

Submission to the Disability Royal Commission

Attachment 4

Online survey responses about people's experience of care at NT Government Mental Health Services. This document contains:

Online survey responses by people who have both individual and family lived experience, i.e. 'Consumer-Carers'

Note: There are comments contained in this document which some readers may find distressing.

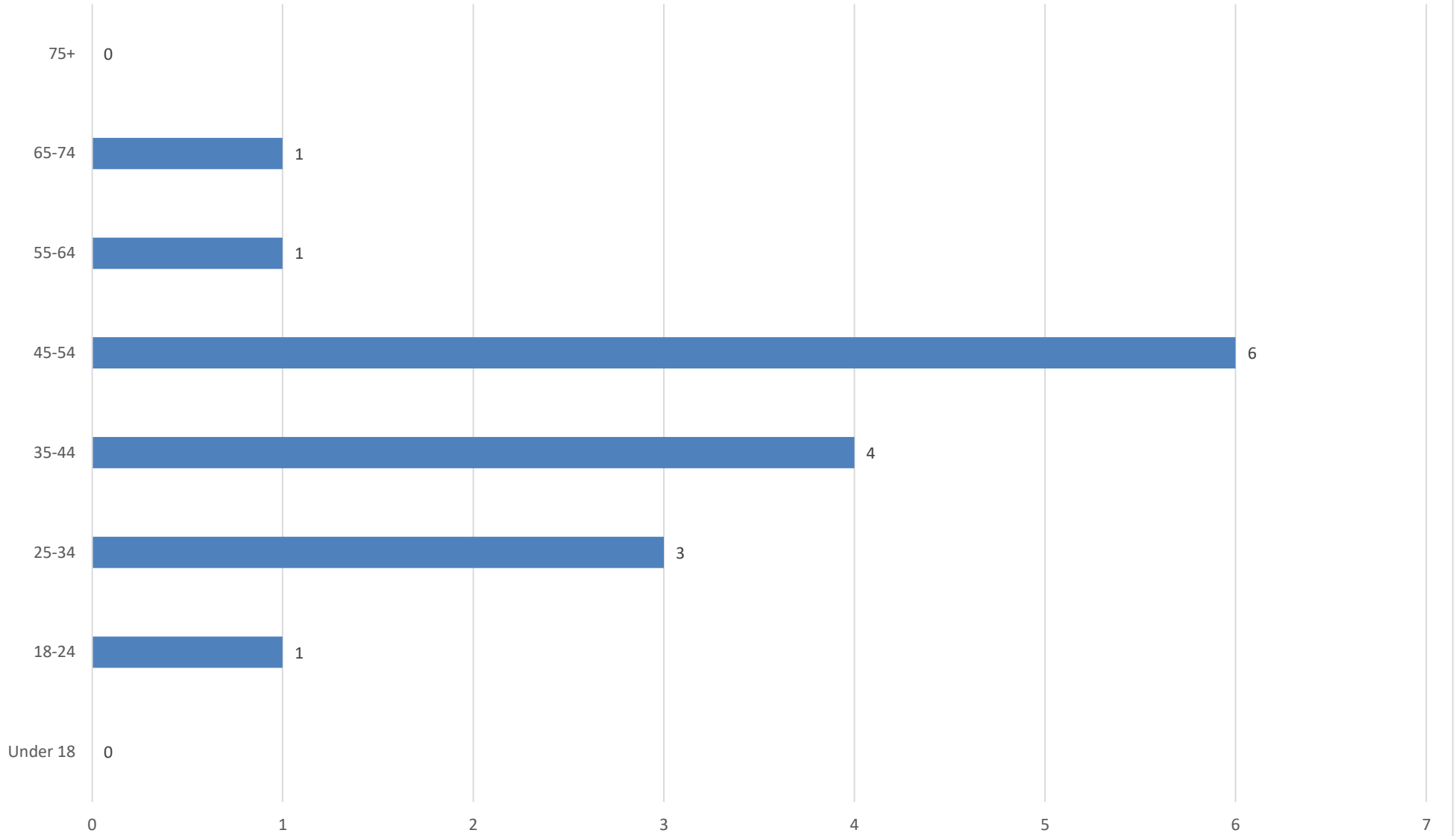
In a mental health crisis call:

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

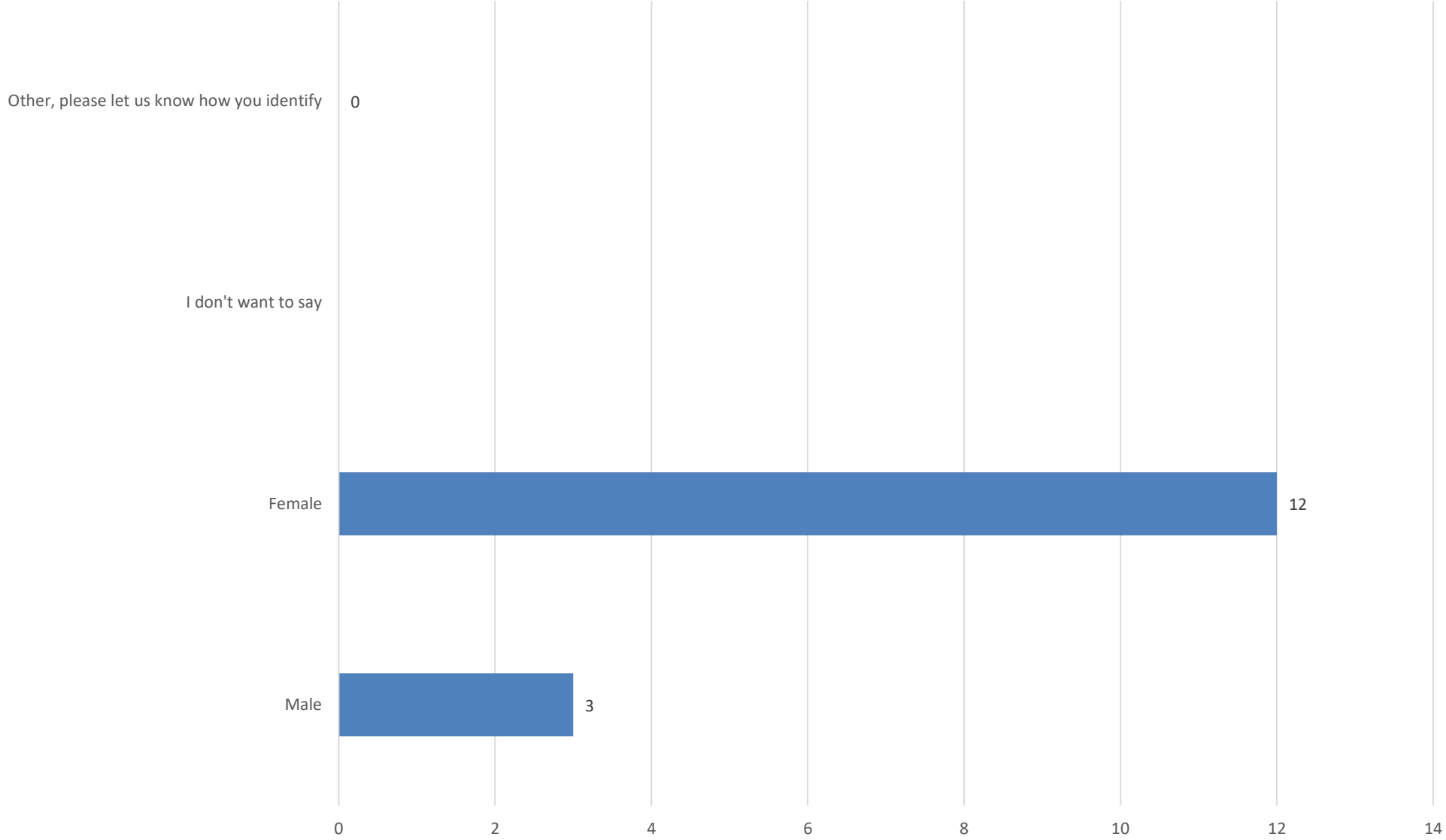
For mental health support call:

- Lifeline on 13 11 14
- 13YARN on 13 92 76
- Kids Helpline on 1800 55 1800
- Suicide Call Back on 1300 659 467

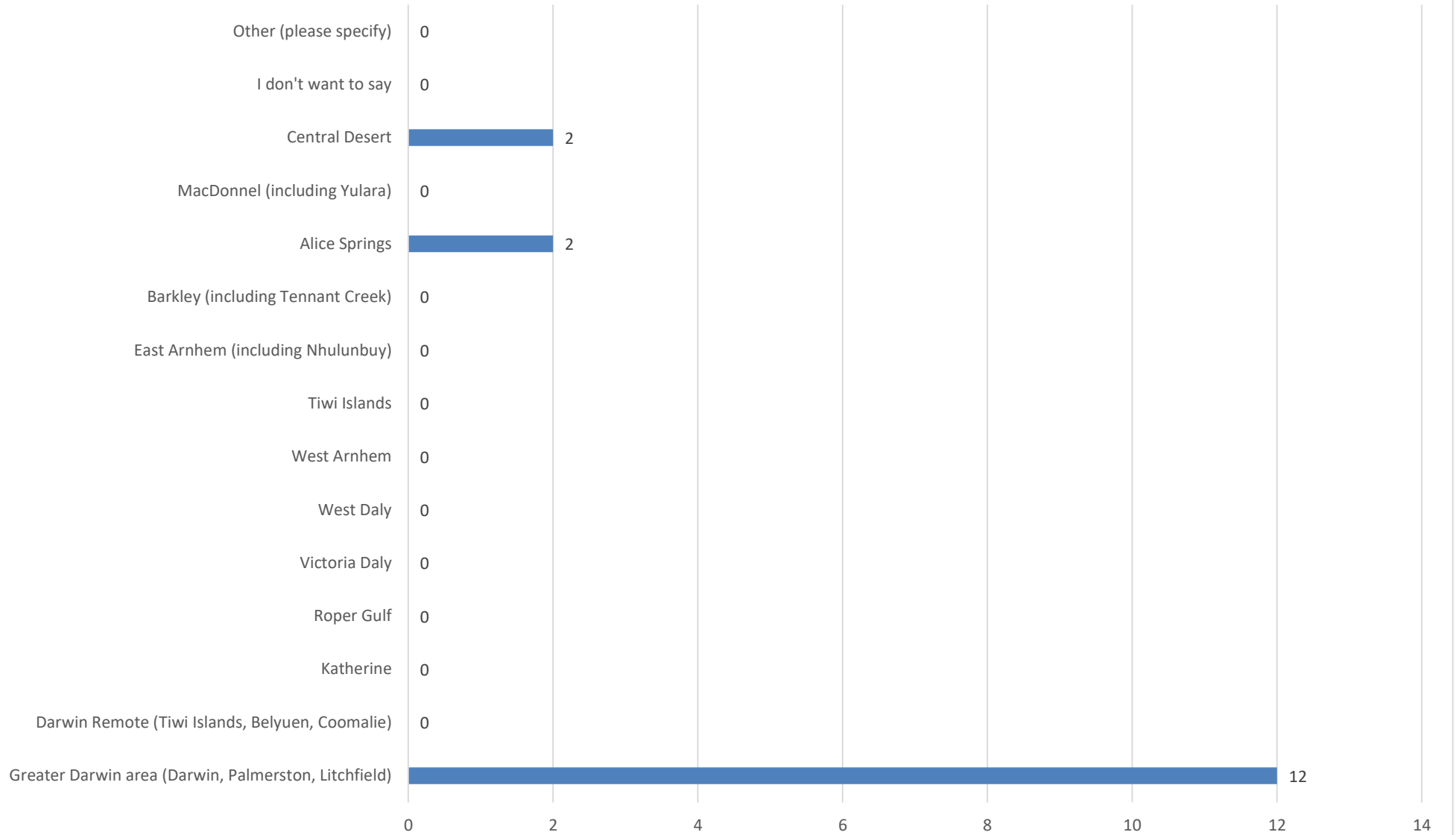
Q3: What age group you belong to?
(Responses by 'Consumer-Carers')



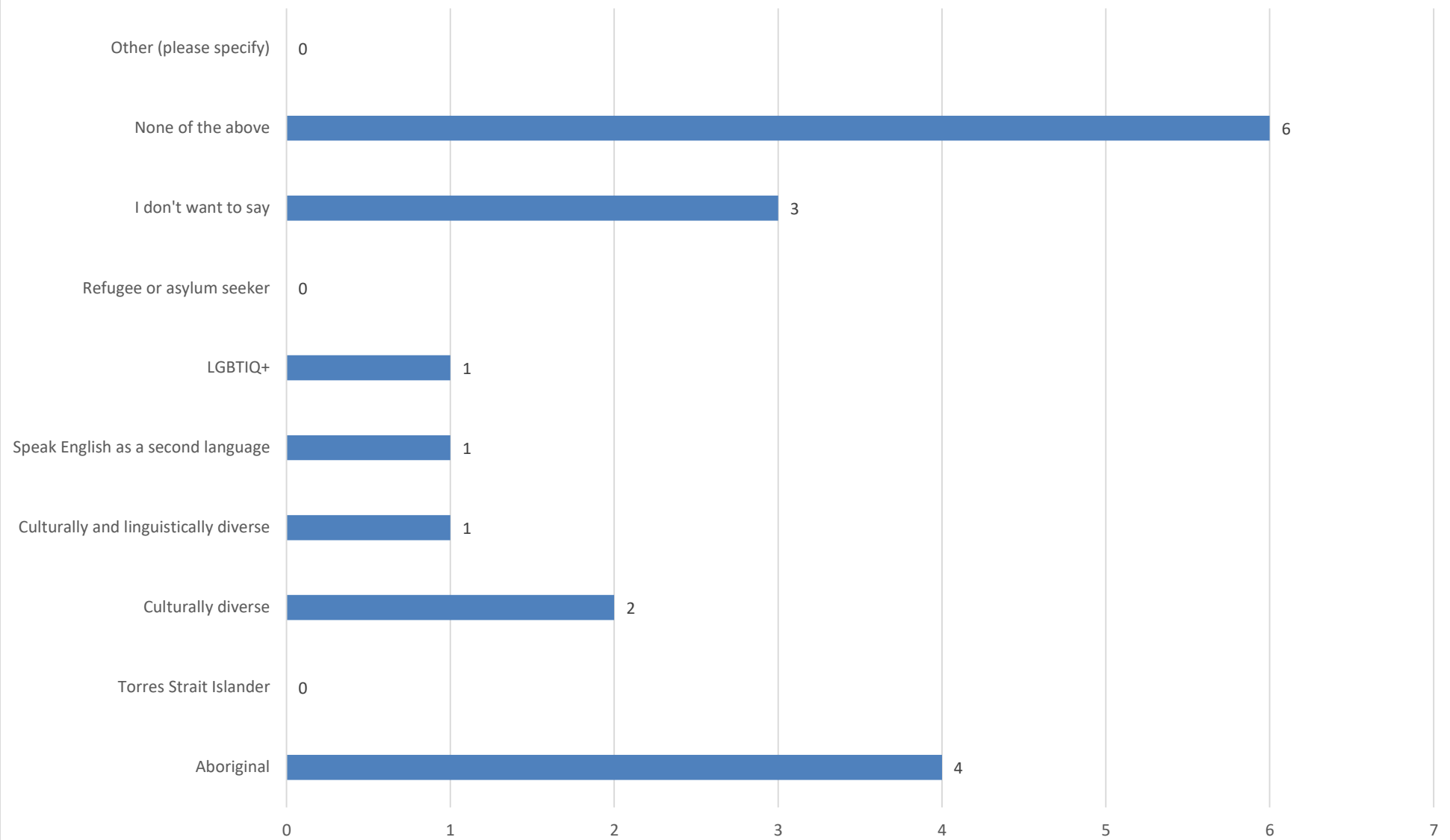
Q4: What is your gender?
(Responses by 'Consumer-Carers')



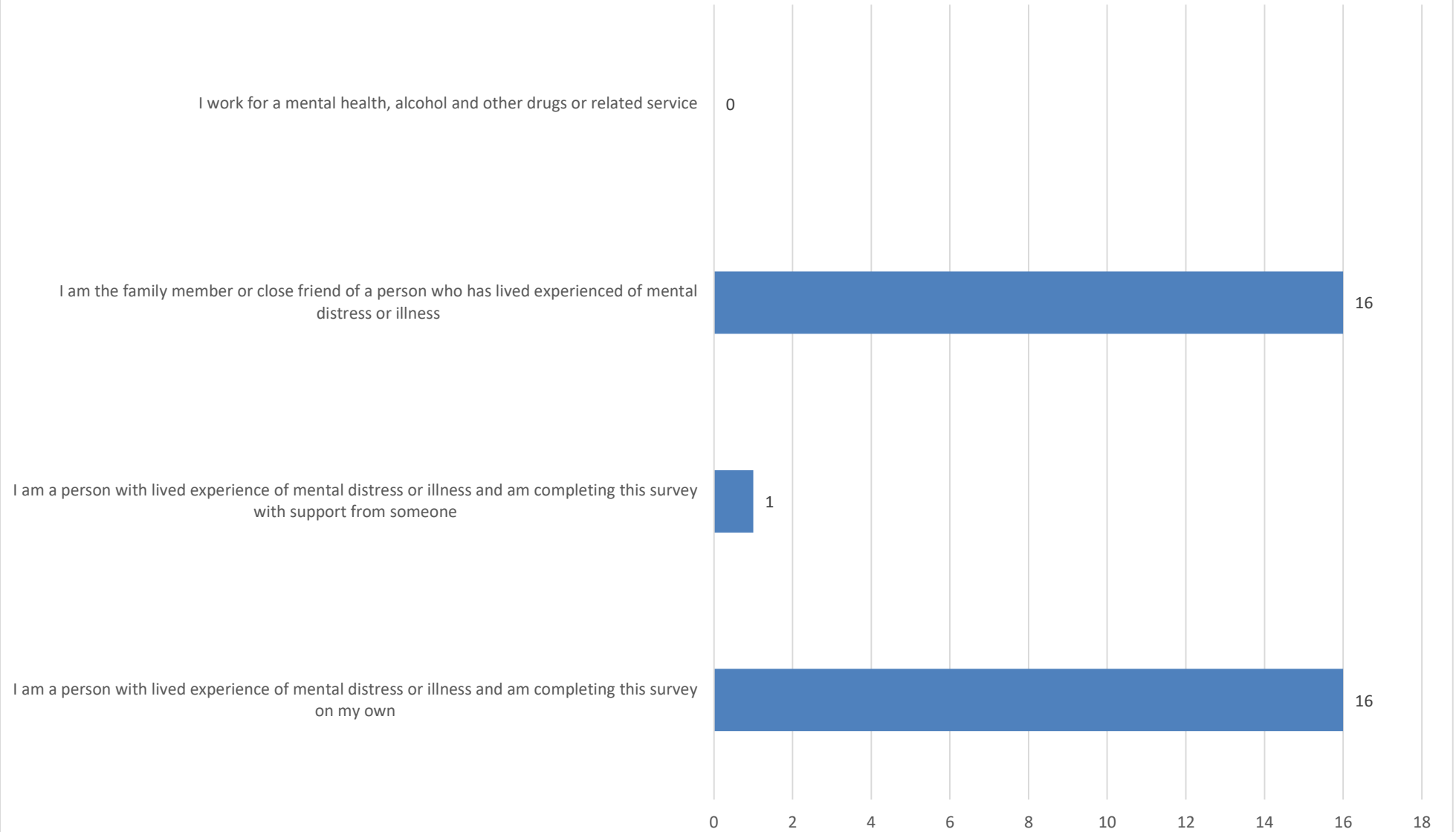
Q5: Where do you live most of the time?
(Responses by 'Consumer-Carers')



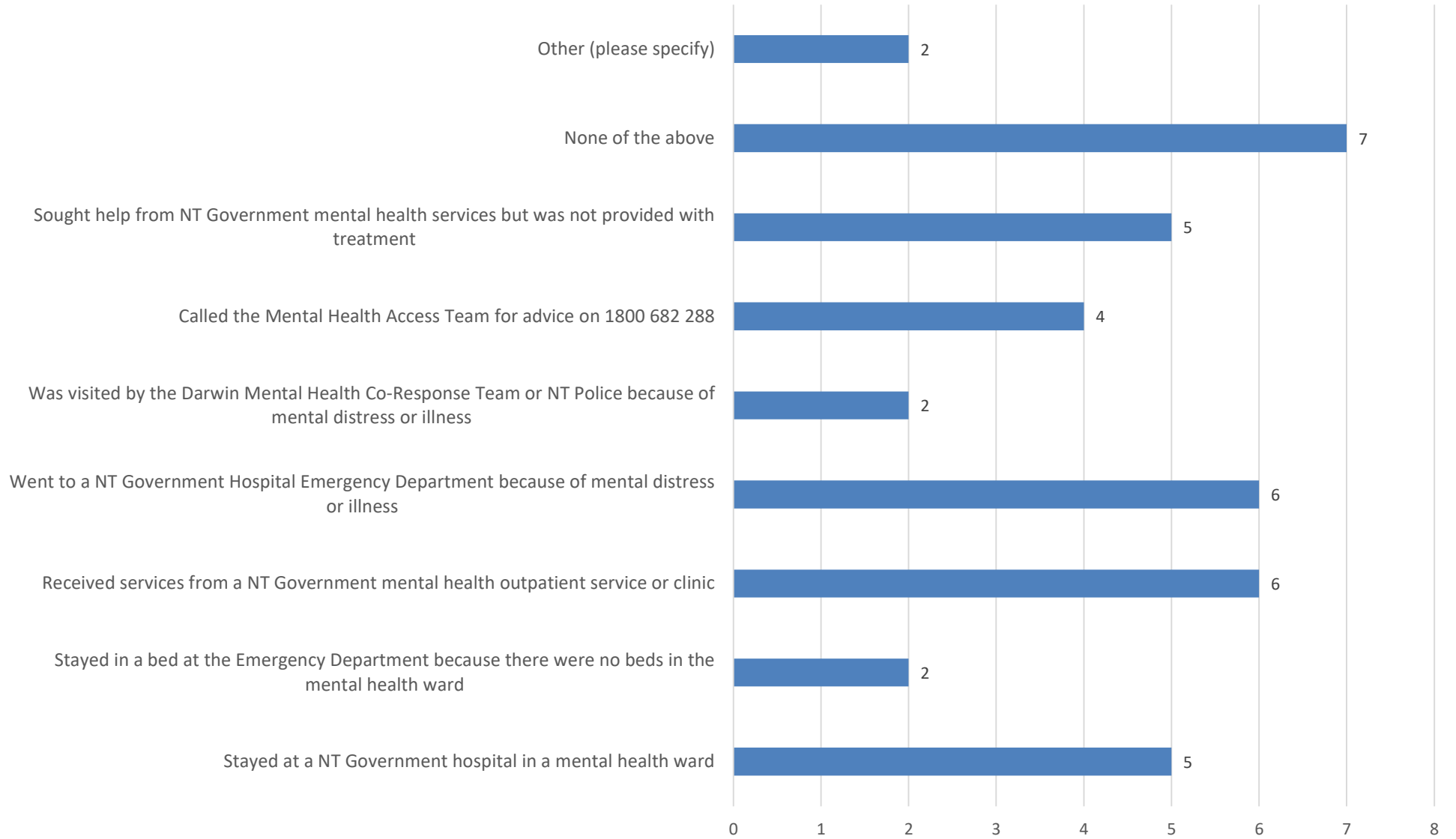
Q6: Do you identify as belonging to any of the following groups?
(Responses by 'Consumer-Carers')



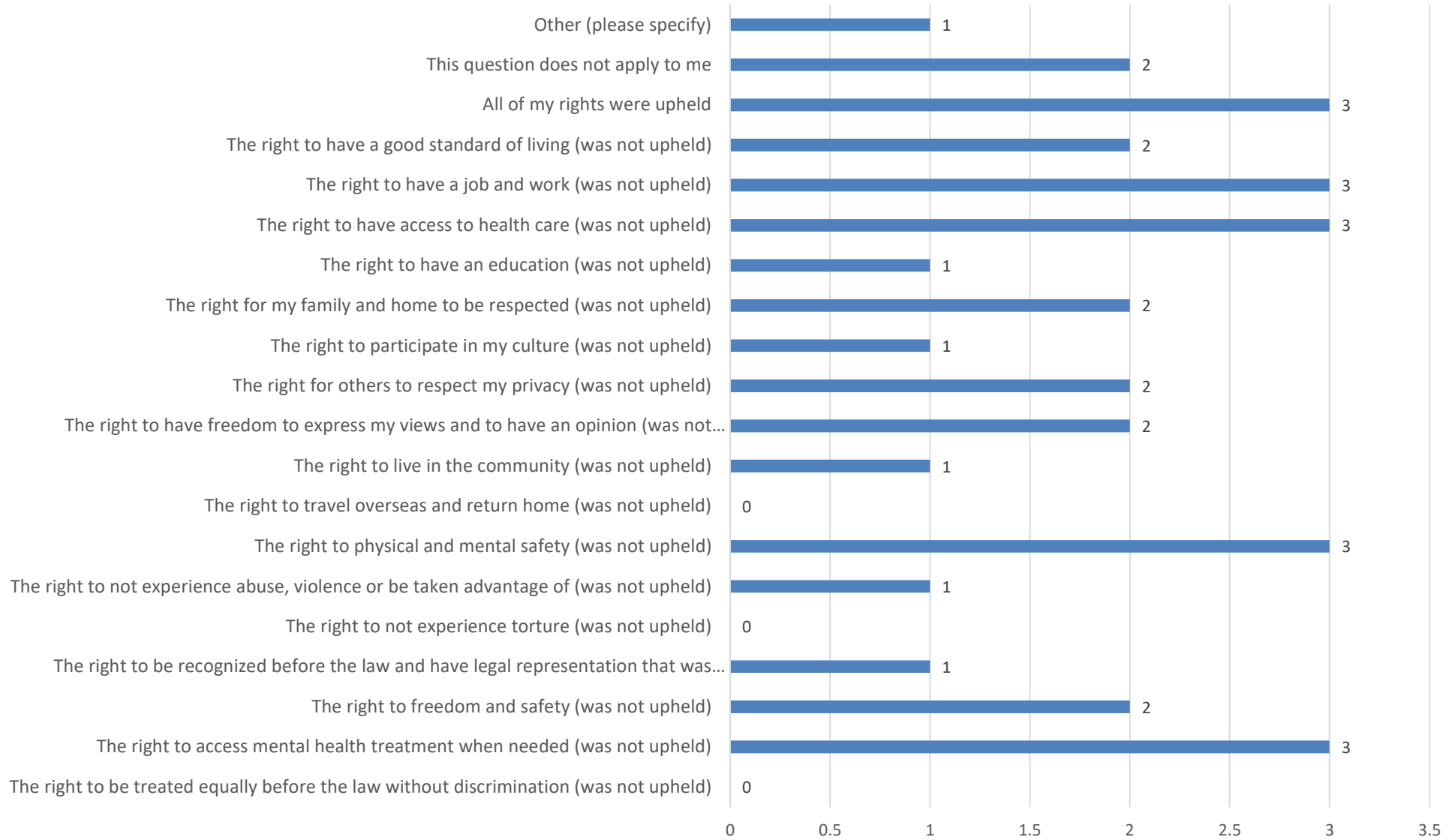
Q7: Which of the following best describes your background?
(Responses by 'Consumer-Carers')



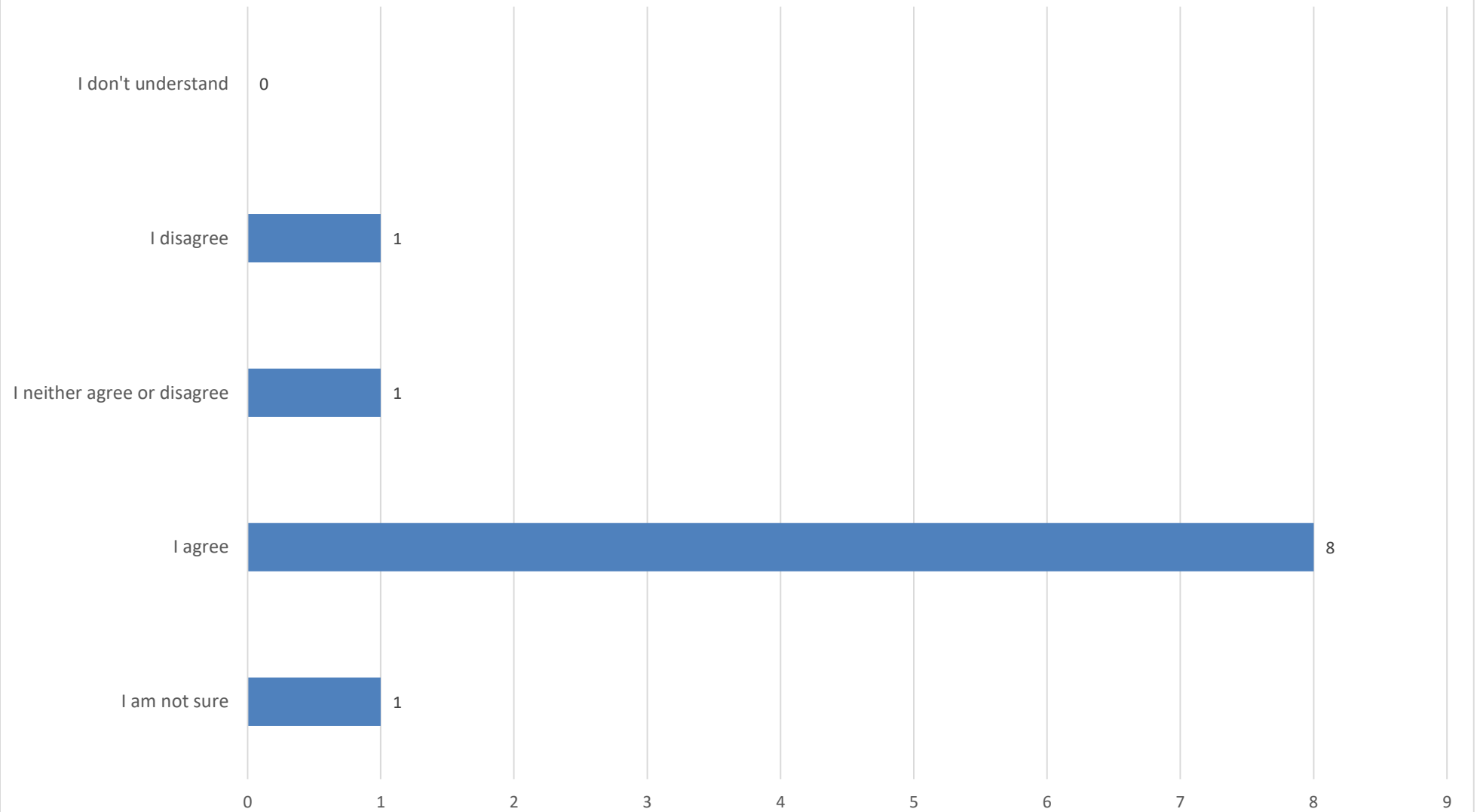
Q8: What is your (your loved one's) experience interacting with NT Gov. mental health services?
(Responses by 'Consumer-Carers')



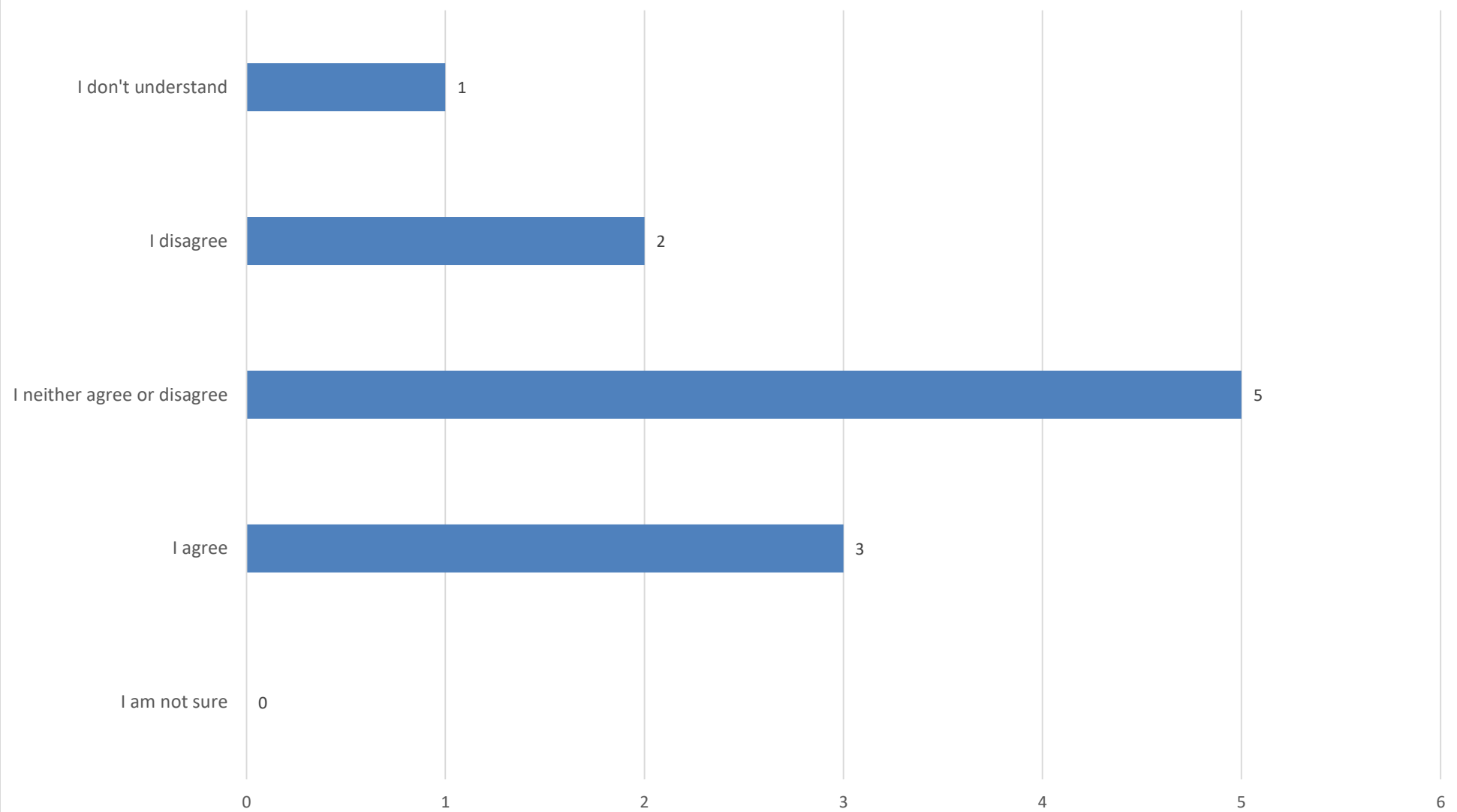
Q9: Which of your (your loved one's) human rights were NOT upheld?
(Responses by 'Consumer-Carers')



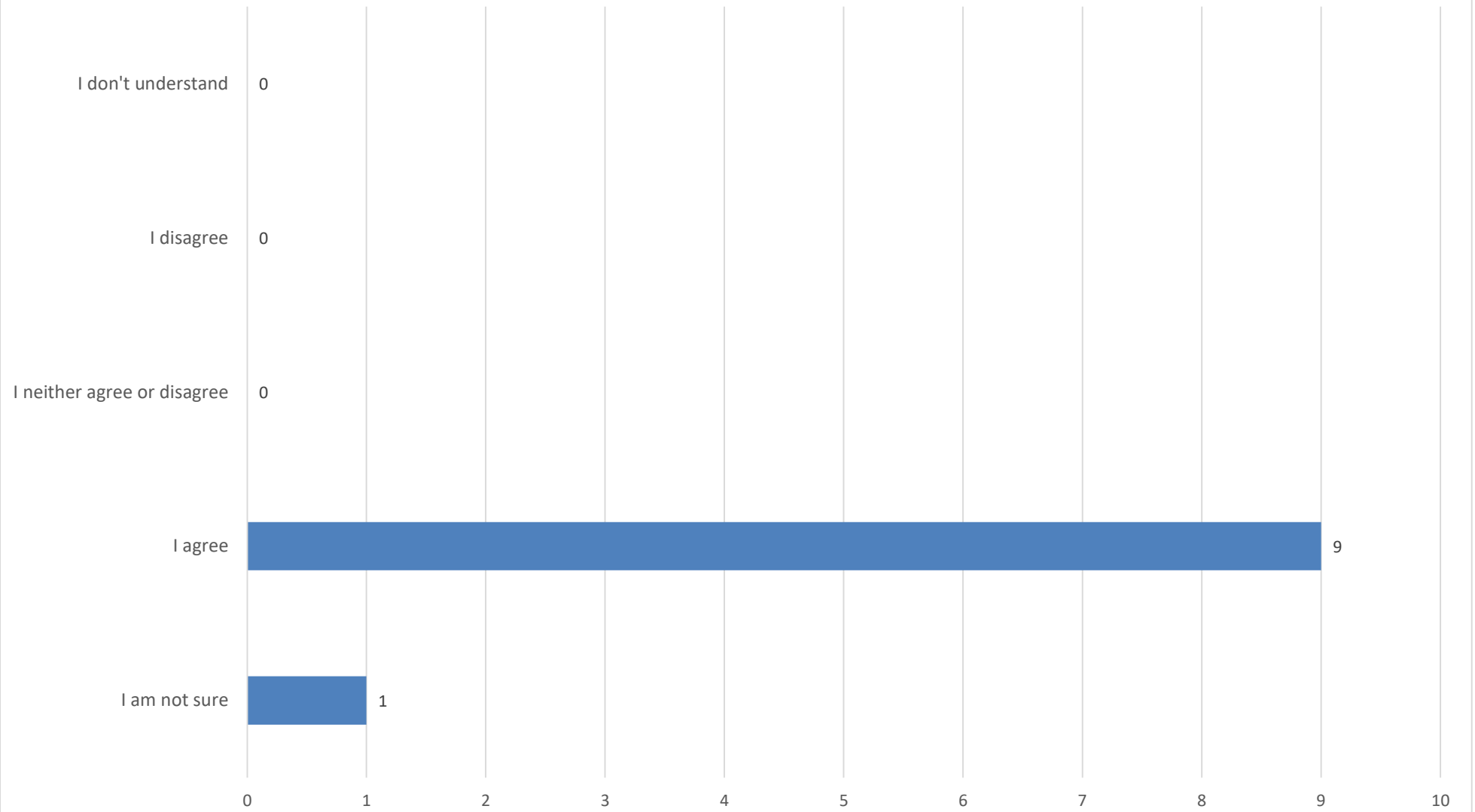
Q13: Do you agree that family relationships are important for recovery and that mental health treatment services should work in ways that promote healing for families after a mental health crisis?
(Responses by 'Consumer-Carers')



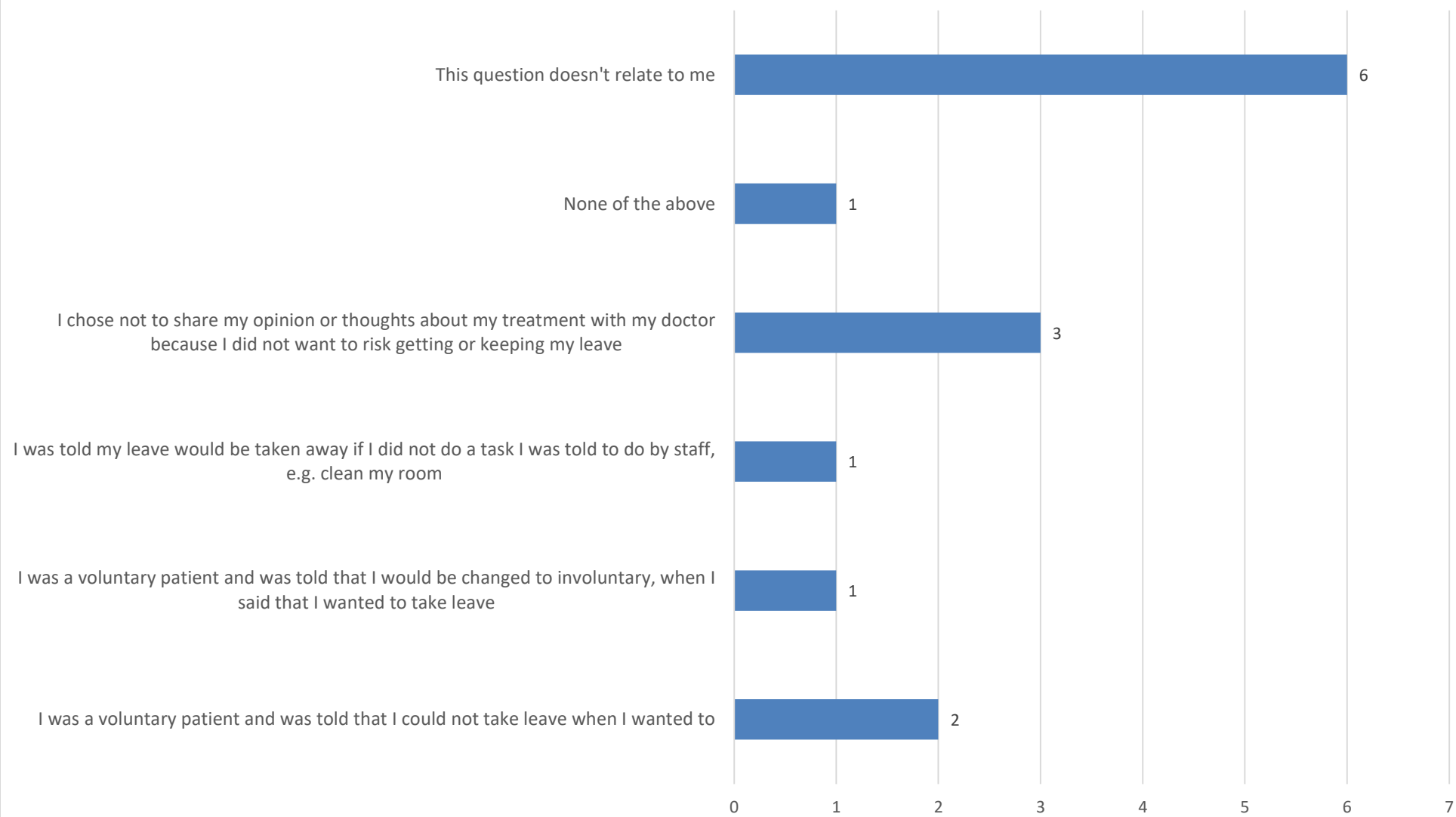
Q14: Do you agree that unless there is a risk of harm, the doctor should encourage information sharing with families?
(Responses by 'Consumer-Carers')



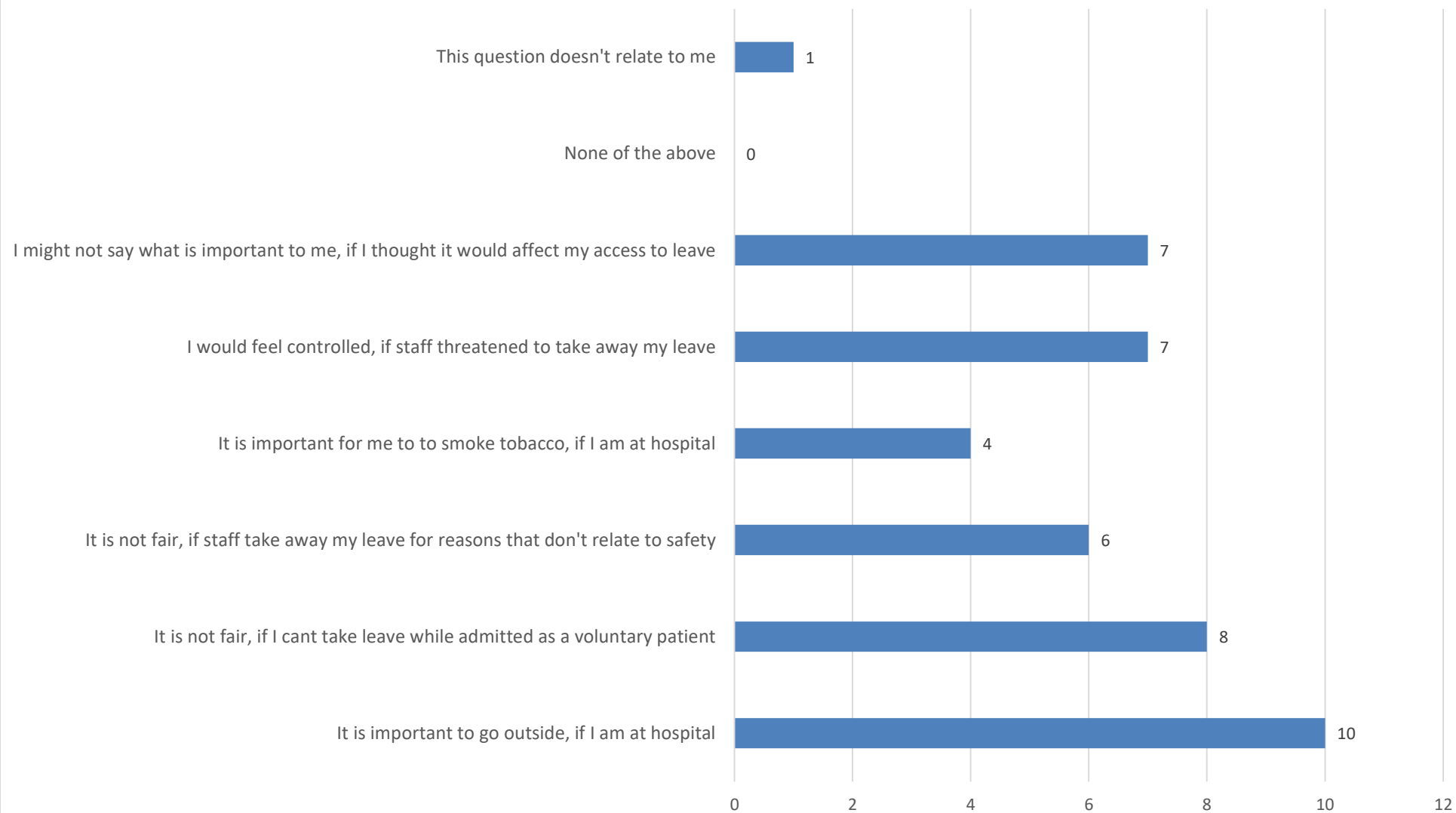
Q15: Do you agree that the doctor should ask a person if there is someone that they definitely DO NOT want their confidential information to be shared with?
(Responses by 'Consumer-Carers')



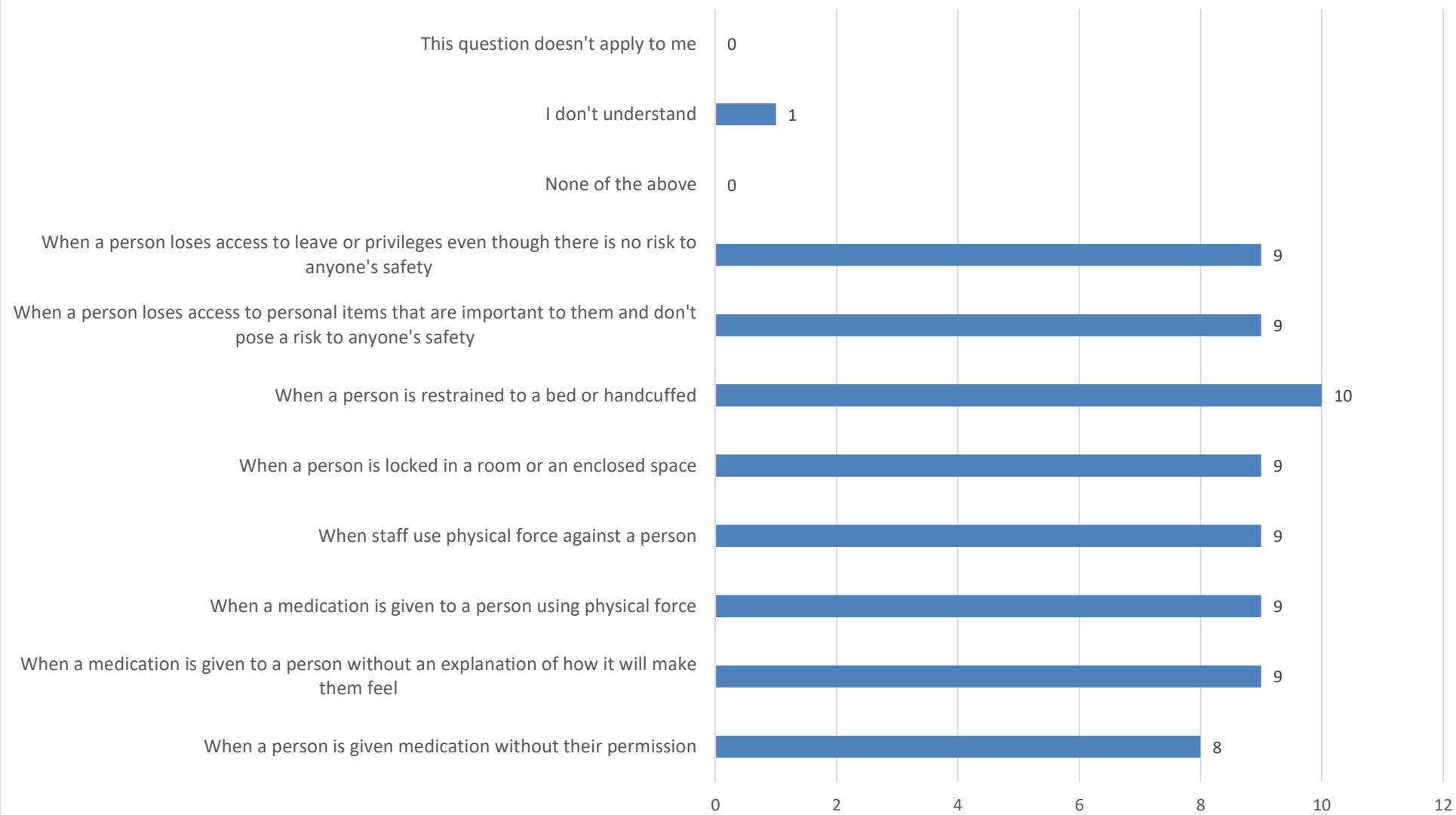
Q19: Do any of the following statements reflect your (your loved one's) experience, accessing leave at a NT Gov. hospital mental health ward?
(Responses by 'Consumer-Carers')



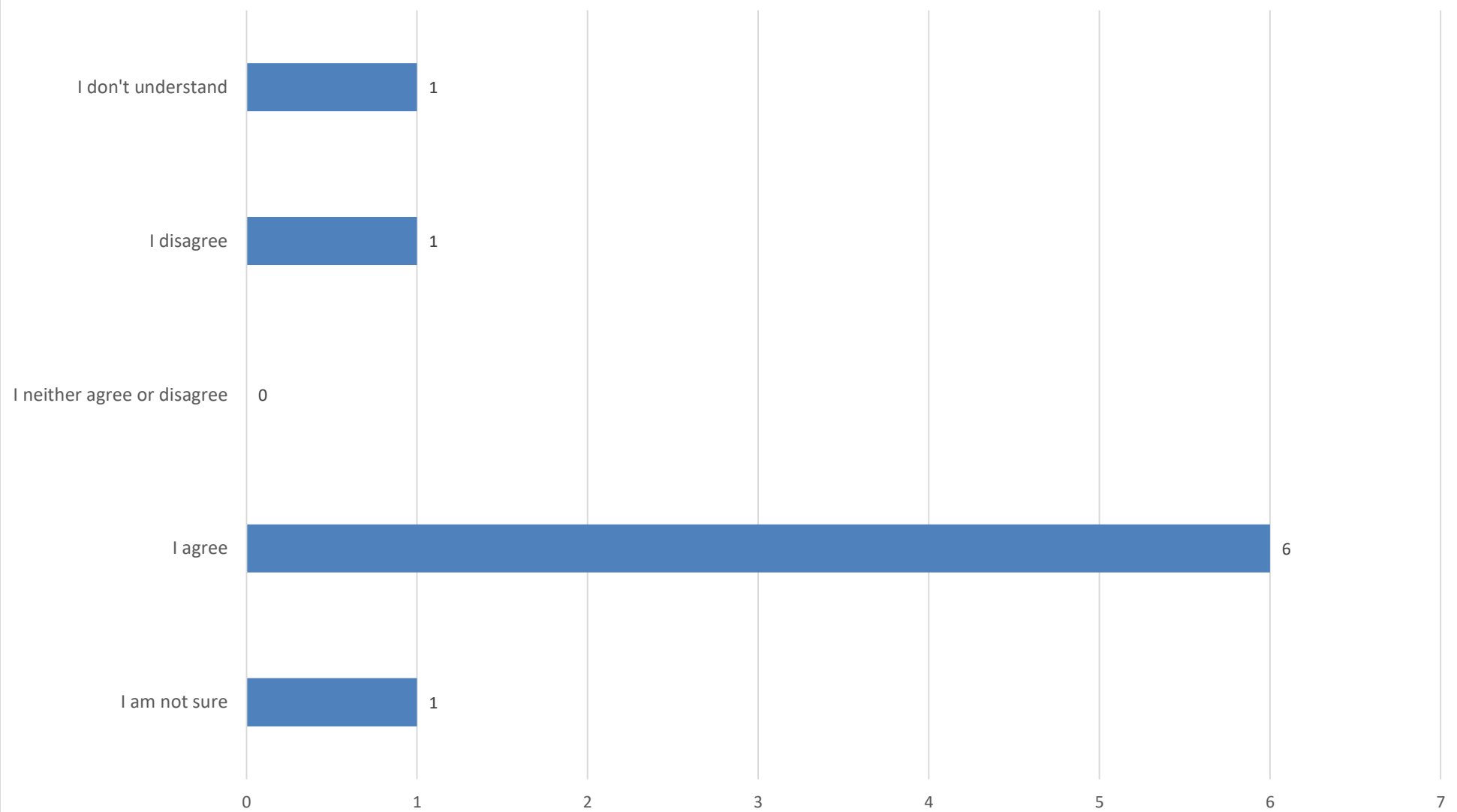
Q20: We want your opinion about the importance of accessing leave and an outside environment while staying at hospital. Are any of the following statements true for you (your loved one)?
(Responses by 'Consumer-Carers')



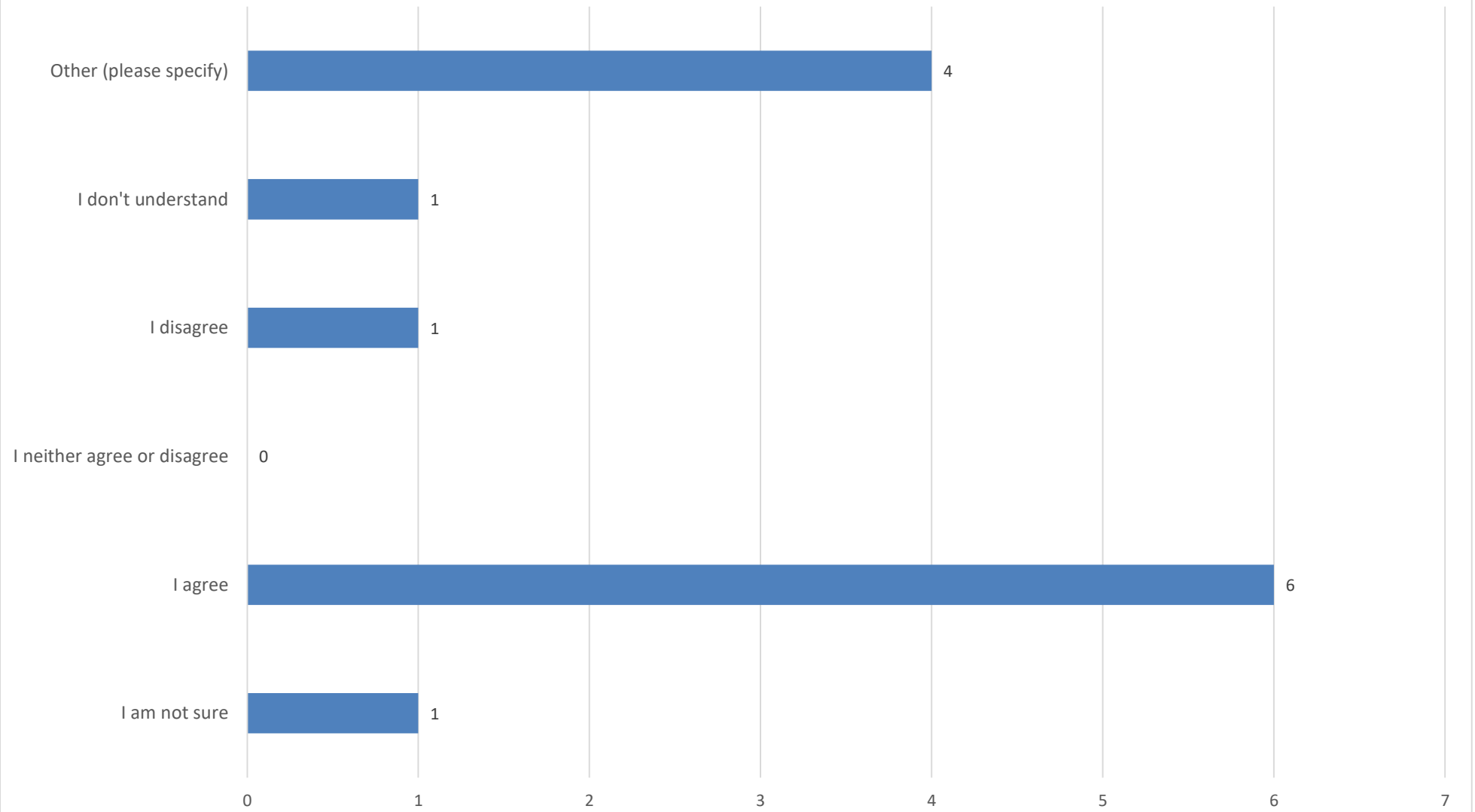
Q23: Which items from the following list do you think should be considered 'restraint' and have laws about their use to protect people's rights?
(Responses by 'Consumer-Carers')



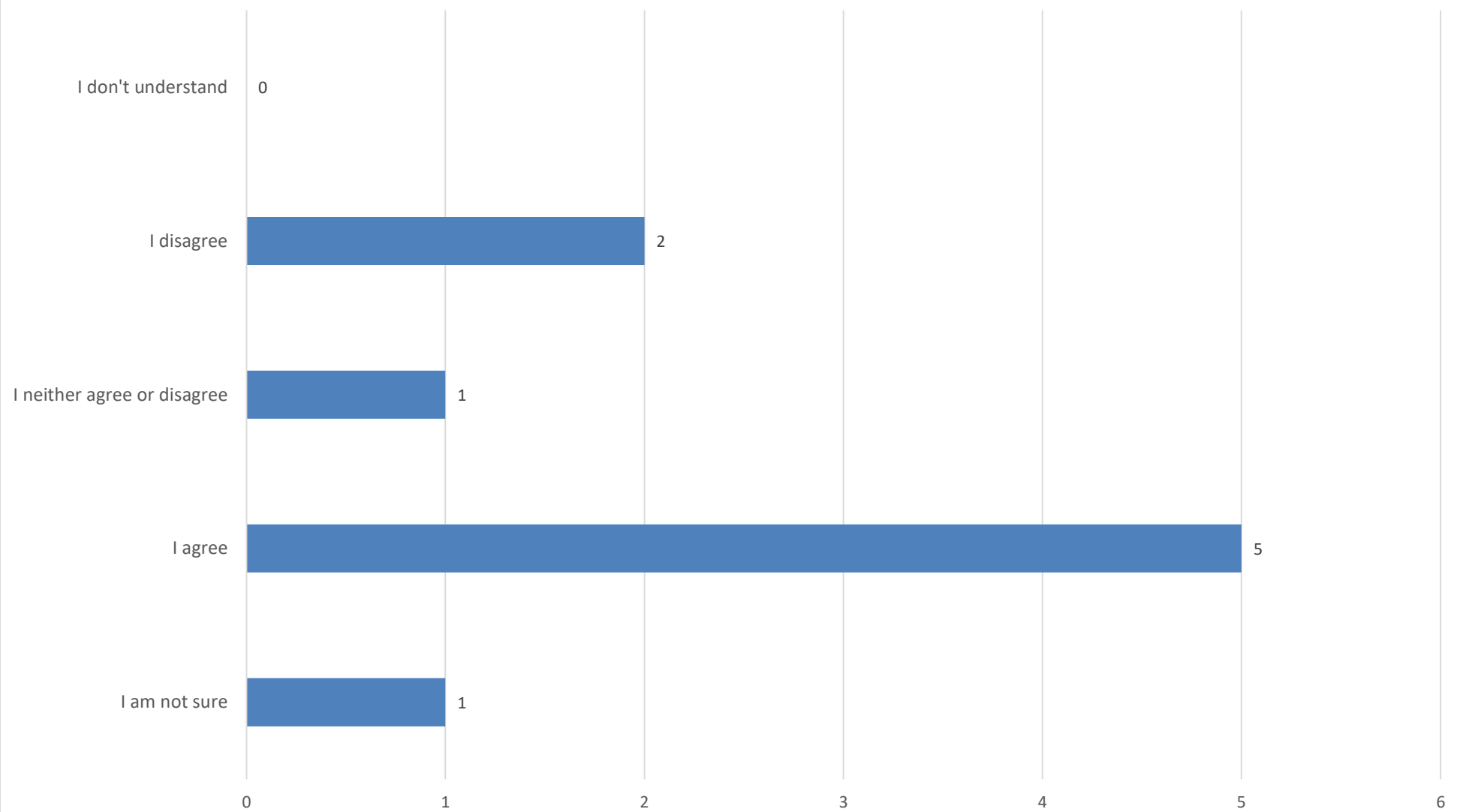
Q26: Do you think its a good idea to have a new support service to ensure people's wishes are considered for their treatment and that their rights are upheld?
(Responses by 'Consumer-Carers')



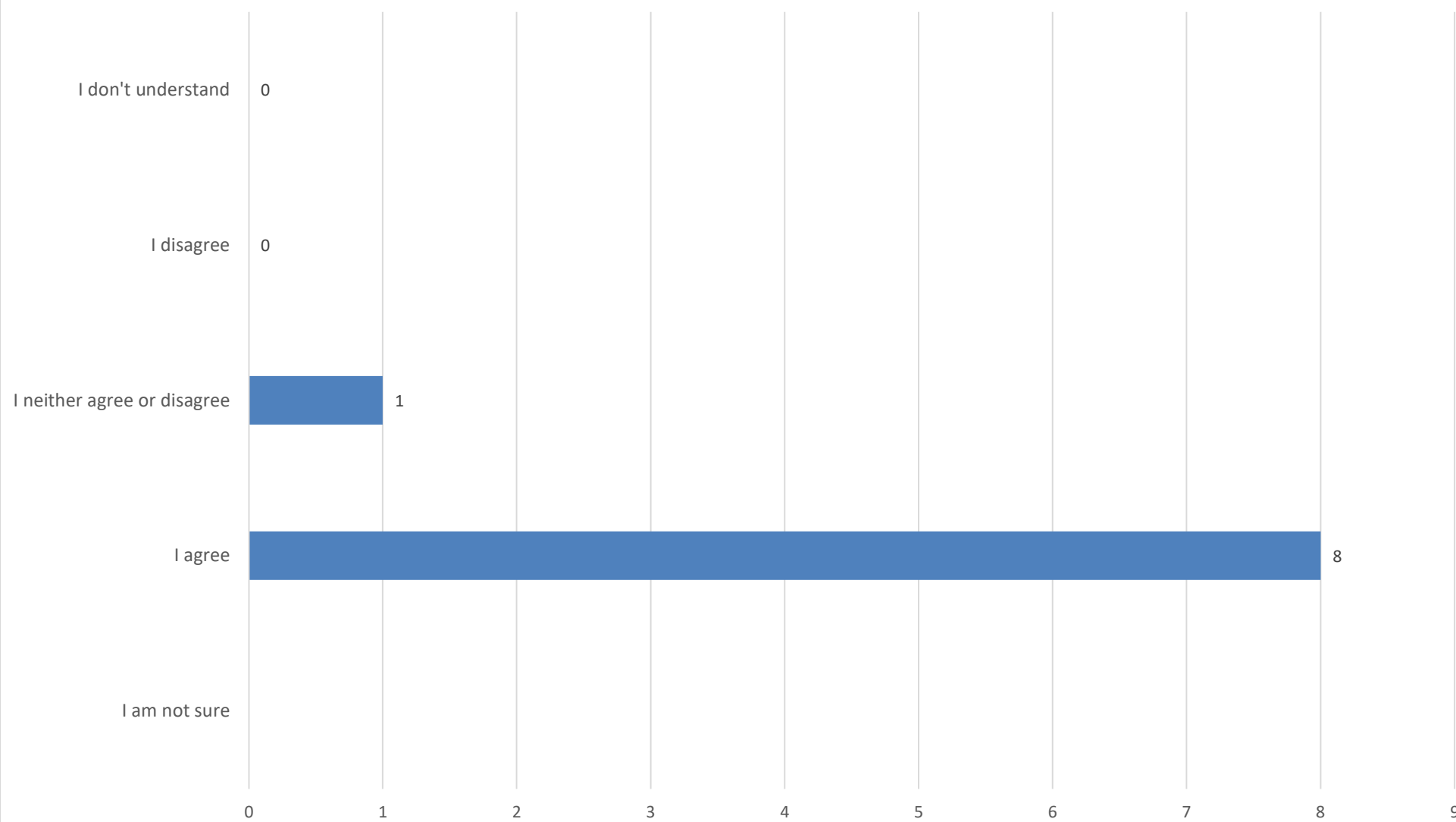
Q27: Do you think the proposed support service would be valuable if it worked in the ways that we described?
(Responses by 'Consumer-Carers')



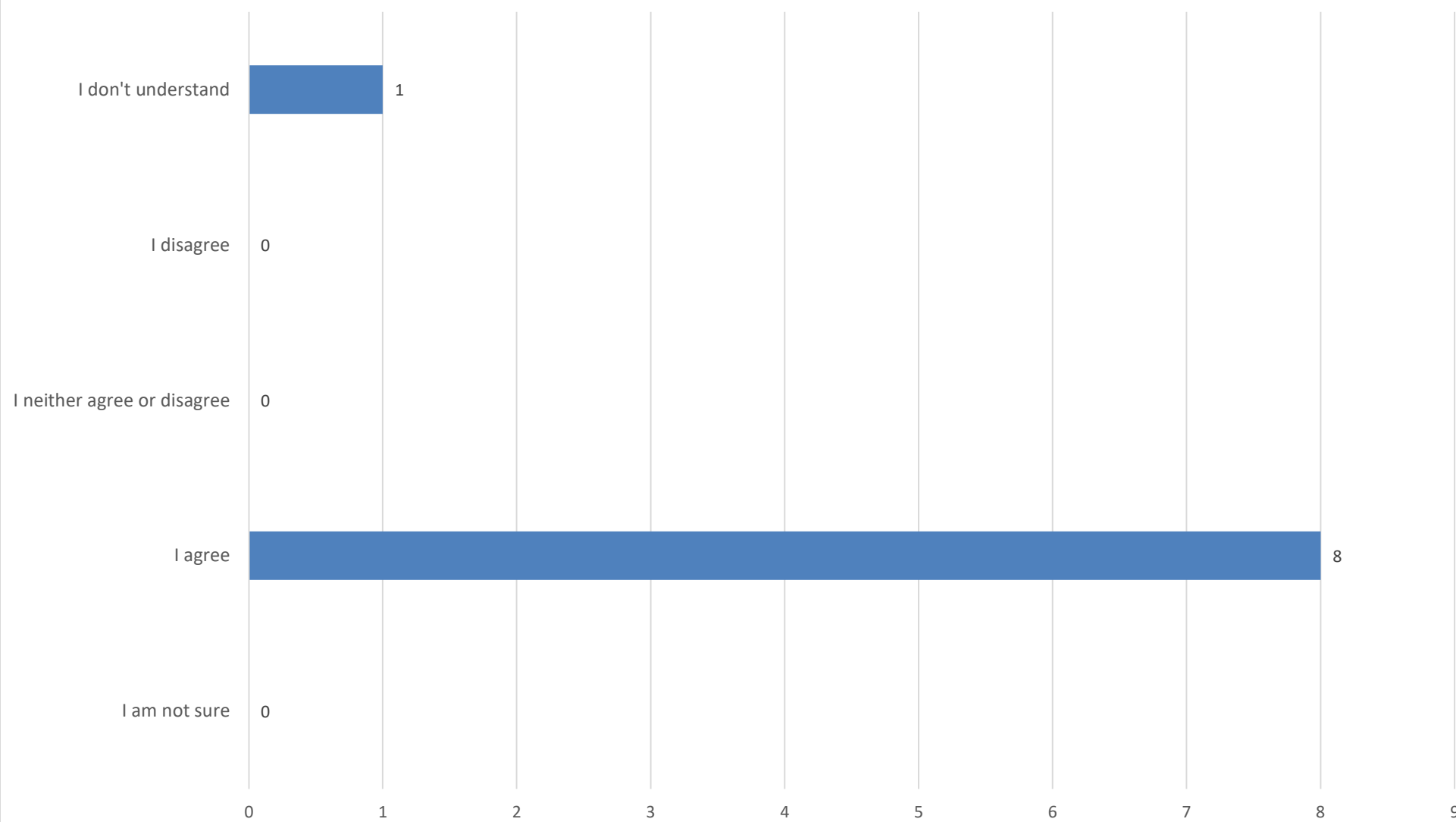
Q28: Do you agree that the proposed support service should have peer workers and social and emotional well-being workers?
(Responses by 'Consumer-Carers')



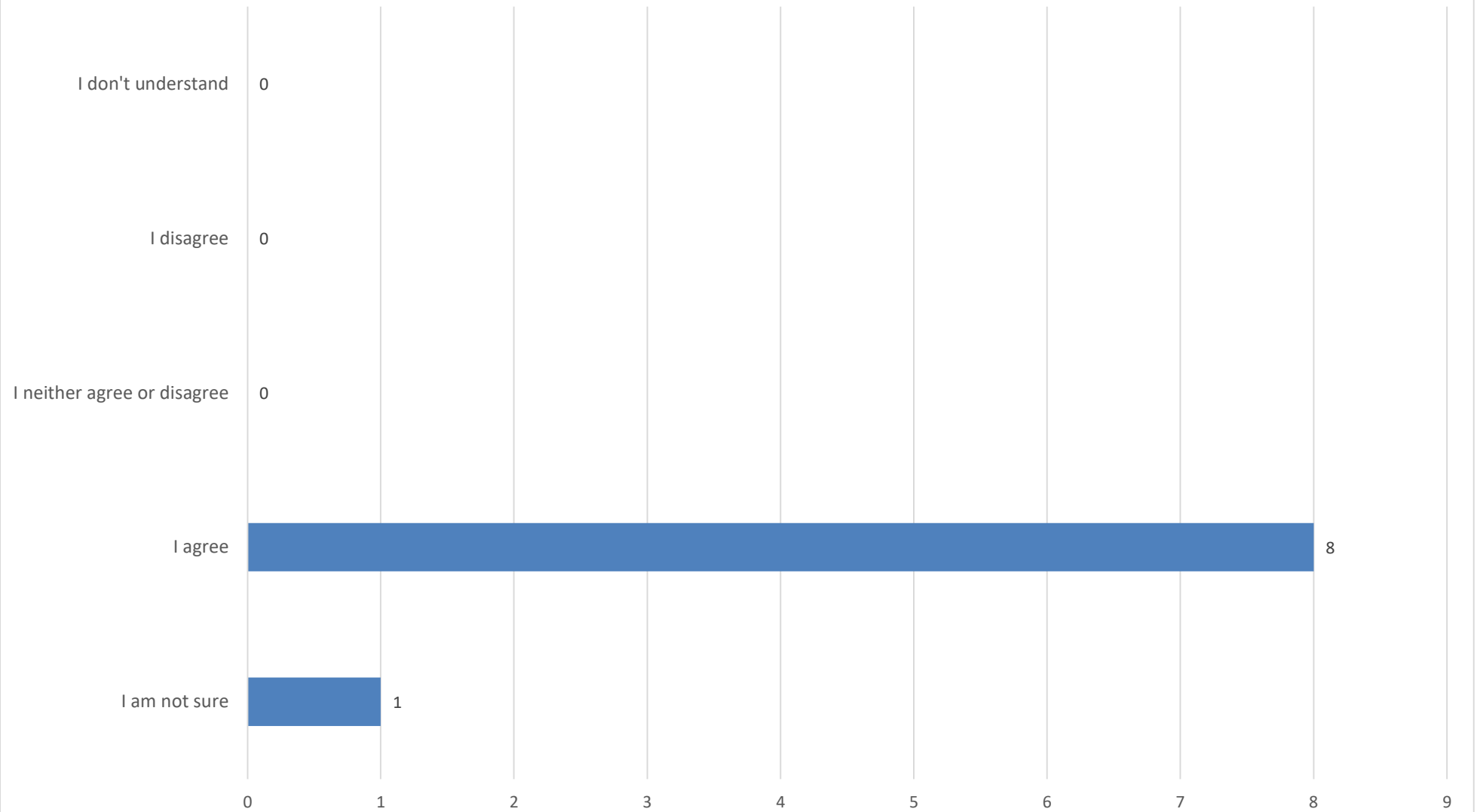
Q31: Do you agree that a person should receive a mental health assessment if the court has concerns for their mental state?
(Responses by 'Consumer-Carers')



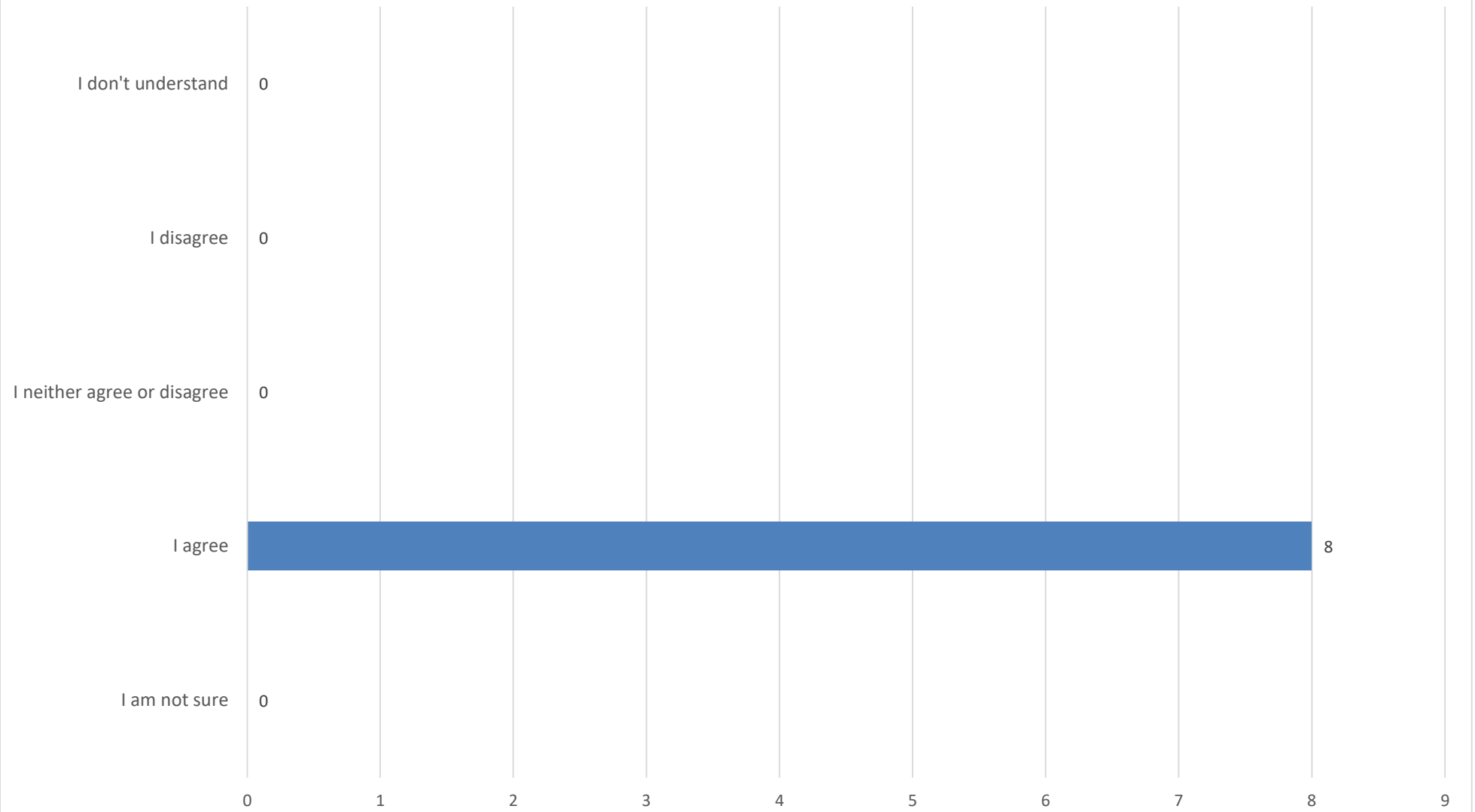
Q32: Do you agree that a person before the court has the right to receive mental health treatment if an assessment has found that that they need it?
(Responses by 'Consumer-Carers')



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?
(Responses by 'Consumer-Carers')



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?
(Responses by 'Consumer-Carers')



QUALITATIVE DATA

Responses by 'Consumer-Carers'

Q3: What is your gender?

Other (please specify)

Q4: Where do you live most of the time?

Other (please specify)

Q6: Do you identify as belonging to any of the following groups?

Other (please specify)

Q7: Which of the following best describes your background?

Other (please specify)

Q8: What is your (your loved one's) experience, interacting with NT Government mental health services?

Other (please specify) *Sought help through the defence force*

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

Q9: Which of your (your loved one's) human rights were NOT upheld?

Other (please specify) *Interviews, medicals never tell u have mental illnesses..never get job*

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.

I had a brief crisis of depression, wanted counselling, was directed to the hospital. Interviewed by a nurse who offered a stay in hosp for help. Was told the Mental Health ward was a "Closed" ward, but this euphemism was not explained. I thought it meant that visitors to the ward would need to announce themselves to gain admission. It was horrifying to learn that, after my voluntary admission, I was in fact imprisoned, against my will. As a person who has never been incarcerated, this was extremely frightening. My discomfort at being trapped far outweighed my 2-days-prior depressive state, as I informed the one doctor I saw that whole day, but my perspective was ignored, & though I was in a calm & safe state, I was locked in overnight. Although I told that the crisis had passed, & I had a friend who would fetch and stay with me if thought necc, a safe home to go to, and a counsellor available, my right to freedom was denied. - Define Terms for new patients. Also confronting :

CONTINUED

-Being escorted from ED (where i had been told to present myself for base health checks) by 2 security guards. This seems a waste of resources for voluntary patients, & made me feel like a criminal, very uncomfortable. I would have presented myself willingly at the ward, following ED. -Unannounced: Access to the solace of fresh air and a garden- the outside fenced area denied after late afternoon. Fluoro light and aircon do not enhance health. -Not being told prior to admission that I could not smoke, at any time. This was another stressful surprise. Voluntary patients should be fully informed of ward conditions. -Being subject to a bare-breasted examination in a room where the nurses had not locked the door, and having a male barge in and see me. -No obvious ID on staff - I could not tell if it were a patient or a nurse coming to talk with me. -The huge, prison-like metal doors on the rooms. -The burn-marks on the bed legs, and someone else's hairs on the sheets. -Being asked (& rushed/pressured) to sign a document that included asking for my signature consent to Any treatment recommended. This is a doozy- what person Could agree to treatment as yet unspecified? Please review admission forms. -Utter absence of therapeutic help during my stay - the sought-for & assured-of reason for my presentation. I was obliged to wait until the late morning to request my release. 4 male staff, including doctors, but incompletely self-identified, arrayed themselves on a row of chairs before me as I was given a low, soft, cushion-like seat from which to speak. I had been told that, should I fail to convince them of my wellbeing, I could be held for 2 weeks until a further chance arose. As the 4 mutely observed me, I was able to 'keep my cool' despite having had to manage the prior and potentially more serious undermining affronts to my wellbeing. As previously said, depression was long gone, replaced with the fear of unknown stakes for my freedom. Belatedly granted release, I reflected on how much harder to achieve that may have been for a person from a non-privileged background. While I was very much fine & well to leave, I felt that I'd had to work, using my educated skills, to convince the unresponsive 'panel'. My experience leaves me shaken; by the lack of support I recieved, by being misinformed of conditions, and by systemic issues overlooked. RDH: please address these issues.

Human rights ? Really, so there is some kind of perceived problem the "human rights" are being violated News to me

na

We need Dialectical Behavioural Therapy in Darwin that is publicly accessible to prevent crisis.

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?

Comment

With consent.

Most of the time its caused by the family

Often it's the family that's the biggest issue

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.

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

Comment

Info for family members can be good for them, with consent.

This question is confusing - is it supposed to read "the doctor should NOT encourage"? and it should be there instead of their.

If there is no risk of harm then mind your own business

It's not always easy for a third party to know whether there is risk of harm or not.

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.

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?

Comment

This needs to happen every time.

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?

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.

Who cause their anguish in the first place & ask the patient who they want to be their contact

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,

*Are the parents the problem ? Is there grandparents or other relatives to assist
yes*

Whether abuse/neglect has happened.

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.

what will make them safe

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?

*Really it should be up to the individual what they want to share and don't want to share. Everyone experiences mental health differently.
Sometimes family can make judgments based on ignorance and or self interest*

Na

i have not had this happen

Q19: Do any of the following statements reflect your (your loved one's) experience, accessing leave at a NT Government hospital mental health ward?

Comment

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

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

Comment

Access to being outside is so important to health, it should never be disallowed.

the question should read "if you ARE a family member"

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

*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*

Q21: Please provide any other information you would like about your (your loved one's) experience, and the topic of access to leave.

Smokers must be allowed to smoke.

Being able to come and go Willy nilly is ridiculous and defeats the purpose. It's not a baby sitting service

na

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

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?

Comment

As a voluntary patient, I was not told that my belongings would be taken from me (eg clothing, notebook, toiletries). This was disempowering.

Is this implying that there are no laws in regards to this subject?

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

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'.

See previous pg -I was very shocked, as a voluntary patient, to be locked inside the ward, and further, to be denied acces to the courtyard.

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?

Comment

I very strongly agree that everyone should have an advocate. Extremely important for English as second language people.

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.

needs to be culturally appropriate and really consider the needs and protocols of Aboriginal and Torres Strait Islander people.

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

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

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

Other (Please describe)

I agree Very strongly that a support person undertaking any, preferably All of the roles proposed would have a most substatal impact on recovery. This Is What We Need! If I had had such a help, I would be much more progressed along getting sustainably well.. If such a support service were available, I would be very keen to engage, for reasons such as: support person is separate & private from family, friends. " " would be someone to report minor successes to Having a " " person would really help me keep on track with my aims that other people dont know about. It would help me stay focussed on my health, lessen my getting distracted, or giving up. I really like this idea. Also, I have heard of other programs that use this model with great success - 'clients' acheiving beyond their own expectations, with a supporter alongside them.

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).

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

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

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

Comment

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.

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

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

Q29: Please share any other information that you would like about your (your loved one's) experience, and our proposal for a new support service at NT Government mental health services.

See above, and... The improved well-being of people who have access to a mentor/support is well known. This is so much needed.

I think chaplaincy would be a good addition to such a support service plan.

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.

I think it is really dumb idea

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

Comment

Mh help should be avail in jail, remand & parole. So needed. Nobody should be incarcerated w/out acces to this healthcare.

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

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?

Comment

With their consent.

Doesn't mean they are innocent but

we all have a right to see a doctor - but sometimes I have to wait to get an appointment. Just because someone has committed a crime doesnt mean they get to jump the line

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

Comment

It is ridiculous not to have mh care in prison, remand, parole.

It will obviously need more funding

I think it's a disgrace if folks that are incarcerated don't get help with becoming a functioning member of our community

I dont know what this means.

Q34: Please share any other information that you would like to about your (your loved one's) experience, and your thoughts on the topic of mental health when

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.

Would've thought that it was a minority that didn't have mental issues and are in court for serious issues

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

Comment

Of course. Mental health equals Health.

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

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

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