment if the court has concerns for their mental state?

Answered: 80   Skipped: 69



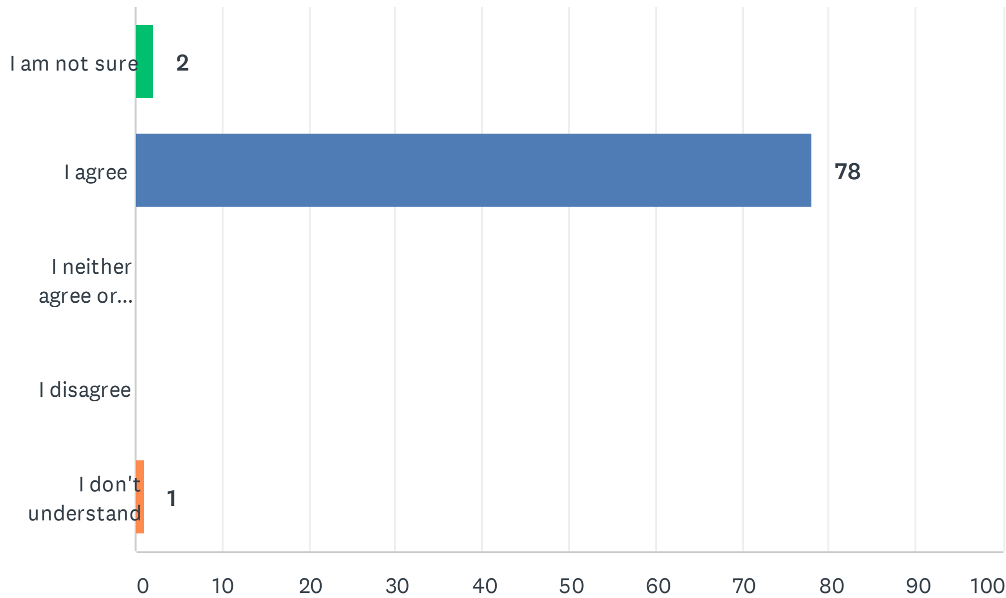
ANSWER CHOICES	RESPONSES	
I am not sure	5.00%	4
I agree	90.00%	72
I neither agree or disagree	2.50%	2
I disagree	1.25%	1
I don't understand	1.25%	1
TOTAL		80

#	COMMENT	DATE
1	I believe it is a case by case scenario.	
2	Also it should be easy for to access supporting evidence that a mental health episode was occurring during the time a criminal charge was made against the person.	
3	been there	
4	Especially people with ASD.	
5	I was reported under the DV act, showing that my mental health episodes contribute to the abuse of my career / support/ partner was the hardest thing to face, it's needed to be reported. It's a complex related issue. Part of my process was that police were involved but was never charged as I study a degrees in psychological science, am involved in psychology care. Am medicated am doing slot to stabilise my episodes.	
6	Doesn't mean they don't get locked up though. Hardly a surprise or even news that people that get involved in the justice system may have mental issues Who'd of thunk it	
7	The court is not qualified. A "concern" is insufficient grounds to make orders for an assessment.	
8	Those deciding who gets assessed should have extensive training about mental health and recognising signs and symptoms and should consult a support worker (peer or wellbeing) to provide input around the decision.	

9	This has worked for us positively so far, police have understood that arrests were related to mental health and have taken our child to hospital under police guard for mental health assessment. It would be great that when at hospital with police if children where taken to an out of sight location not in with the general hospital population on show.
10	I feel to a degree this could be manipulated somewhat, but hope they could be accessed to ensure persons are supported if necessary.

Q32 Do you agree that a person before the court has the right to receive mental health treatment if an assessment has found that that they need it?

Answered: 81 Skipped: 68

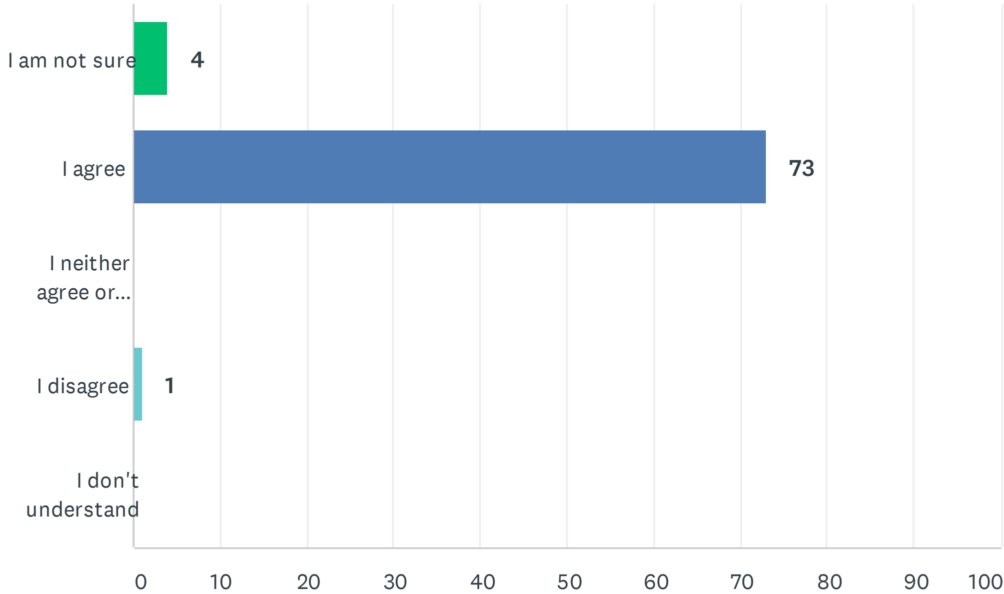


ANSWER CHOICES	RESPONSES	
I am not sure	2.47%	2
I agree	96.30%	78
I neither agree or disagree	0.00%	0
I disagree	0.00%	0
I don't understand	1.23%	1
TOTAL		81

#	COMMENT	DATE
1	If they need to be incarcerated then treatment needs to be facilitated to that.	
2	wholeheartedly	
3	Doesn't mean they are innocent but	
4	i have never yet come before the law.. but it has been close..	
5	we all have a right to see a doctor - but sometimes I have to wait to get an appointment. Just because someone has commited a crime doesnt mean they get to jump the line	
6	mental illness does not mean that you are excused from a crime but it may provide insight into how the person should be managed / disciplined	

Q33 Do you agree that a person's involvement in the justice system should not prevent them from receiving the mental health treatment and care that they need?

Answered: 78 Skipped: 71



ANSWER CHOICES	RESPONSES	
I am not sure	5.13%	4
I agree	93.59%	73
I neither agree or disagree	0.00%	0
I disagree	1.28%	1
I don't understand	0.00%	0
TOTAL		78

#	COMMENT	DATE
1	Not sure	
2	It will obviously need more funding	
3	I think it's a disgrace if folks that are incarcerated don't get help with becoming a functioning member of our community	
4	Its more important at that time to be receiving the care required so as to prevent them entering the system again.	
5	I agree 110% nobody should miss out just because they go to jail or wherever	
6	I dont know what this means.	
7	it is imperitive that people recieve their mental health treatment in the justice system - if not, this could be a catalyst for suicide	
8	I am not sure i understand this question. But if someone needs help this is and always should be priority.	

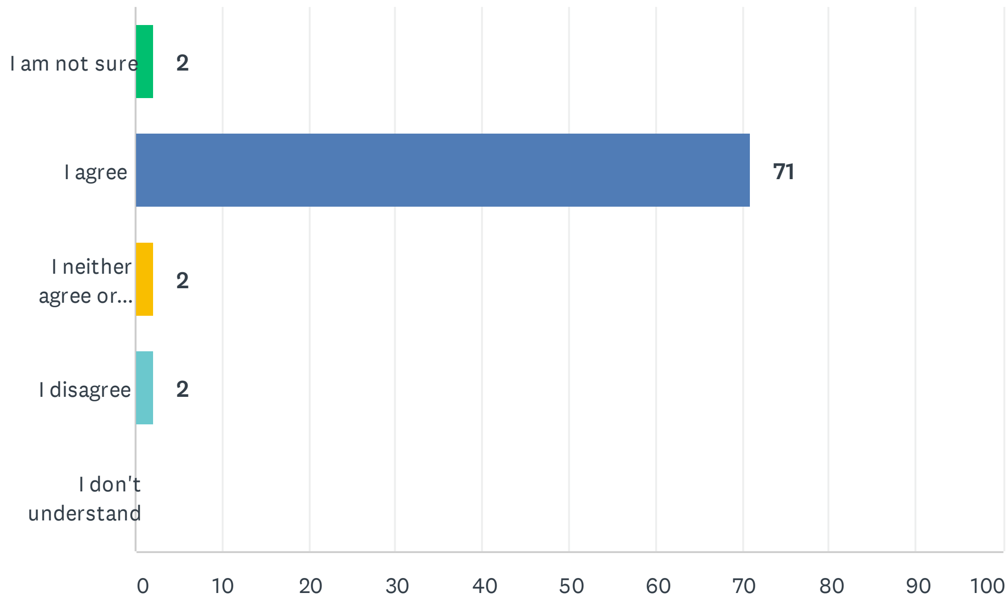
Q34 Please share any other information that you would like to about your experience (or the person you support), and your thoughts on the topic of mental health when in trouble with the law.

Answered: 10 Skipped: 139

#	RESPONSES	DATE
1	Trauma plays a big part in mental health and can be a reason why people commit crimes. People won't get better if it's not fuxed	
2	There is a serious issue with legislation and mental health in the courts. Often lawyers don't argue doli incapax in the NT (for young people) who may be mentally unfit for adults because it can result in them being indefinitely detained. Also there are no forensic mental health support services in the NT like James Nash House in Adelaide.	
3	Usually they are the people who need it the most. Should be standard issue.	
4	Please educate Police officers about hidden disabilities such as Asperger's Syndrome and High Functioning Autism and the associated comorbidities that complicate interactions with police.	
5	These are human rights. It is well documented that people in relationship with the justice system are frequently denied these human rights of equal and equitable access to health care. This is inclusive of mental health care. Being denied these rights is a grose harm to the person and to the community, that also significantly increases rates of recidivism and long-term incarceration at significant cost to our society. Dual diagnosis approaches to mental health care are of critical importance as currently people enter the justice system or become chronically involved in it due to flaws in current models of care. Due to alcohol or substance use people are denied access to mental health care. This is a violation of human rights. The fact that AOD issues are fundamentally tied to mental health challenges and conditions makes this current situation inconceivable. The trauma and suffering experienced by mental health consumers in relationship with the justice system, their families/loved ones/supporters and to the community at large could be reduced if people in relationship with the justice system who experience AOD challenges also received mental health assessment and treatment and had access to SEWB supports while incarcerated and following release.	
6	Would've thought that it was a minority that didn't have mental issues and are in court for serious issues	
7	My observation is that mental health assessments, even if they uncover a mental health issue, don't seem to lead to treatment and therapy for that person in the justice system. Only medication. Particularly for young offenders it would be preferable that a diagnosis of mental illness gave mandatory access to psychotherapy therapy and allied health supports such as speech therapy.	
8	The at risk cells need to be abolished they make a persons mental health go downhill. Some women are forced to watch men masturbate in front of them. Going into an at risk cell definitely makes you feel way more depressed than before you were forced into one of those glass boxes. Sometimes you can be kept awake all night by other people yelling out every ten minutes really loudly. The lights are kept on all night and you are treated like an animal. Fed weetbix with no spoon you are expected to just use your hands because you can't use cutlery. Also if your put at risk by a judge because you are upset then you should be given the opportunity to speak to a psych to be taken off at risk. If there is no reason to be at risk then you should not have to spend a night or weekend over at risk in a suicide room and dress just because you cried a little bit there should always be access to a psych that can take a person off risk when it's not really needed!!! Better access to psychiatrist's and mental health workers everywhere at the jail	
9	We need more resources to allow this to happen and that means recruiting more staff, especially to remote areas	
10	I feel that there is no support or plan when they come across those persons with complex mental health issues. Therefore situations are not adequately handled thereby worsening a situation that should not have escalated as much during being arrested etc.	

Q36 Do you agree that people requiring access to specialist mental health treatment in another state should be offered Patient Assistant Travel to access the treatment that they need?

Answered: 77 Skipped: 72



ANSWER CHOICES	RESPONSES	
I am not sure	2.60%	2
I agree	92.21%	71
I neither agree or disagree	2.60%	2
I disagree	2.60%	2
I don't understand	0.00%	0
TOTAL		77

#	COMMENT	DATE
1	There are budget limits. If sufficient demand the services should be available in NT - but distances are huge for remote travel. Flights are limited and expensive.	
2	Strongly agree.	
3	Due to unsatisfactory treatment in NT I self funded travel and psycho services interstate. I was identified as PTSD and suffering depression. I funded ongoing follow-up treatment and counselling for last 16 years!	
4	Pleasssse as it’s so tough being provided specialists support. I was extremely fortunate to be reviewed by two locum Psychiatrist over a short period that had the expertise and it changed my life. Prior to that my mental health nearly cost me my life . It can make all the difference between battling mental health to managing mental health as it effects everyone as well around you	
5	Online services could be utilised.	
6	If it’s a life threatening condition there is no difference, obviously the problem is that the current guidelines are not being followed or need adjustment	
7	i have lived in many places but never was given much help..	
8	We are in this situation at the moment. My parents have had to access super early to fund	

	our travel.
9	Considering the lack of services and supports in the NT, this is necessary. I have watched a friend with an eating disorder due due to limited, sporadic (and low quality) treatment. I have requested treatment for my chronic mental illness various times, including when pregnant and at risk, and the treatments available were (in their own words) not sufficient for my needs. If the NT government is serious about boosting its population, it has to provide crucial services or support people to travel to access them. Or people will move to do so.
10	We were not assisted to access treatment interstate despite being told by the Health Minister that the NT was too small to have all the services and we would need to access it elsewhere. There is no referral system and no network with interstate hospitals for mental health services. Interstate facilities would not even talk to us as you need to live in their state to access the service. This needs to be fixed along with access to patien assisted travel
11	I dont think you need a law for this though. and I had a video call with a QLD doctor last week - that was really good. I don't want to fly anywhere
12	same as any other treatment if needing to travel then you should be eligible for PATS
13	Yes. Mental health and physical health should be treated equally.
14	100% especially if there is a shortage in the NT of specialist support services. Acting immediately will provide a higher chance of coming out the other side and healing and recovering. Refer ! And provide support sooner !

Q37 Please share any other information that you would like about your experience (or the person you support), and related to Patient Assisted Travel to access specialist mental health treatment in another state.

Answered: 6 Skipped: 143

#	RESPONSES	DATE
1	Past experiences have been self/family funded. I/we are luck to have had the help some people are not so lucky	
2	Telehealth services and infrastructure to have privacy during this delivery of service should be embedded in NT Health NSW Health for remote MH consults offer great service delivery	
3	Eating disorders	
4	MyDNA pathology under Medicare should be mandatary as the wrong script can add to the already complex issues related to mental health .. it will advise if the medication being prescribed is suitable for the individual.. Professionals want that quick, taking medication, there is not scientific evidence that it works for that individual, medication has its place ..	
5	The psychiatrist advised that I take out private health insurance and fly myself to Melbourne to access a private inpatient treatment program for PTSD. I priced it. Would have been around $6000. I didn't even consider it as a real option.	
6	I do hope that this would extend to x1 family member during this daunting and sensitive time.	