

Submission to the Disability Royal Commission

Attachment 2

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

Online survey responses by people with individual lived experience, i.e. 'Consumers'

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

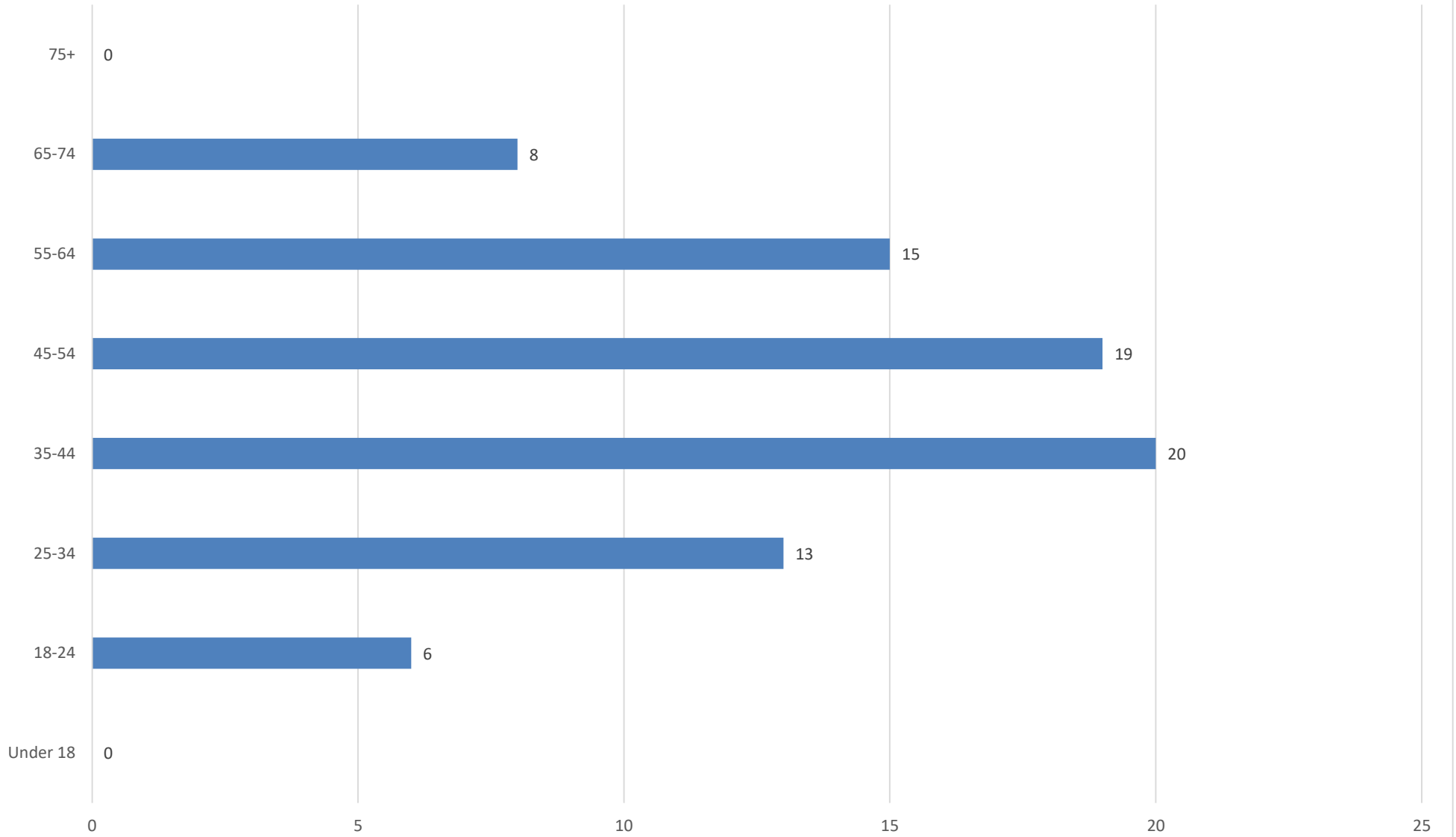
In a mental health crisis call:

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

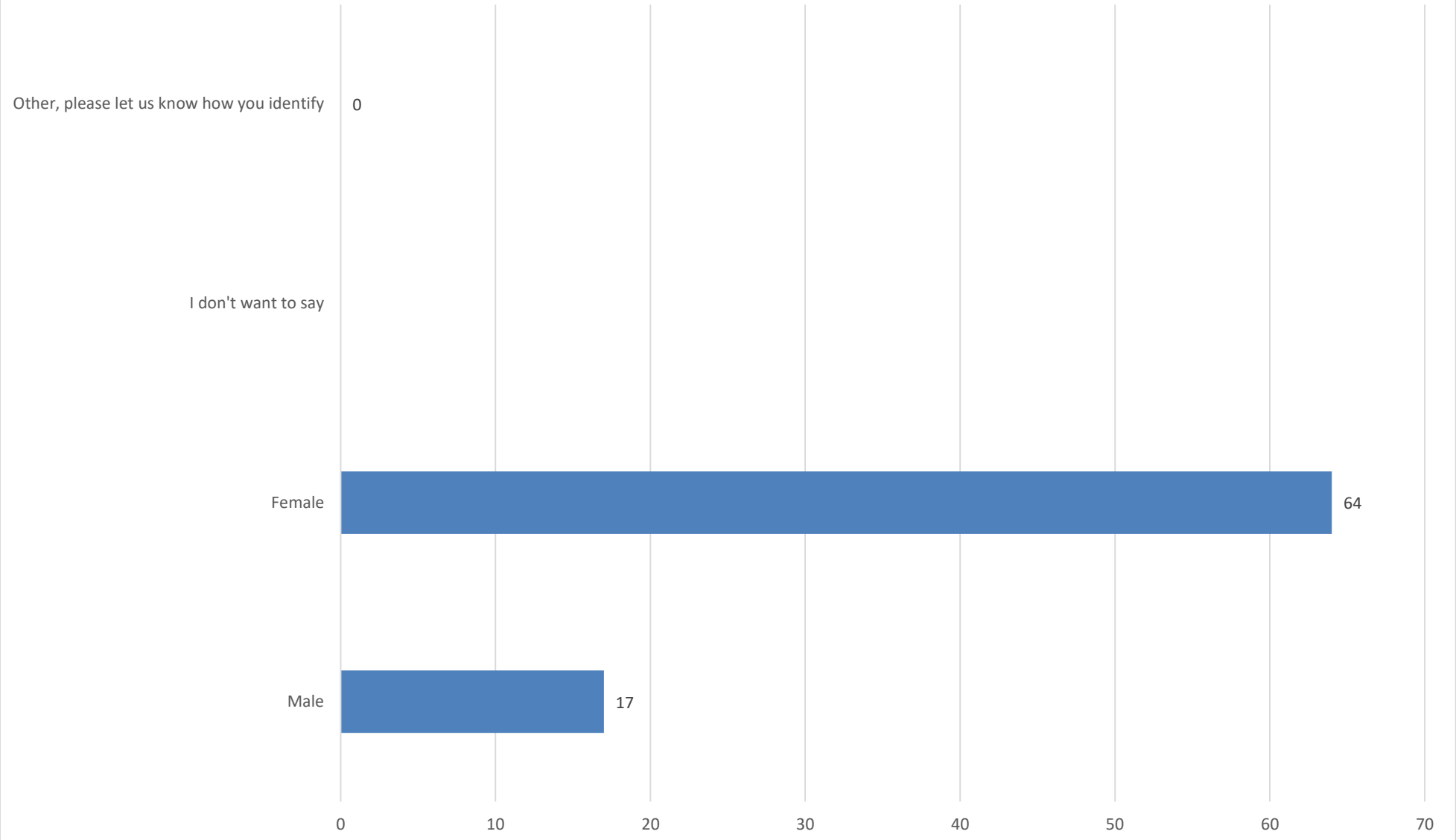
For mental health support call:

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

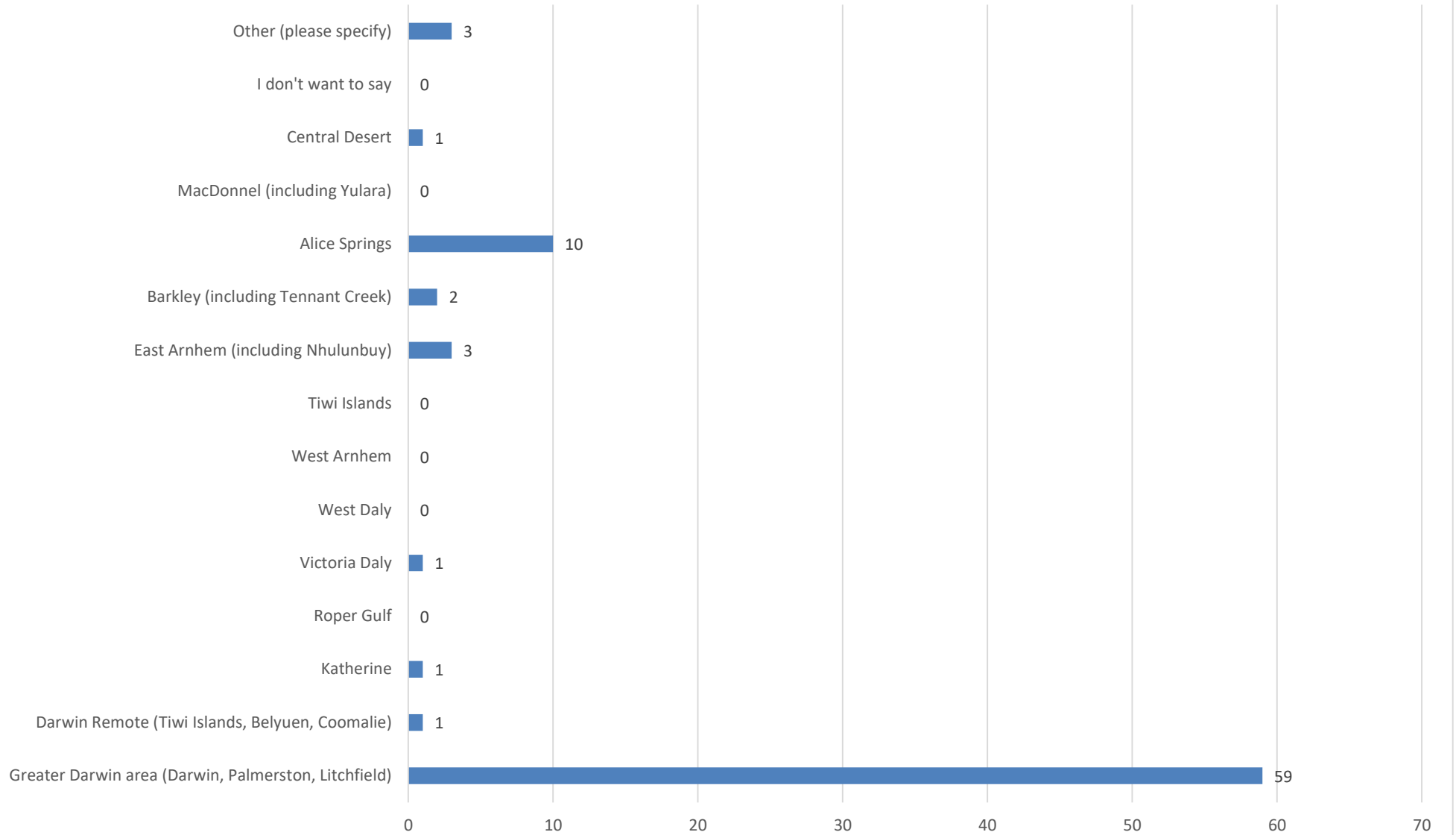
Q3: What age group you belong to?
(Responses by 'Consumers')



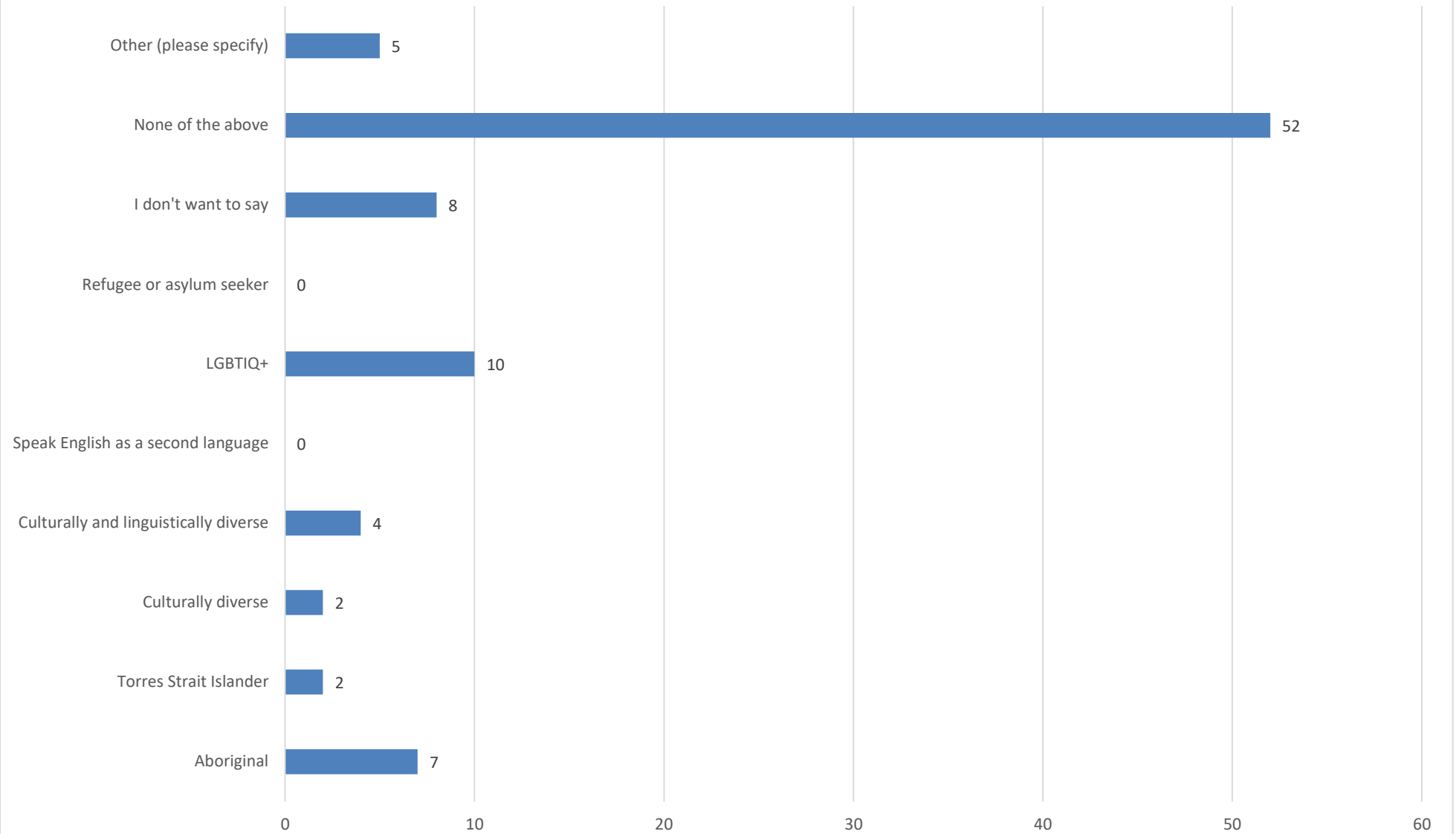
Q4: What is your gender?
(Responses by 'Consumers')



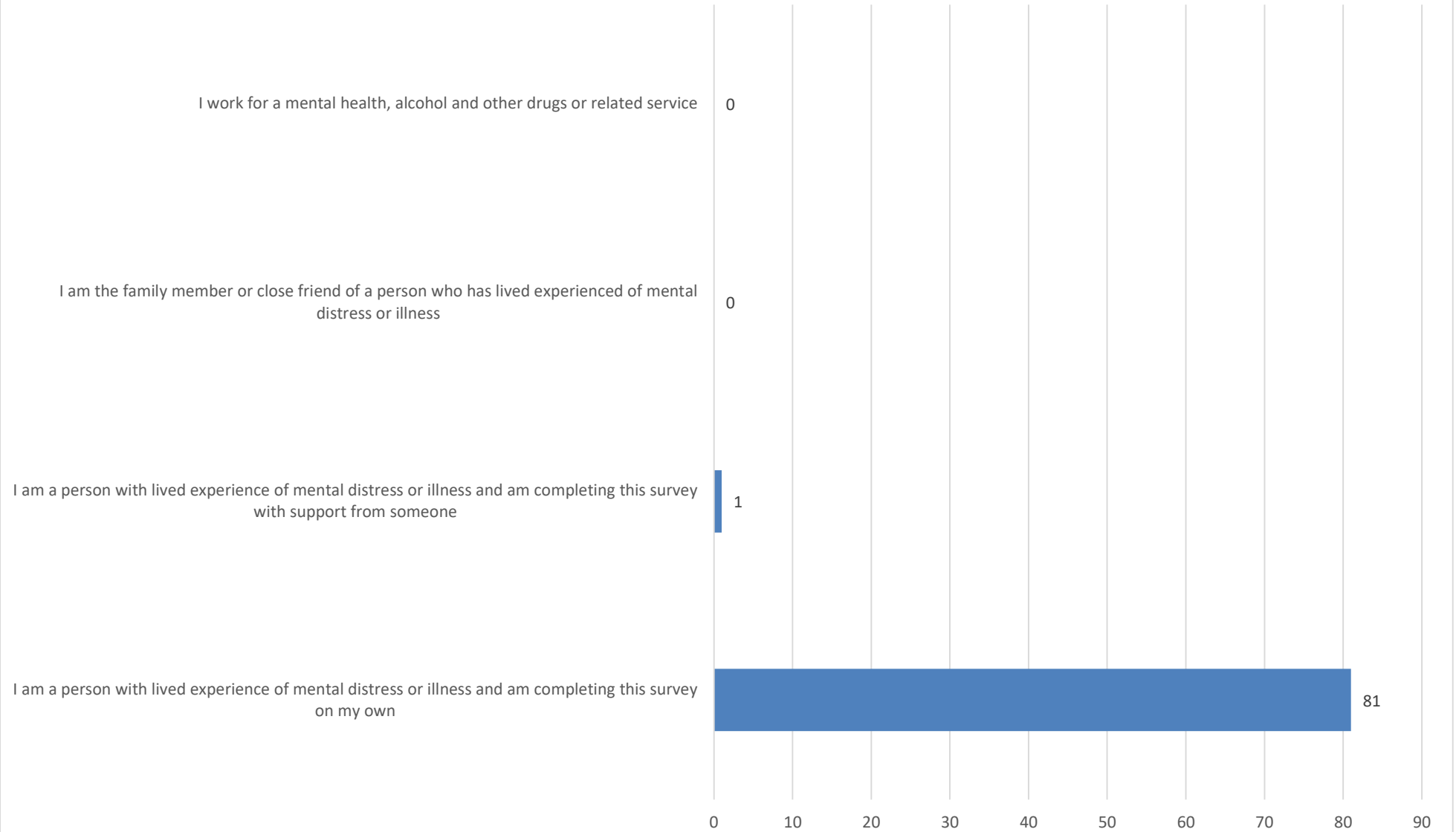
Q5: Where do you live most of the time?
(Responses by 'Consumers')



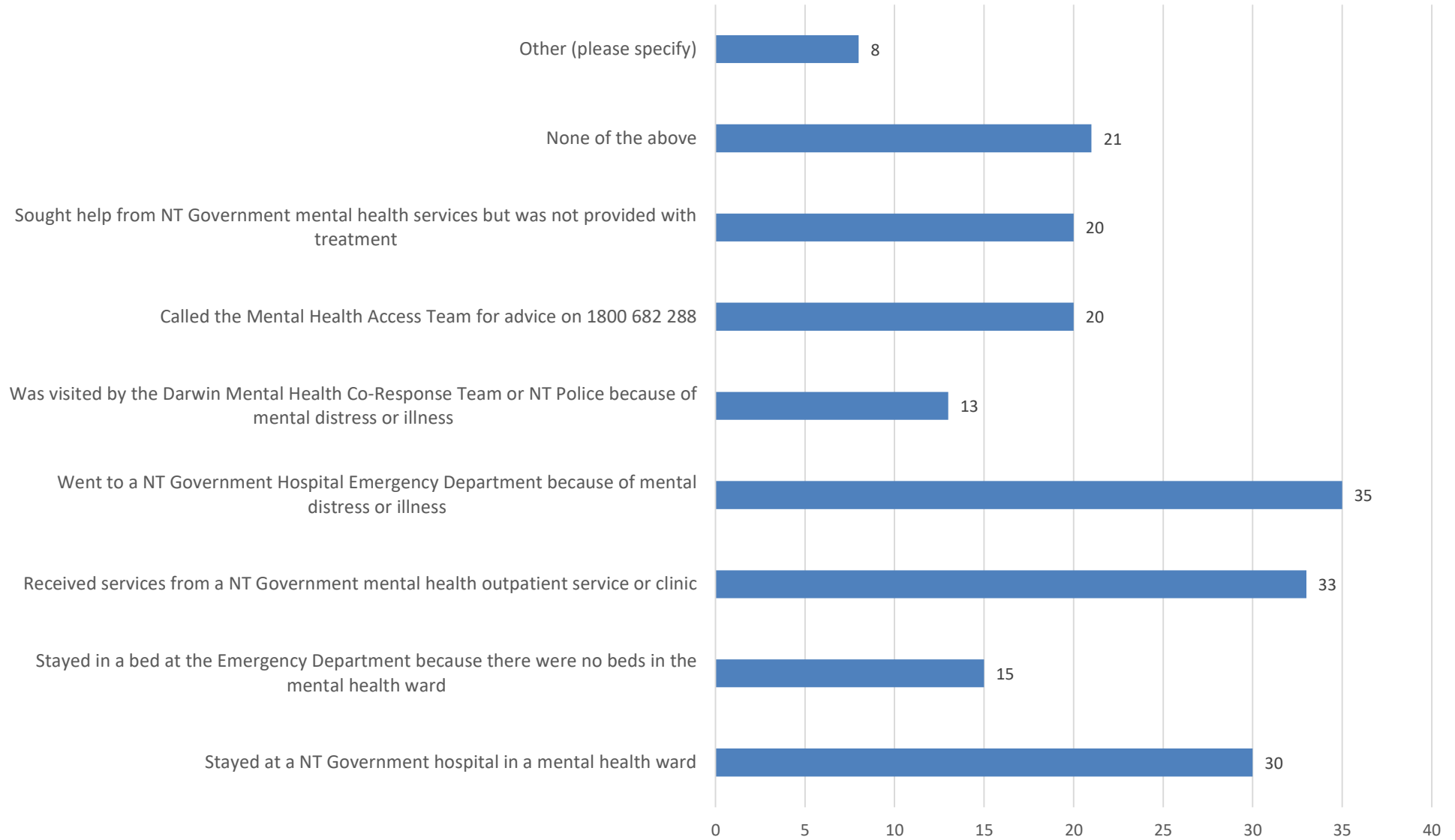
Q6: Do you identify as belonging to any of the following groups?
(Responses by 'Consumers')



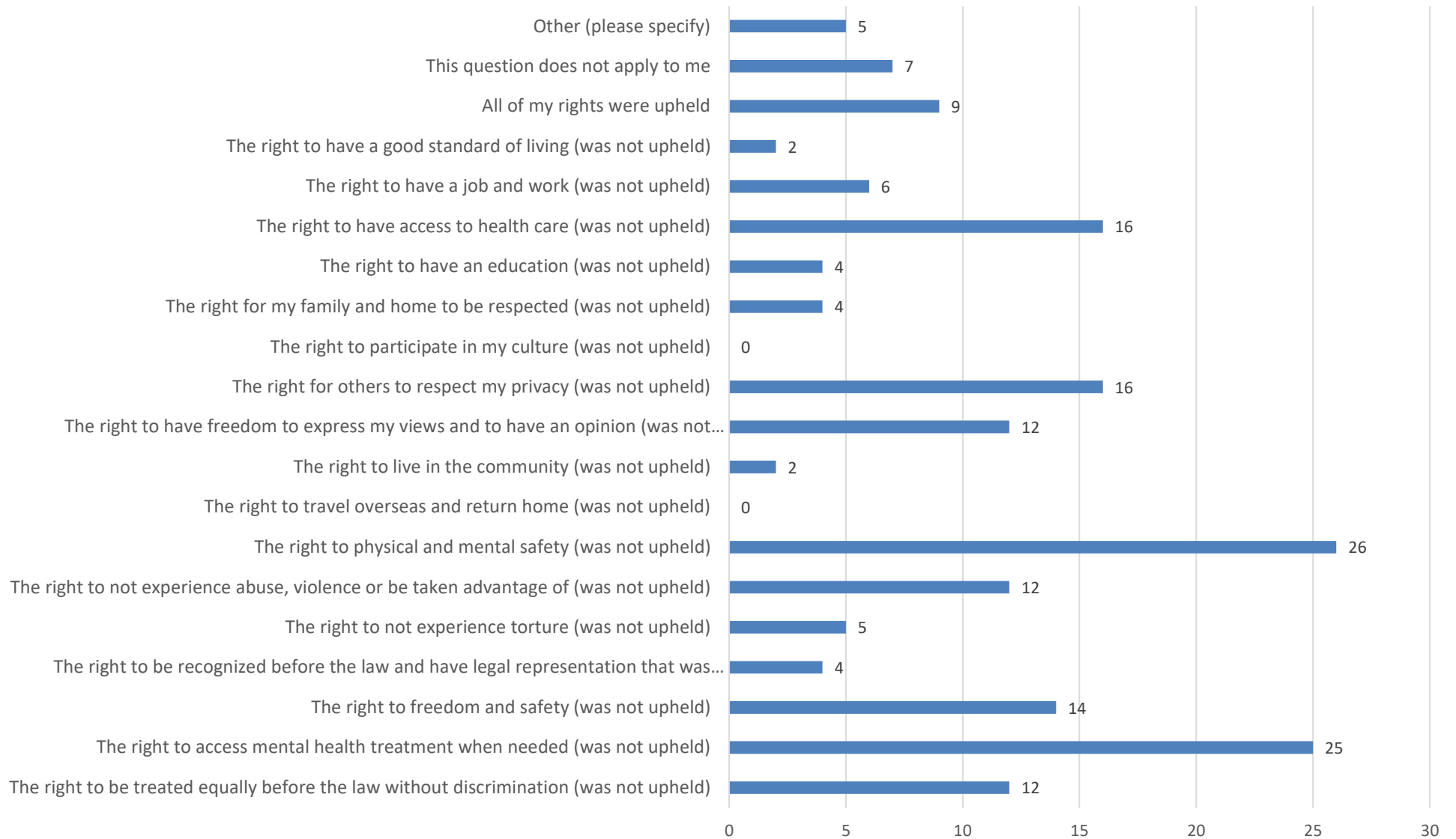
Q7: Which of the following best describes your background?
(Responses by 'Consumers')



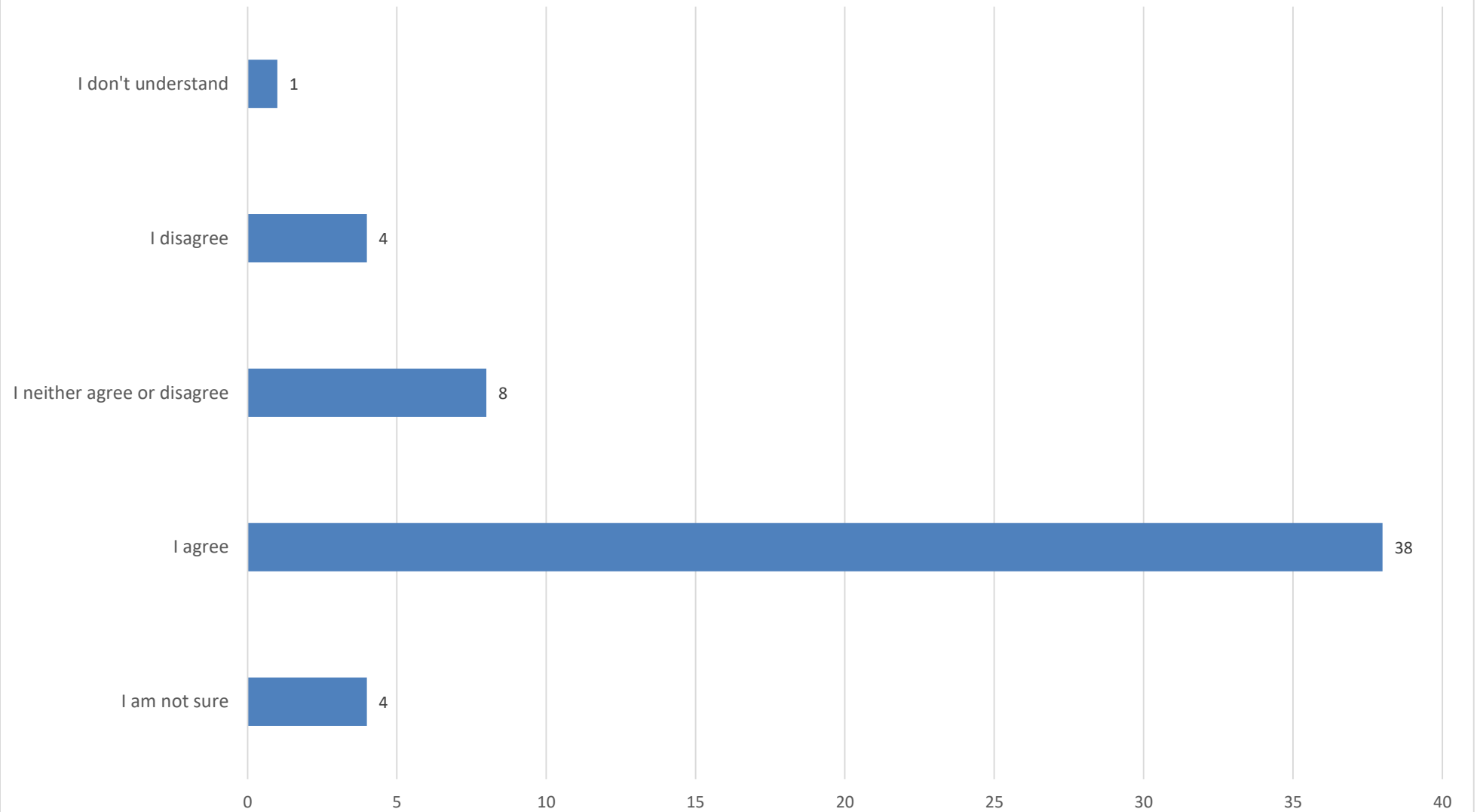
Q8: What is your (your loved one's) experience interacting with NT Gov. mental health services?
(Responses by 'Consumers')



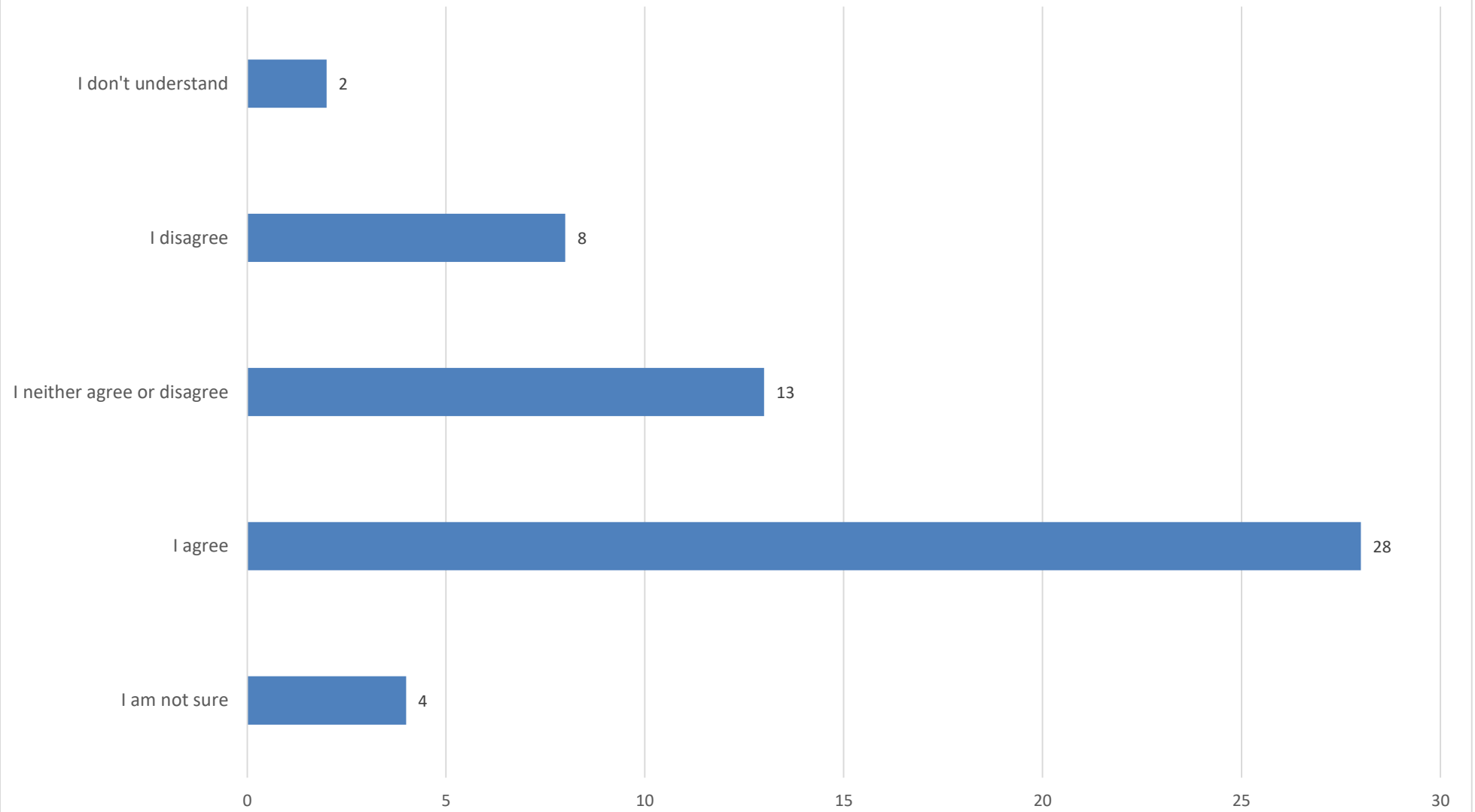
Q9: Which of your (your loved one's) human rights were NOT upheld?
(Responses by 'Consumers')



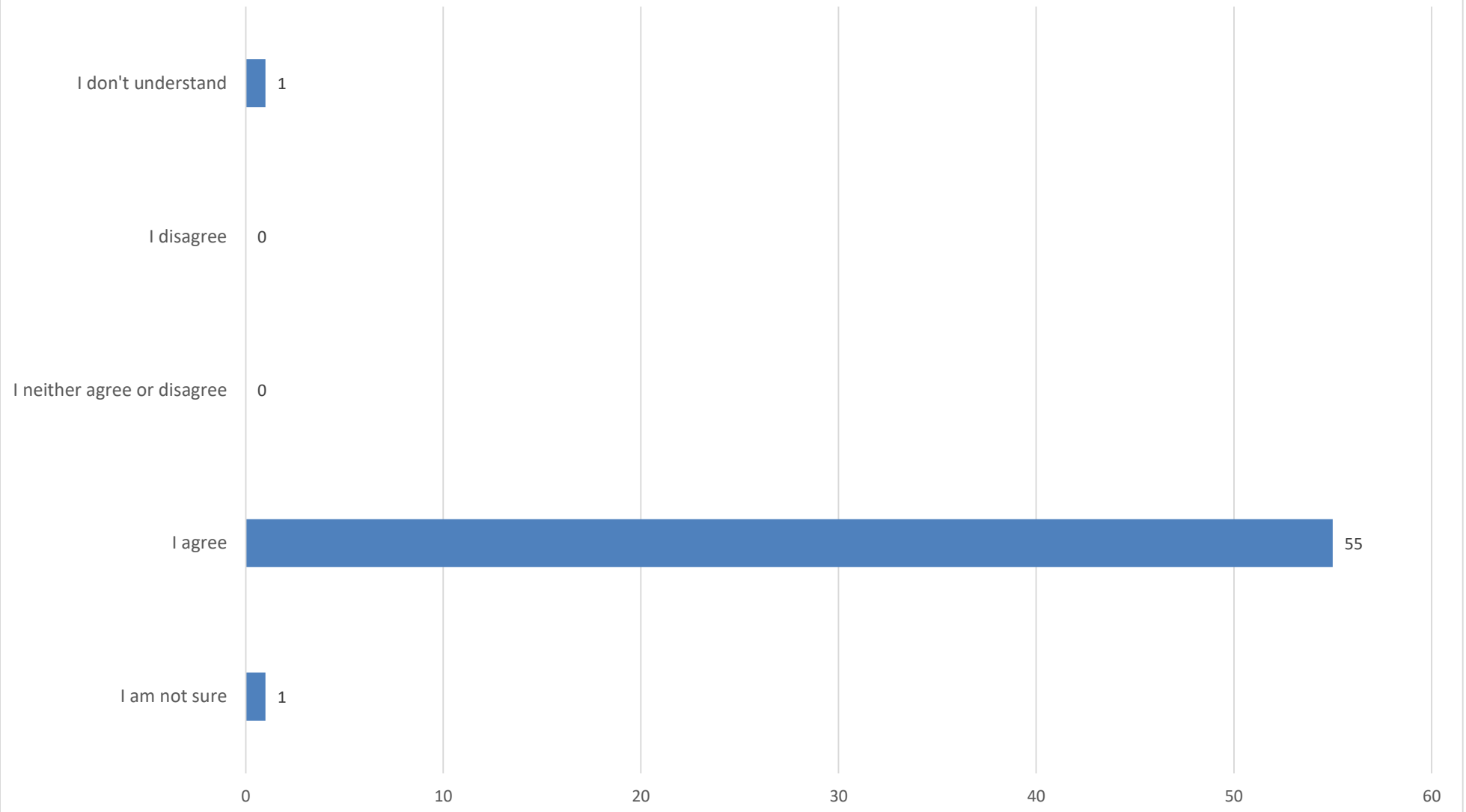
Q13: Do you agree that family relationships are important for recovery and that mental health treatment services should work in ways that promote healing for families after a mental health crisis?
(Responses by 'Consumers')



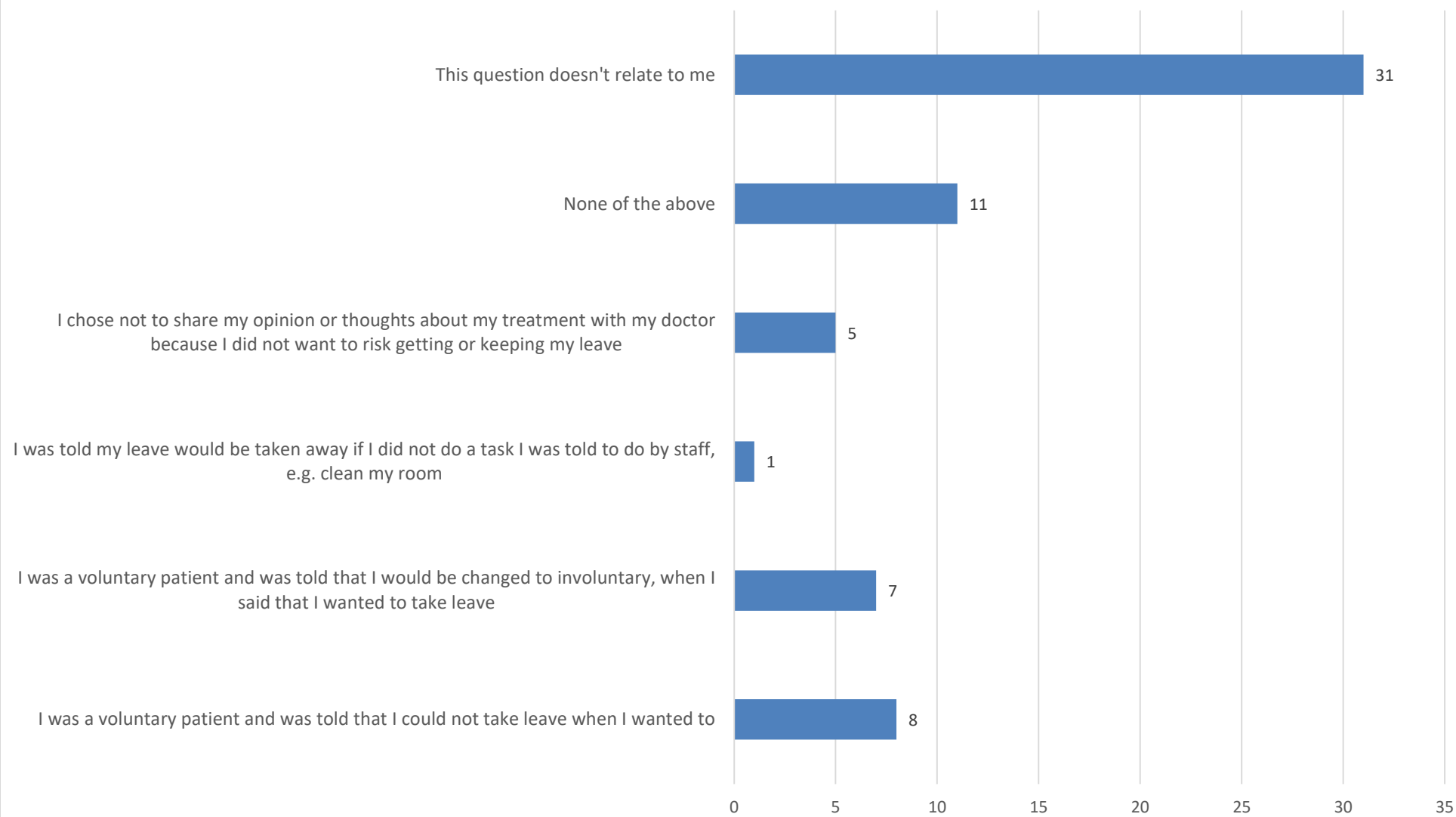
Q14: Do you agree that unless there is a risk of harm, the doctor should encourage information sharing with families?
(Responses by 'Consumers')



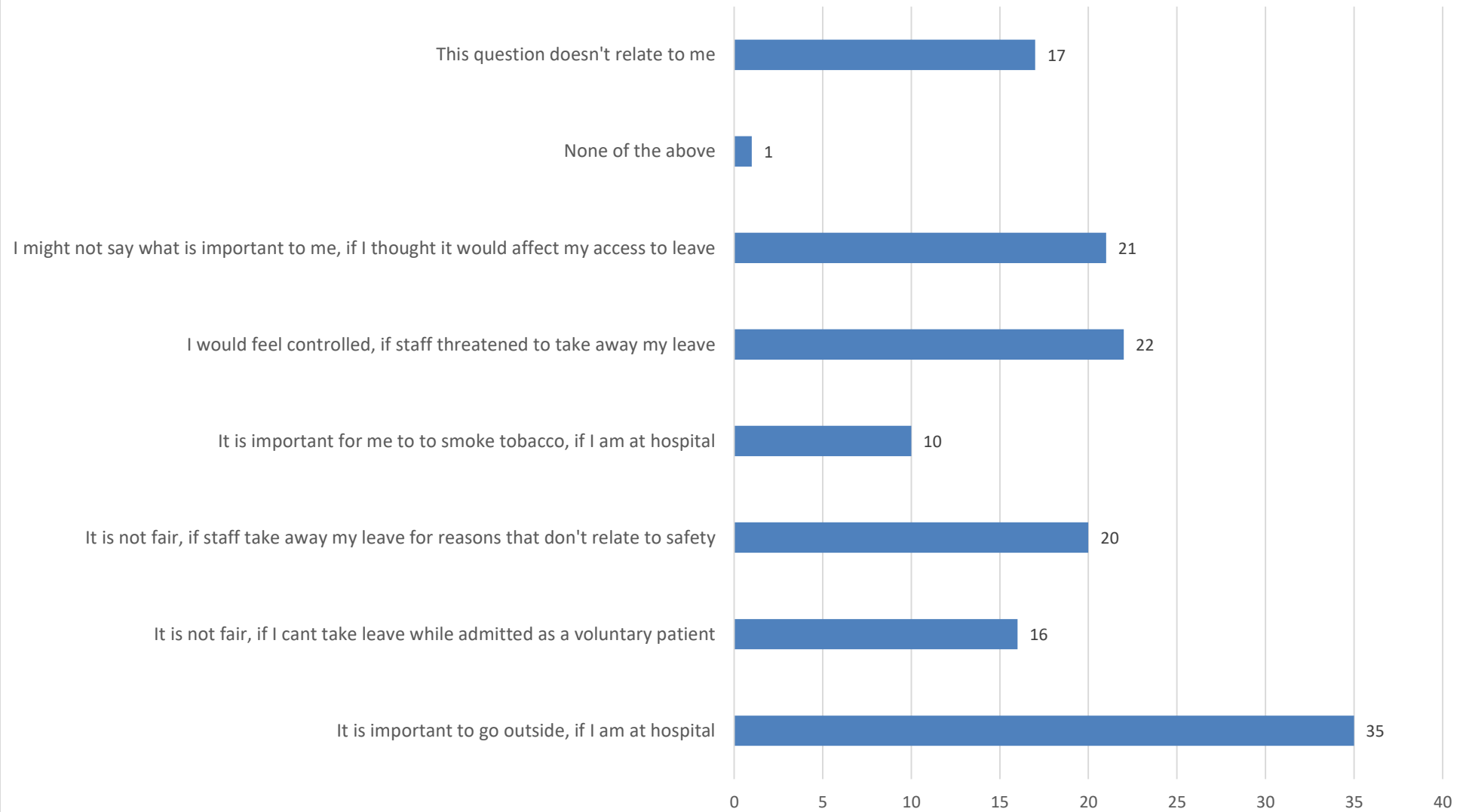
Q15: Do you agree that the doctor should ask a person if there is someone that they definitely DO NOT want their confidential information to be shared with?
(Responses by 'Consumers')



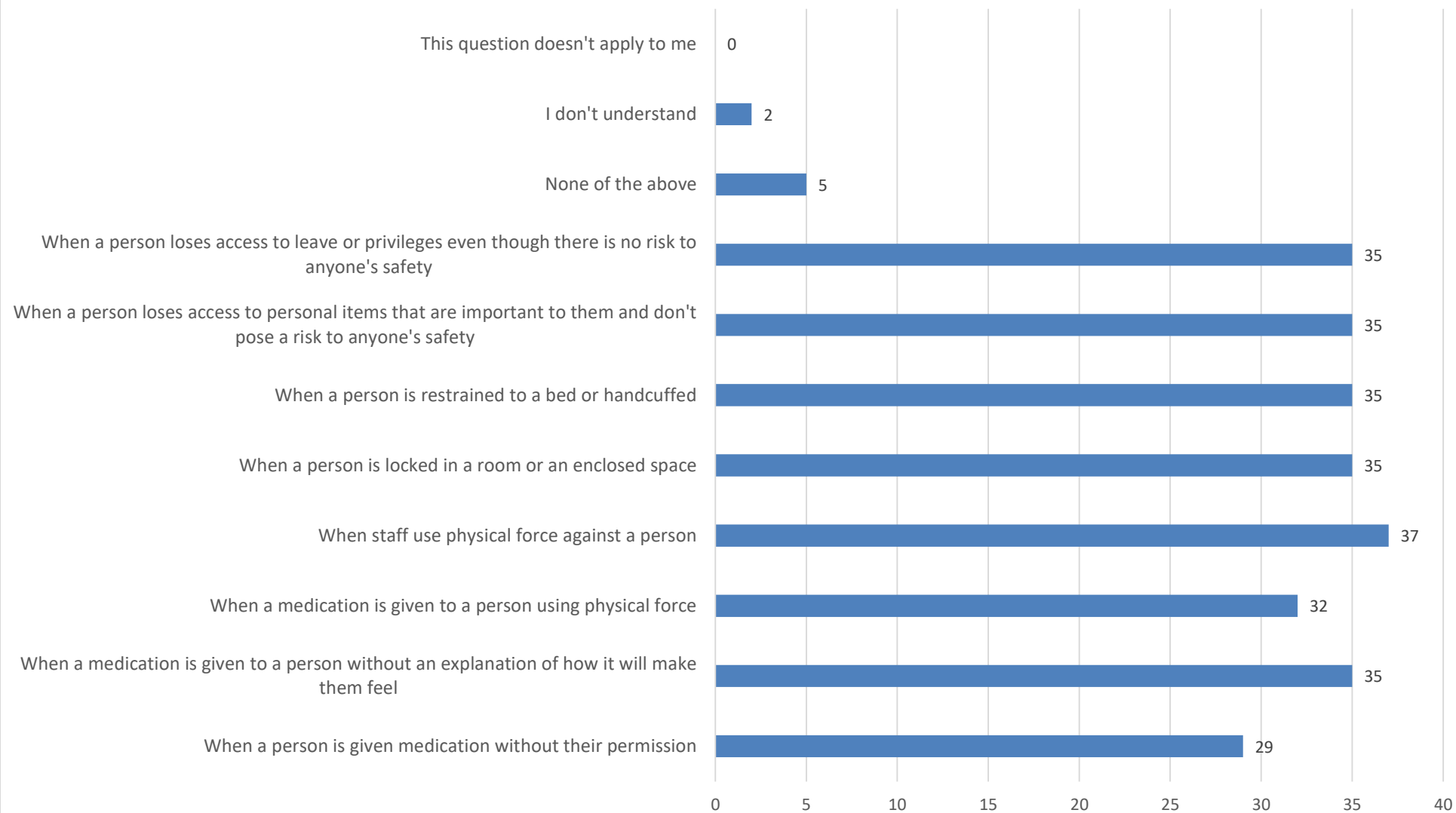
Q19: Do any of the following statements reflect your (your loved one's) experience, accessing leave at a NT Gov. hospital mental health ward?
(Responses by 'Consumers')



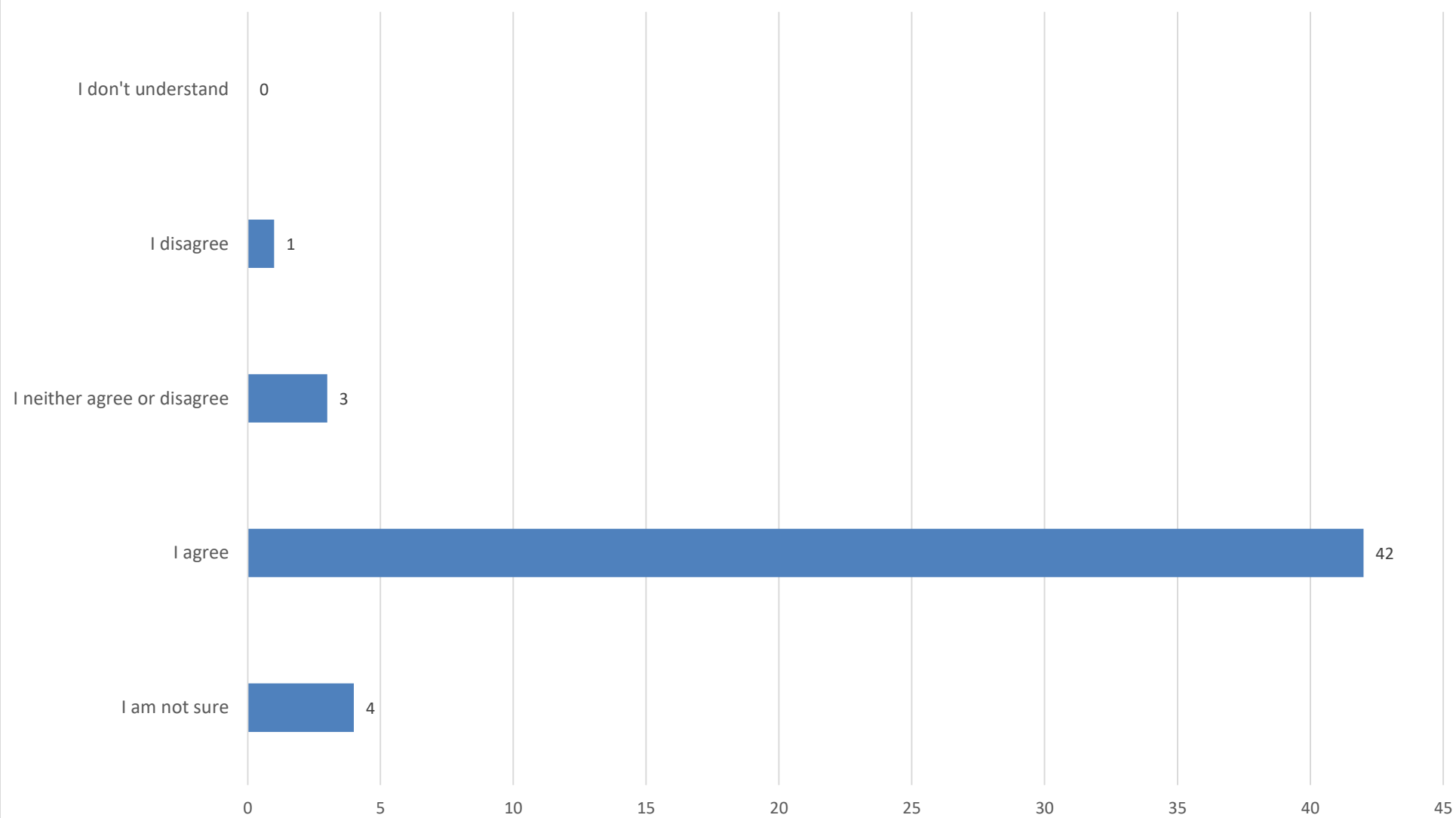
Q20: We want your opinion about the importance of accessing leave and an outside environment while staying at hospital. Are any of the following statements true for you (your loved one)?
(Responses by 'Consumers')



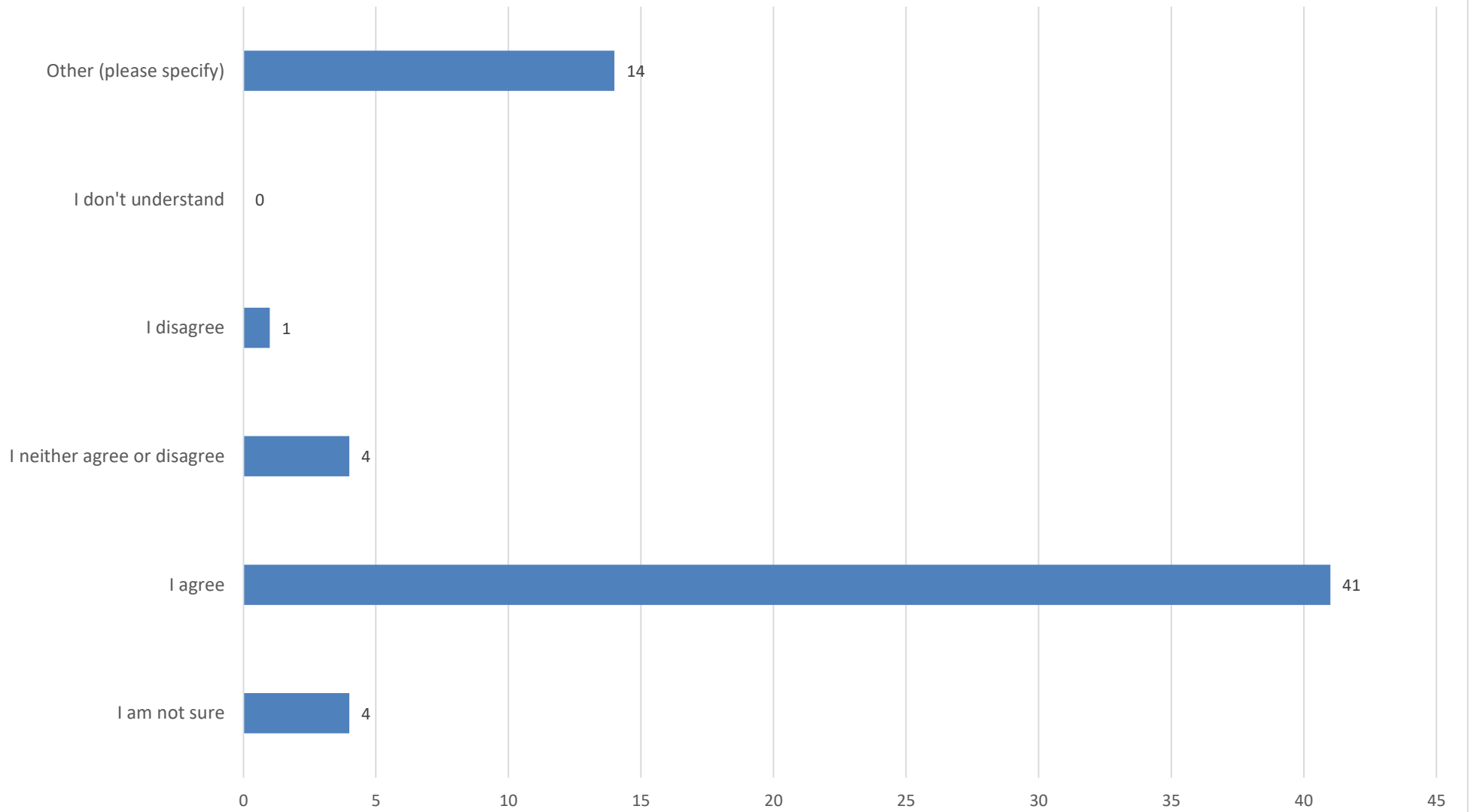
Q23: Which items from the following list do you think should be considered 'restraint' and have laws about their use to protect people's rights?
(Responses by 'Consumers')



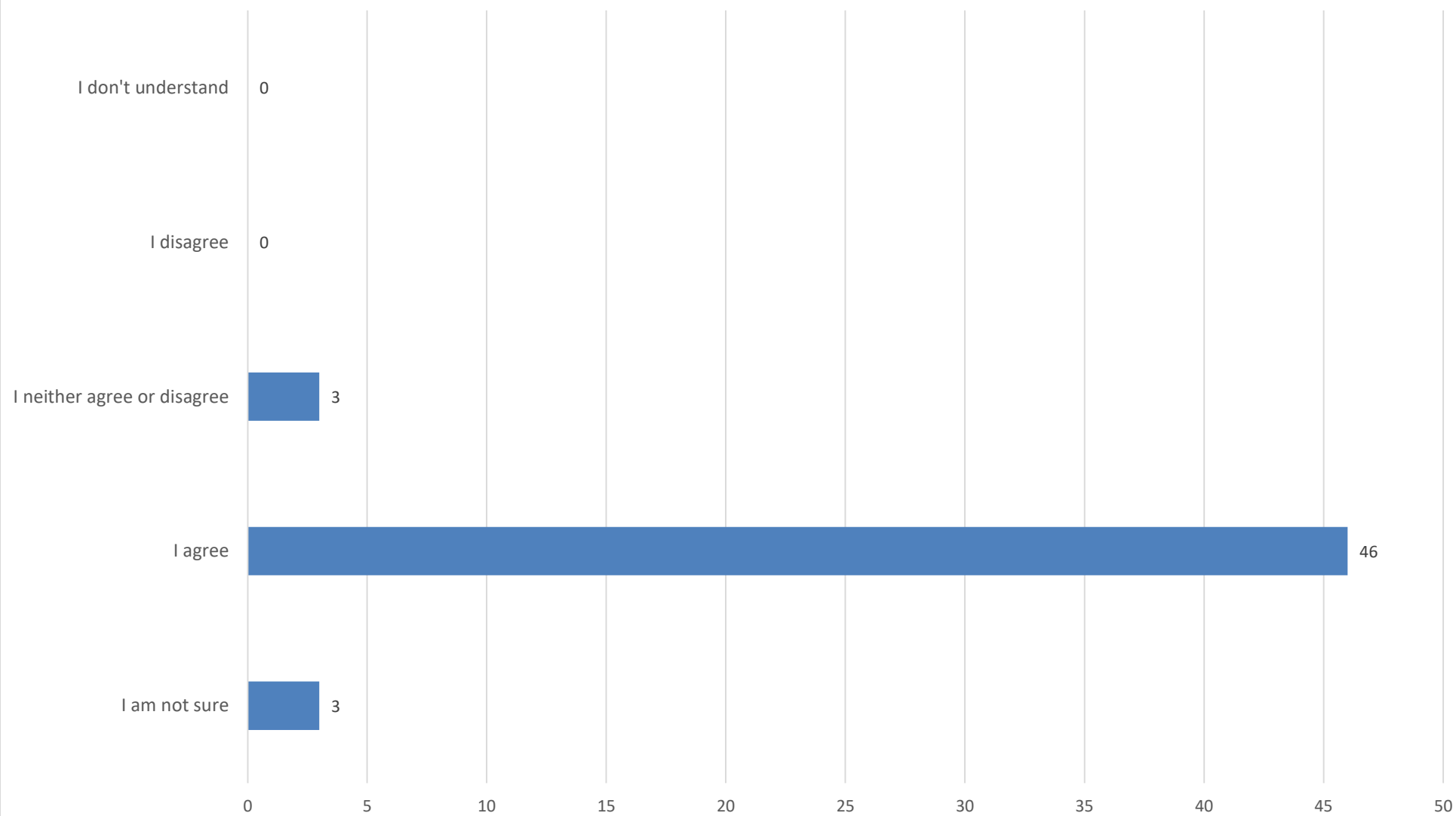
Q26: Do you think its a good idea to have a new support service to ensure people's wishes are considered for their treatment and that their rights are upheld?
(Responses by 'Consumers')



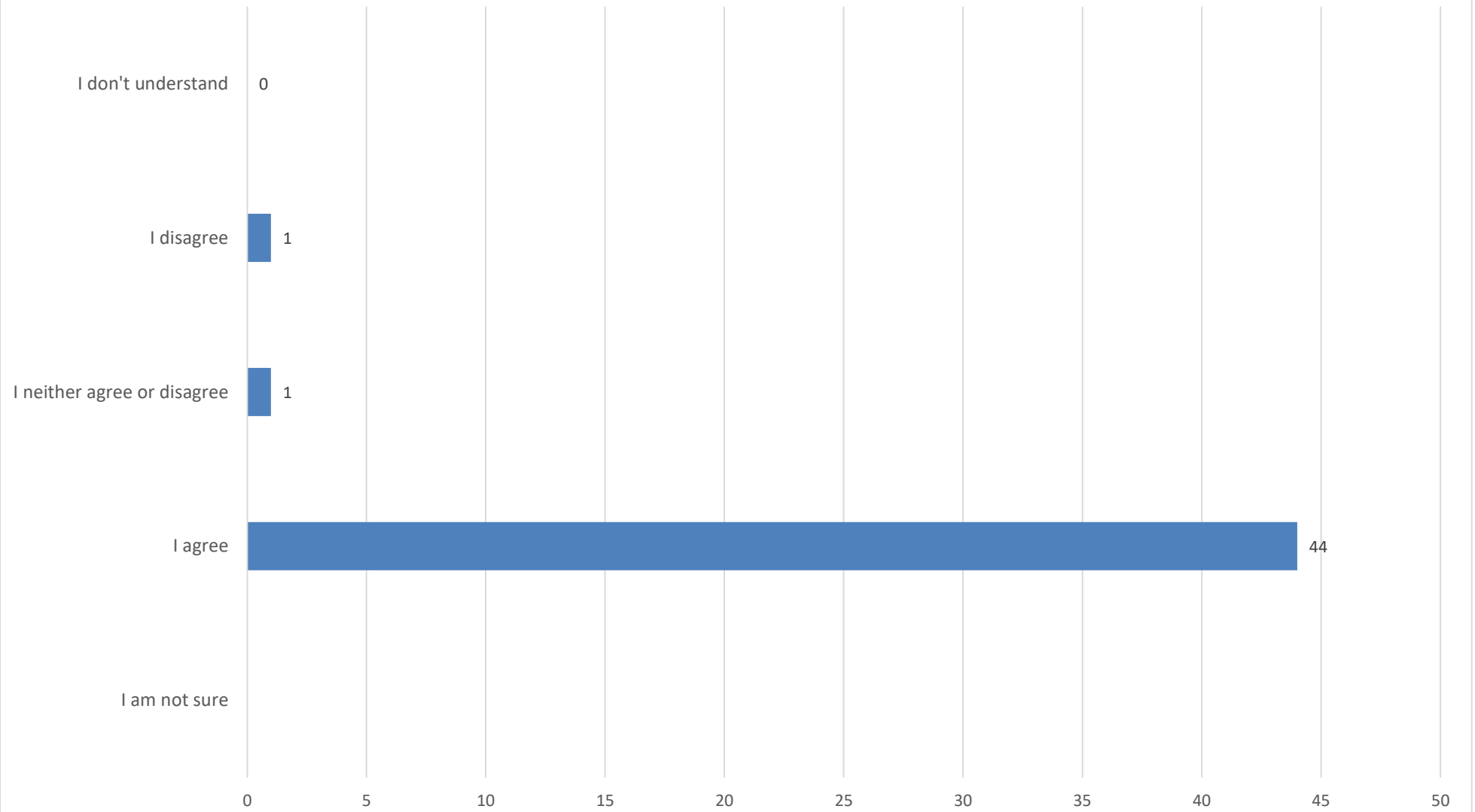
Q27: Do you think the proposed support service would be valuable if it worked in the ways that we described?
(Responses by 'Consumers')



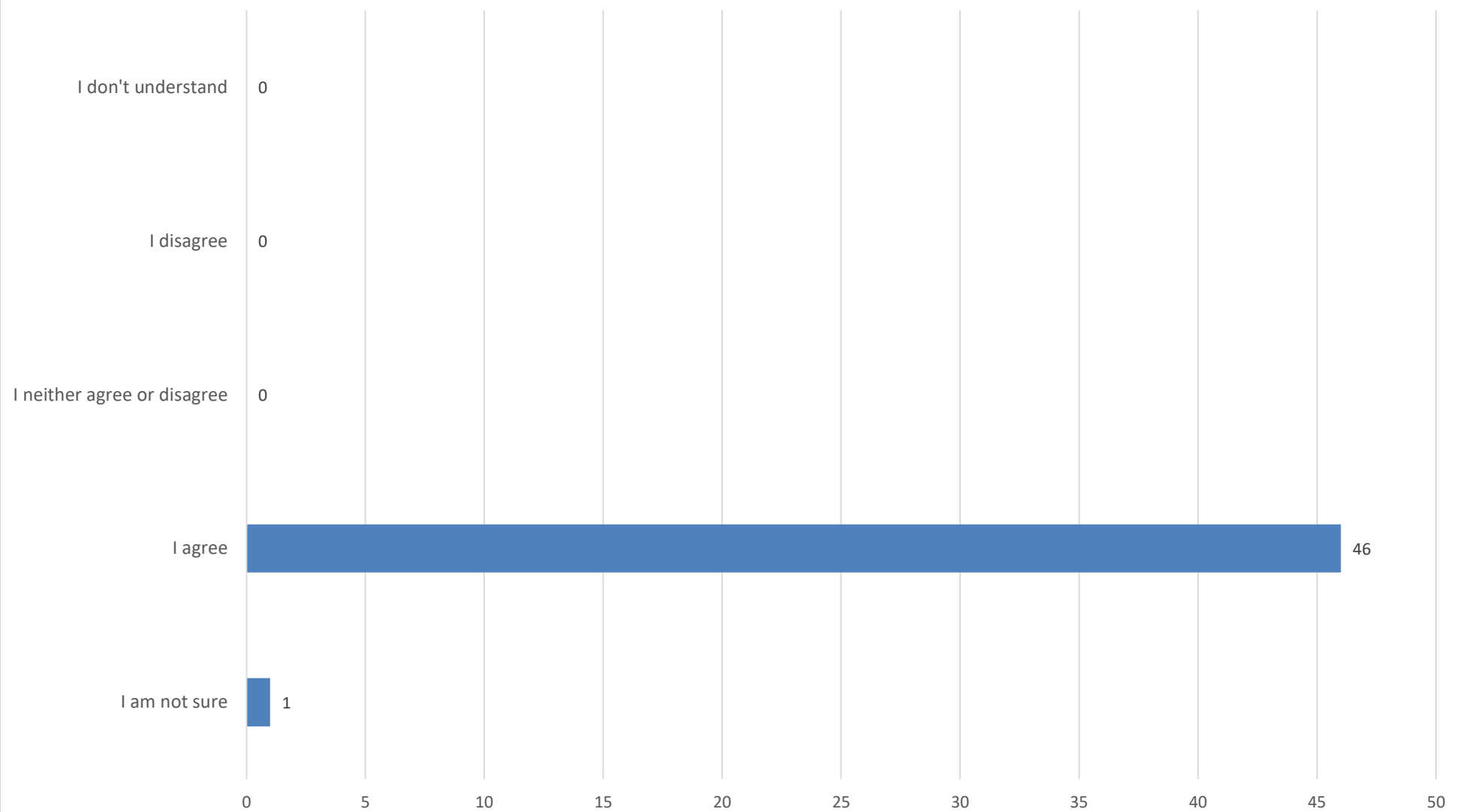
Q28: Do you agree that the proposed support service should have peer workers and social and emotional well-being workers?
(Responses by 'Consumers')



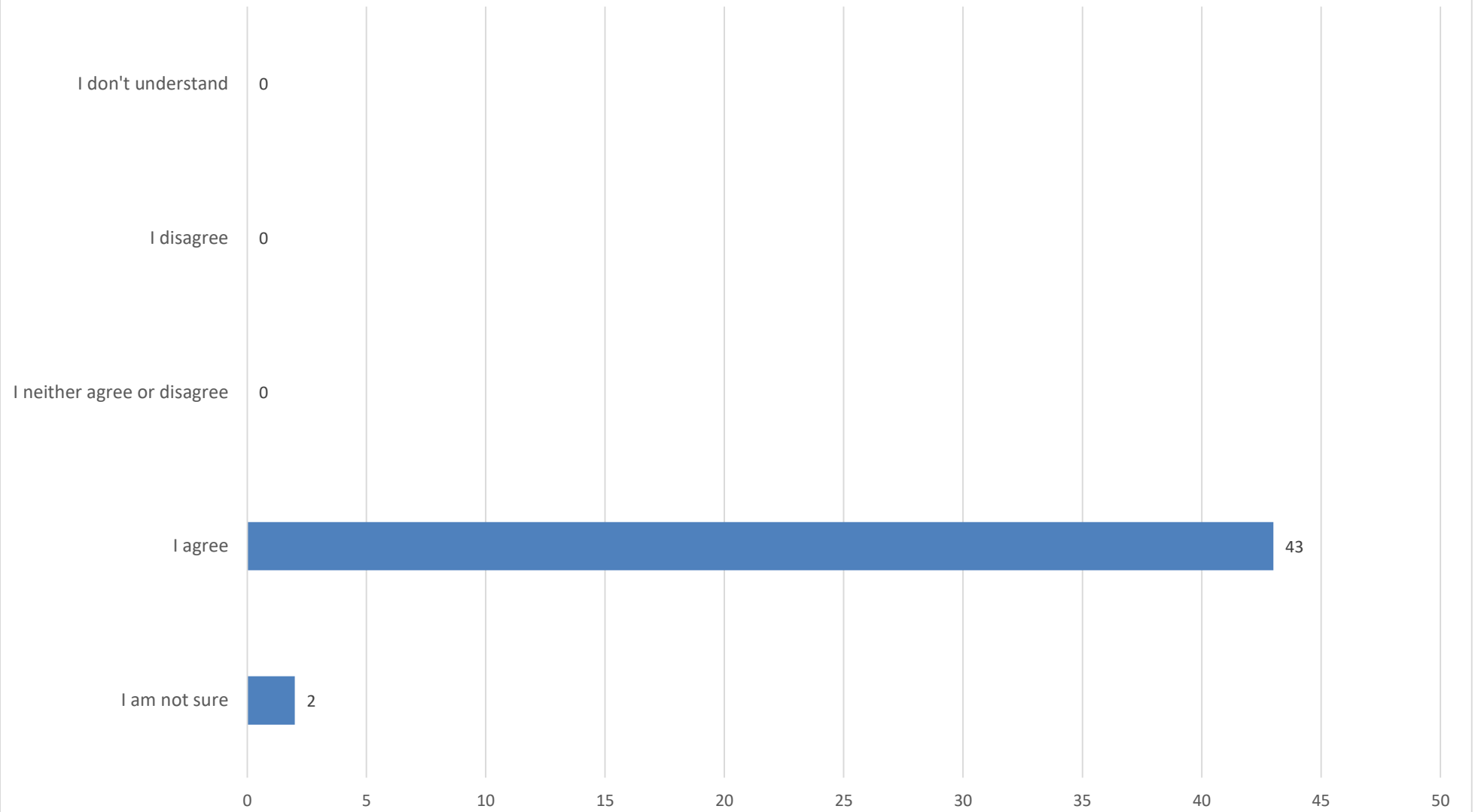
Q31: Do you agree that a person should receive a mental health assessment if the court has concerns for their mental state?
(Responses by 'Consumers')



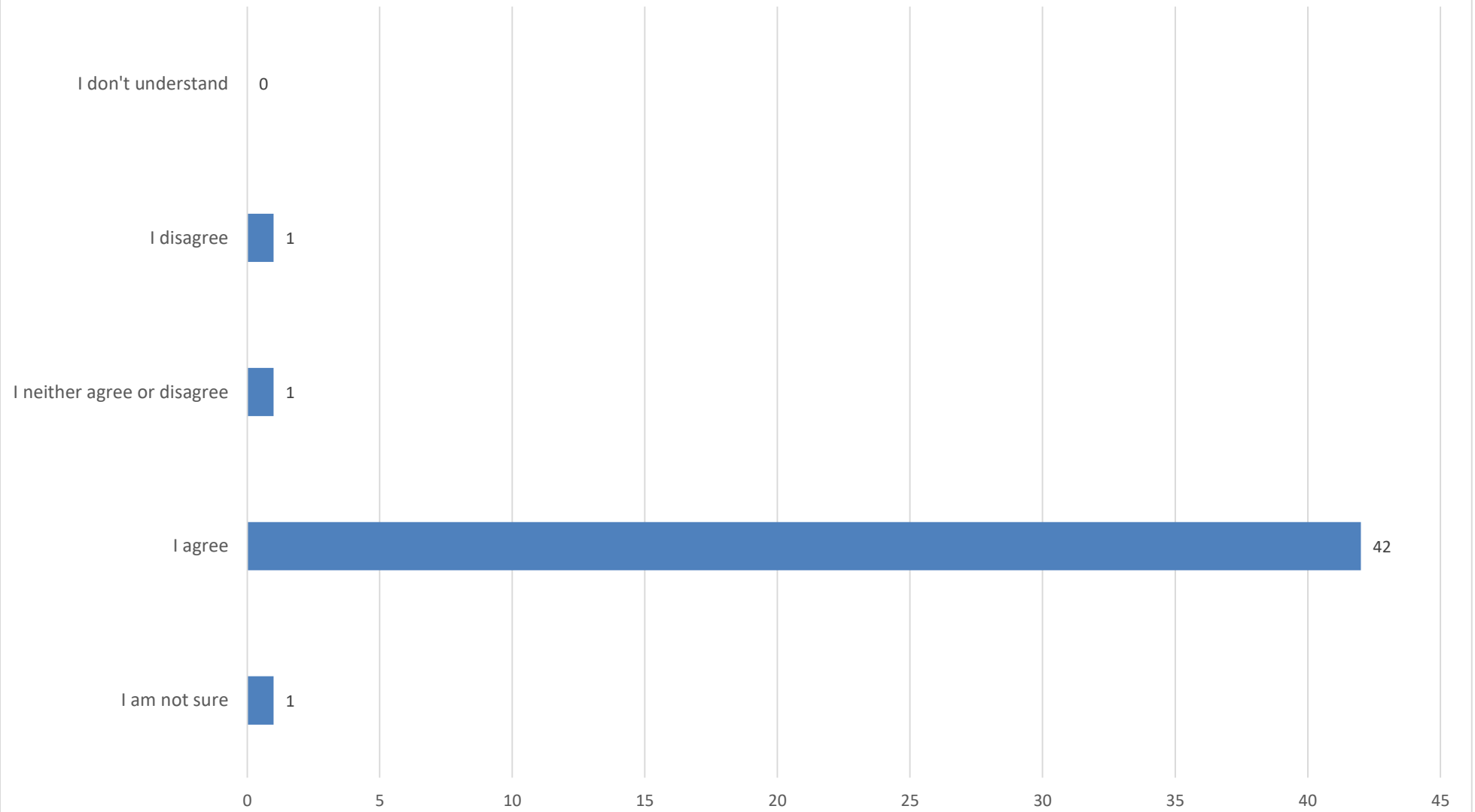
Q32: Do you agree that a person before the court has the right to receive mental health treatment if an assessment has found that that they need it?
(Responses by 'Consumers')



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 'Consumers')



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 'Consumers')



QUALITATIVE DATA

Responses by 'Consumers'

Q3: What is your gender?

Other (please specify)

Q4: Where do you live most of the time?

Other (please specify)

Brisbane

Between Alice, Adelaide and the East Coast these days.

Burrundie

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

Other (please specify)

Caucasian

Neurodivergent

Moved here from overseas

Asperger's Syndrome

ex defence but a territorian who came home...

Q7: Which of the following best describes your background?

Other (please specify)

Left Qld, DV 2020. ADF one way ticket.

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

Other (please specify)

Stayed in other ward with security

I have been trying to get some information for a referral to outpatient services so that I manage my mental illness. The hospital, my GP and psychologist have all had difficulties with arranging this. I am still in a void while I wait for a referral.

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

Recieved phone calls from relevant mental health organisations during quarantine, which was extremely important and helpful.

ATAPS Referral by GP. Psy DSM V

ptsd, anxiety, depression, at times thinking suicide

Tried 4 different counsellors. Still waiting to be seen by a psychologist

Beyond Blue and Headspace services

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

Other (please specify) *Right to be told why u were being given not just suggested a particular drug it's possible side effects . To feel in control of your treatment*

Not recieving adequate or timely treatment because the MH system is underfunded. This was exacerbated by being female and neurodivergent. I am autistic and have ADHD. Many services and professionals, especially in the NT are not aware of how these manifest in women, or how to best respond to them.

Not rights related but EAS was so focused on attributing the issues I reported on the community. Get out of the kitchen their words. 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.

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.

Mental health treatment, support, and resources are extremely stretched, underfunded, and overlooked. As a consumer you feel as though you are not listened to, not treated with respect, and not treated as though your emergency is 'real' because the health system is so stretched. I felt as though my opinion about my mental health was ignored and I was sent home without any follow-up.

From my experience when seeking out medical attention, there have been medical professionals who have not listened to me, asked any questions and have made inappropriate and extremely unprofessional statements which had a traumatic effect on my mental health and conditions that I live with and try to manage. I have been judged, labelled, told that I was a waste of their time and was not taken seriously. I was told by a treating medical professional that my problems were mine and he didnt care what I needed or wanted; it was my problem. I was stereotyped and mistreated and it scares me deeply that others might be treated the same.

- Private psychiatrists have very strict criteria when accepting patients and decline otherwise (therefore I was not accepted) - Headspace also has very strict criteria and only accepts certain patients (therefore I was not accepted) - TEMHS has very strict criteria as it is over run and seems to only accept patient who are acutely psychotic (therefore I was not accepted) So no matter where you go for help in the NT, you can't get it and my GP who is incredible can only do so much. - We have tried interstate psychiatrists but they have very long waitlists or they decline because they prefer to only treat local patients. - Telehealth Psychologist/Psychiatrist is very hard on patients sometimes

Having to convince or plead your case with needing to be admitted when you in a terrible state of mind and u really don't know what to do. U have the right to keep yourself safe from harm .

Fund the services more so they can do what they are meant to do. More training and funding for those in the ASD spectrum and ADHD, especially for women as we have been ignored, under diagnosed and mis-diagnosed for so long. Also, have the assessments fir these more readily available in the public system. I had to pay \$1500 for my assessment and report, and that is cheap. They are simply not easily available in the public system.

Police were sent to pick me up without Mental Health ever having assessed me. I received no meaningful treatment while detained in hospital, true waste of resources and loss of my liberty. Traumatizing, being kept in mixed gender Joan Ridley ward and unnecessary
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.

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.

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.

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.

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.

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 / postponed, so being abused by the court system as well.

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

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.

Needed to see a psychiatrist but was declined a service citing conflict of interest

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 illness means a person is attention seeking and doesn't actually need help.

I feel betrayed

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 in 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.

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 things 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 consisted 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.

CONTINUED:

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.

I have been a mental health consumer i have utilised services of team health and Grow. I have 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

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.

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

I think for people who don't have relationships with family this sbould extend to close friendships ie chosen family. For instance I recently relapsed after being discharged from an acute mental health ward partially because despite my high suicide risk, no one was notified that I was being discharged so no one came to pick me up or check on me on discharge. I attempted suicide again that night after going AWOL on my friends/housemates

I think it's crucial to understand the family dynamics and to see if the family are in a position where they understand and accept the mental health treatment that is being offered. I think family involvement is very important however from my own lived experience I don't have a family that truly understands mental health and treatments etc...so it can make things complicated and hard.

Only family chosen by patient should be informed . Some can cause more damage .

If the family is able and willing to support them, great.

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.

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.

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.

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

If family is healthy And strong too

I agree and I disagree - situation dependent

The family are the ones who know person best, but go through tough times with them

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..

Families can be the source of mental distress

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.

Sometimes family are the cause of the persons distress.

If they care, yeah sure

I only agree if the person has agreed to have their family contacted

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

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

Comment

**there*

The patient needs support friends may be more useful than family . Up to patient drs to encourage any helpful connections

Depends on family and their attitude to mental health. It could worsen the person's mental state

The doctor should encourage if the person is in a good mental state, for them to reach out to a trusted person for support, it does not need to be family. Also should be mindful of not repeatedly bringing it up.

Provided that the patient support the process. I believe GP would benefit greatly about speaking with client about the benefits of supportive care.

With permission

Family is sometimes the problem, so again situation dependent.

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..

Dependant of the health of familial relationships.

It needs to be on a case by case basis and importantly, the decision of the person receiving treatment

As long as the patient wants his/her information shared with family

as per comment in Q12 - highly dependent on individual situation

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

Definitely

Mental health is highly sensitive and private. I feel that involving too many people can be detrimental and off putting to a client. There are many factors why a person with MH may need to keep their circle of trust and support limited. Sometimes families are not that supportive, even if they are loving families, they simply can make the situation worse as they are not able to be subjective. They are too involved. And this can potentially be harmful in someone's recovery.

Yes, that person maybe contributing to the cause.

Most definitely! It may be that a particular member is causing problem and to tell them would make it worse.

Why?

Depends on what the person has requested in their care plan. Care plans are usually made when the person is stable.

Of course they should and they should listen to them too

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

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?

It should be in line with the law

Relationship status

I believe sharing only the necessary information with parents or adult guardians should be considered. Even people under the age of 18 have the right to privacy and obviously have reasons as to why they have no disclosed certain information to family members.

The child's capacity; things that they want to keep private that aren't going to hinder their recovery or treatment should or could be looked at when sharing information to parents/guardians. But for the most part I believe sharing all information is necessary, it is all very individualised to each case I believe.

You should still only share what the patient is comfortable with, unless they aren't of sound mind.

All of the above

Family understanding of mental illness support history of happy relationships/ violence Who cares for and gets along best with child/ young adult Why a patient might not want this and resolving

Whether it is safe for the young person. Whether it is something they want.

Young person's wishes

I still think the person need be consulted on what their choices might be.

Family understanding acceptance and ability to provide positive support. Family ability to work with the practitioners advice and not do things outside of the advice which are detrimental to the patient. Safety especially if they are part of the issues.

No Parents and guardians are not always the safest person. Personal experience, family used information from docs and made my situation worse

Parents background, some cultures don't see mental health as an issue. So of our older generation also have a similar attitude

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.

As the law allows

Privacy of the emerging adult.

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.

If the care givers or guardian is able to provide the proper care and understand the information they are receiving

This is tough, as sometime parents are the cause. Or significant others.

Their safety

Absolutely

The person's concerns.

Relationship with their family. Who do they consider to be their guardian.

Their wishes.

Are the parents guardians, of good Standing and cappable of understanding and giving care

The parent-child relationship, in context.

Culture, religion, family history

The parent and the person should receive the same information.

Whatever the person explicitly says can and can not be shared.

Their wishes

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.)

All that is relevant & helpful to the client

1. The young persons wishes. 2. The risk of self harm.

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.

Loaded question

Considerations should be worked out in the care plan.

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.

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

The risk to themselves or risk of harm to others

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

Whether or not their parents are people they can trust and talk to.

Yes in theory, but this sharing of info in early stages needs to be general ...Eg. They are safe here....

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?

I personally have dealt with all of my own mental health issues alone and with mental health professionals. I haven't been in a situation where my NOK (family) have been contacted thankfully but if I was I would understand the need to and think that's the right thing to do with regards to sharing information.

I have never been happier and healthier since I left the government services behind and went to a private doctor and mental health support service . And not returned to hospital !! It saddens me that not much has changed in six yrs and I hope that this evolves to that . It is urgent people's lives are at risk . Hospital is recommended as the place to go in dire situations of distress BUT it is more traumatising and unhelpful .

I felt that telling my family only stressed them more. And it was best for me to seek out the help on my own in my own way and at my own pace. To tell them what i needed to tell them when I was ready.

My parents are no ok with homosexuality but my sibilings are. Find the right family members. Other supportive people may be better to take the role of a family member. I found thoughy of suicide the hardest thing for family members to know how to respond to, even in love. Eprovide educational and support for them.

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.

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.

Sharing can be beneficial. The process is always giving the option.

Family could be a more trusted friend or support person rather than blood relative.

If potential abuse is reported to a school, the perpetrator should NOT be sent a copy of the communication.

i am niether black or white.. life has been hard.. but i always worked. now im old and broken..

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.

Sociopaths win . Chris.

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.

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.

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

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

Being held in emergency when I attended voluntarily and then being sectioned when I changed my mind and wanted to leave. I had shown that I was help seeking and came in voluntarily yet still got sectioned with a security guard.

It was all very confusing when I was allowed out or not . It was totally up to them it seemed u could be told one thing and then another. Also been involuntary and not allowed out of room without security

I'm autistic and female. I present as well even when I'm falling apart inside. Hospital, hah

there are reasons why I am reluctant to have myself admitted. Stigma, fear of losing my job. Fear of losing my children which are they only thing that i have left in this world and give me purpose. My Dr respects my wishes and concerns. He has wanted to admit me. But i finally found a Dr who has enough compassion and insight to see the bigger picture and the can of worms that will be opened should i go ahead with such a plan. Being in the territory is scary. There are limited services. Everyone knows everyone and gossips, nothing is private. People are judgemental and people leave here cause it is any awful place to live. And it further exacerbates MH issues. But some people move here and become stuck here and are not free to move elsewhere. I receive psychology sessions via zoom with a professional in WA. There are not enough services here. Waitlists are high. I feel that it is more private this way.

In my case, only for the first 24hrs which I understood as duty of care.

I was involuntary

Although, communication of staff in a Psychiatric 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

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.

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.

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.

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.

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

Comment

This question may not relate to me personally as I have not stayed in hospital for any of my mental health issues/disorders but reading all the above options I would have to say that I agree with all of them. If there isn't a risk to safety then I would tick each box.

Outside trees grass sky and nature is ESSENTIAL to my mental health fresh air and exercise also . Trapping one inside is worse than a prison. Ideally not just a outdoor 'smoking' area full of butts hard to be happy in .

If I was in hospital, definitely. Good stress releases. Also to access decent coffee. I know they don't allow caffeine in Ward One, and my ADHD brain needs coffee damnit. And instant does not cut it!!

Alice Springs hospital has a non smoking outdoor area which was very much appreciated.

Very inadequate and inappropriate PUBLIC facilities in DARWIN

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).

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.

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

COVID has been given as a reason for denying leave which is frustrating as it is no longer the same issue it was originally. Not being given leave or smoke ground leave as a blanket rule for patients in JRU is discriminatory (especially given I was at one point in JRU not because of risk but because of lack of beds in Cowdy)

I think that it would be idealistic to have secured close by outside courtyards/walkways/Gardens etc. for those wanting to take some time off the ward/unit to help patient stress levels and not feel so "trapped and isolated inside". If there were more assisting staff on who could take patients outside and it not be deemed as risky or harmful then I believe that would be beneficial also. If the patient is voluntary and given the protocols/guidelines of leaving and when to return and they aren't deemed as a risk then if possible they should be able to if possible.

I think lack of outdoor leave can make people very angry and we need to keep patients calm for every ones safety and their treatment . I was allowed to leave for activities like swimming and counselling.

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

*patient not support, mixtures of mental health condition patient mixture inappropriately occurs. Sexual exposure by other patients.
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.*

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

The first two would mostly be regarding chemical restraints I assume. I believe it's a form of restraint however if it's done for the safety of the individual, done in a professional manner and only done as a last resort after other de-escalating methods have failed. If it's appropriate the medical professionals should explain what they're going to do with regards to chemical restraints when administering or planning to but if the risk and safety of the patient and to others is compromised beyond other de-escalating attempts it's understandable if the professionals follow the hospitals policies and guidelines.

*i dont think any of the above is suitable or acceptable, hence why i will not allow myself to be admitted lest this happens to me.
Very tough issue which I don't feel qualified to address. Safety for all patients and staff is paramount. Some cases are really tough. I have to trust experienced professionals.*

When my blood or other sample is taken without my consent

One Flew over the Cuckoo's Nest novel by Ken Kesey.

Not enough staff ratio to patient

*When dealing with people's mental, issues, staff need to make sure medication is given, clients are kept safe from themselves and others.
i have never been restrained.. some how i just kept going.. medications have taken their toll with side effects..*

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.

People subject to involuntary admissions may be given medication without their permission and this is not considered restraint.

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'.

I understand that it is important to keep everyone safe and it is a difficult job . Staff who develop rapport with patients need to communicate their techniques for individuals or what works / doesn't

I did not witness restraint during my stay. Some people were in their room with guards but I didn't hear commotion due to that. I appreciated the use of security guards for personal safety.

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.

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 and his own.

Restraint is necessary in a lot of cases, over use of restraint does happen, but, in these cases staff protection and client care come first

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.

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 wonder if this could be part of what the CVP does.

I had to keep asking until I got the right staff to advocate for me. I found some GPs to be dismissive (I reported that to the practice manager who said they would address it). I chose to be compliant so with treatments as I wanted help so didn't have to resist anything as such.

new crisis response team emergency services, paramedic, police officer and mental health worker excellent idea especially for ex military Ethical standards are foremost considerations.

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 choose from as it's about empowering them. It will assist them in managing their mental health. We fail 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.

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.

No use if gonna take too long to access. Help lines need enough staff to answer calls within a couple of minutes.

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.

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).

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?

Doesn't the visitor program cover this

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.

I think all patients should have CONFIDENTIAL access to a therapist or counsellor each day of their stay in hospital

i have seen amity house for alcohol abuse.. i have never dealt with sexual abuse..

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

Other (Please describe) *Absolutely. It would be wonderful if these could be peer workers with experience navigating the system.*

i think all these ideas are just talk. They seem nice on paper but more people are depressed and suffering MH than ever before we live in a broken world with no end of 'talks' conferences, workshops and surveys but still the issues grows.

Alice Springs had some staff who could do that role and the nurses were great.

Cooperation across agencies problematic

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 ..

I think that these services are already provided though having more providers would be valuable.

I strongly agree and would highly value this service, both personally and for others. It would help tremendously with recovery.

Depends how it was set up.

care workers and follow up has been very patchy and many changes of staff so no consistency..

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.

I am concerned that there are not enough mental health trained staff to fill current services & that GP's do not have enough experience to manage mental health clients appropriately. (generally speaking).

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.

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.

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?

Comment

I'm not aboriginal or Torres Strait islander I would've liked a support person I could rely on

More autistic/adhd peer workers please. Definite gap in service

Lived experience is very valuable and can make staff more gentle and compassionate. It can makes explanations easier and get to the right understanding of my experience faster. It makes me feel calmer and more understood.

All parties need their mental health preserved.

Through lived experience, many can help others.

Stating Aboriginal or Torres Strait Islander is not required. A broad variety of backgrounds and appropriate skills and knowledge is what would benefit everyone.

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.

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

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 (your loved one's) experience, and our proposal for a new support service at NT

Include a chosen support person (family member / friend) as part of the support team.

I whole heartedly believe that your proposal would be extremely helpful and beneficial to those in hospital or in outpatient that need support especially if they have mental health concerns. I work at RDH and it would be a game changer I believe. I do my very best to engage and support the individuals I look after; especially when it comes to mental health. I unfortunately see alot of misunderstanding, stigma, misjudgement and ignorance from other staff member which I believe to be heartbreaking and a true shame. If there were these new support services in place it would be extremely helpful for the patients and also the staff who would benefit from education and assist them to look at mental health different and how to assist those who are dealing with mental health issues/disorders/concerns.

I think one of the most important areas the hospital could improve to assist patients support is to have continuity of care so many different doctors so many different people constantly putting their two cents worth in .

More services to support neurodivergent adults.

This sounds brilliant and I'd really like to be involved!

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 isshe 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

New facilities that is working with the needs of the client.. Complex.. related support

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.

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

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

Comment

The jail here is full of clients who have no face to face contact for MH. I know this for a fact. The prisons are understaffed and funding has been hacked for services and now prisoners have little access to help. Most have counselling but prefer face to face services. (i know this for a fact employed in this area).

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.

been there

Especially people with ASD.

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.

The court is not qualified. A "concern" is insufficient grounds to make orders for an assessment.

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

Majority of offenders in NT do not fully understand what their rights are or what is expected of them from the courts or corrections and other services. It is revolving door of repeat offending and no help for their addictions or rehabilitation post release from jail. All government here in NT is concerned about is their reports and KPIs. It is disgusting.

wholeheartedly

i have never yet come before the law.. but it has been close..

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

Comment

I agree 110% nobody should miss out just because they go to jail or wherever

it is imperative that people receive their mental health treatment in the justice system - if not, this could be a catalyst for suicide

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

It is ridiculous that there is not a seperate forensic ward. JRU is a traumatizing enough place without being a non forensic patient and being surrounded by very often awful prison guards.

I've had meltdowns in public before. I can count on the general public and cops to be decent to me in large part because I a white and female. Where I an indigenous male I'd possibly have ended up in custody for some of my behaviour. Saying that, being female definitely works against in regards to treatment and services for being neurodivergent

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 fixed

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.

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.

*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*

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

I have been told that because I have a personality disorder diagnosis I am not eligible for outpatient care with Tamarind Centre, but there are no other options that have been provided for me despite needing regular acute admissions (services such as Spectrum exist in Victoria)

Support person to accompany the person as part of the PATS.

Definitely !

*I don't have an eating disorder or food sensitivity issues (ADHD won there, lol) but many anorexic women are also autistic. That they cannot get access to patient assisted travel is appalling. Mental illness and neurodivergence is valid. Society needs to treat it as such.
Strongly agree.*

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!

*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
i have lived in many places but never was given much help..*

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. same as any other treatment if needing to travel then you should be eligible for PATS

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

Now that there is a private clinic in Darwin but the 2 psychiatrists that work there are horrible, will this still apply for those seeking mental health support interstate? - Does it only apply for certain speciality eg. eating disorders? - Will it apply for private facilities? As it will reduce strain on the public system? - How much is subsidised?

Seriously this is shameful !

MyDNA pathology under Medicare should be mandatory 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 ..

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.
