



NSW Consumer Advisory Group – Mental Health Inc.

Consumers' views of the NSW Official Visitors Program

A report to the *Functional and Operational Review of the NSW Official Visitors Program*

12 June 2014

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Acknowledgements

NSW CAG would like to thank the individual participants who generously shared with us their experiences and insights.

We would also like to acknowledge the staff at all agencies that gave us the opportunity to consult with the individuals accessing their services.

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NSW Consumer Advisory Group - Mental Health Inc.

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide peak organisation for people with a lived experience of mental illness (consumer). We work with consumers to achieve and support systemic change.

NSW CAG's vision is for all people with a lived experience of mental illness to participate as valued citizens in the communities they choose. Participation is a fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR). We work from the premise that the participation of consumers results in more effective public policy and facilitates individual recovery.

Our work is guided by six principles:

- Being person centred and empowering consumers in the interests of consumers;
- Adopting a recovery approach to building positive futures;
- Promoting positive images and reducing stigma and discrimination;
- Enhancing best practice and building understanding of effective approaches to consumer participation;
- Capacity building of our organisation, consumers and services; and
- Promoting professionalism and continuous improvement in our ways of working.

NSW CAG is an independent non-government organisation that receives core and project funding from the Mental Health Commission of NSW.

1. Introduction

In May 2014, NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) carried out a number of consultations with mental health consumers to gather feedback on the NSW Official Visitors Program (OVP). The consultations were carried out to inform the NSW Health's *Functional and Operational Review of the NSW Official Visitors Program* (the Review).

The consultations aimed to find out about:

- Consumers' awareness of the OVP
- Consumers' use of the OVP, including how people came into contact with the program and their experience with it
- Consumers' view of what functions and powers Official Visitors should have
- Consumers' view of whether any changes need to be made to the OVP

This is a report on the findings from NSW CAG's consultations with 155 consumers. It is based on feedback from people who either provided input through our online survey or at one of the face to face group discussions held at adult mental health inpatient services.

2. Summary of key findings:

This section summarises the key findings from NSW CAG's consultations with consumers about the OVP. Details about the findings are elaborated in the report.

1. Just more than half of the consumers consulted (63%) have heard of the Official Visitors, and just over one quarter of the people consulted (26%) have approached the OVP for a concern.
2. The main ways that consumers became aware of the OVP were through the posters and the Official Visitors' letter box in inpatient units, but most people, including those who have accessed the OVP before were not fully aware of the purpose of the OVP and what it does.
3. People who were staying in hospital for extensive periods, such as forensic consumers, had a higher level of awareness of the OVP than people who had a much shorter length of stay, such as people in acute inpatient units. This could partly be because Official Visitors only visit a facility once a month, so people with a shorter length of stay may never come across an Official Visitor.
4. Consumers' lack of awareness and understanding of the OVP are likely contributors to its low level of usage. Some consumers who became aware of the OVP or gained further understanding about it during the course of NSW CAG's consultations said that, in future, they would contact the OVP if they have a concern about their mental health care and treatment in hospital. Some consumers said negative impressions of the OVP and fears of hospital staff judging them for contacting outside help were likely to prevent them from accessing the OVP.
5. For consumers who have raised a concern with the OVP, the most common way was by meeting with an Official Visitor in person at the mental health unit, and the least common way was through the Official Visitors' phone line. Some consumers said they wouldn't feel comfortable calling the Official Visitors in the inpatient unit, and some consumers said they had difficulties accessing a phone in the inpatient unit during official hours.
6. Consumers contacted the OVP for a wide variety of issues, including in relation to their rights as consumers; the attitude of and treatment by staff; the quality of care and treatment they received; issues relating to medications and access to care; and restrictive practices, such as involuntary treatments, and the use of restraints and seclusion.
7. Forensic consumers also contacted the OVP for issues more specific to the forensic mental health setting, such as the blockages in the forensic system that are preventing people from progressing to less restrictive care, and which are causing people to be confined in hospitals for years. People wanted Official Visitors to work with them and other forensic consumers, to identify and address broader issues affecting them at the service level and in the forensic mental health system.

8. The majority of consumers who have used the OVP were generally satisfied with the program. Many people who have met with Official Visitors in person found them approachable and helpful. Most people felt safe speaking with an Official Visitor in person at a mental health inpatient unit, primarily because the Official Visitors are independent of the services and are seen as being “on consumers’ side”. Some people considered the OVP helpful even though the Official Visitors were unable to resolve their concerns. These individuals said it was because the Official Visitors treated them with respect and took their concerns seriously. A small number of people thought the Official Visitors were ineffective or were biased towards the service.
9. Of the forensic consumers who have used the OVP, most people found the Official Visitors friendly and approachable, but many also felt that they were unhelpful. Many forensic consumers thought the Official Visitors either didn’t have sufficient power, or weren’t exercising their power to effectively resolve people’s concerns. Many forensic consumers said the OVP needs to have more power and better connections with people who make decisions higher up at the services and systems level. People also said the Official Visitors need to be clear about what they can do and set realistic timeframes for acting on people’s concerns.
10. Some consumers said they didn’t get any follow up after they contacted an Official Visitor for a concern. Both consumers who have or have not accessed the OVP, wanted the Official Visitors to better follow up with consumers who contacted them. People wanted to know how the Official Visitors were progressing with their concerns, including any issues resolved and improvements made.
11. Consumers generally considered all of the key functions¹ of the Official Visitors as important to them and to other consumers. Listening to consumers’ concerns being the most important and the Official Visitors’ phone line being the least important.
12. Forensic consumers stressed that while listening to consumers’ concerns is really important, there is no point in doing that if the Official Visitors are unable to work with consumers to address the concerns.
13. Difficulties with making private calls in an inpatient environment, and especially during office hours, could be part of the reason that the phone line was least important to consumers. Some consumers said it is still important to be able to call the Official Visitors, but it would be better if the phone line was available outside of office hours.
14. Most people were not aware that Official Visitors were able to access their medical files without their knowledge. Consumers at forensic services in particular said that Official Visitors should only be able to access a person’s file if they have obtained permission from the person. Some people also wanted the Official Visitors to provide the person with feedback about what they found in the file, eg, what staff had written about the person and any inaccuracies that needed to be corrected.

¹ These being: listening to consumers’ concerns; speaking with staff on consumers’ behalf to resolve their concerns; inspecting the safety and quality of the mental health units; working with staff to improve the safety and quality of mental health units, and the Official Visitors’ phone line.

15. Across the board, consumers wanted Official Visitors to have a much more regular physical presence in mental health inpatient services. People wanted the Official Visitors to spend more time connecting with consumers in the unit and less time in the nurses' station. People also wanted more information and education about the OVP, including the services it provides, its role and powers, and the different ways people could access it. Some people wanted to know in advance when the Official Visitors would be visiting and to be able to make appointments. Some people wanted the Official Visitors to do 'surprise visits', so they could see the service as it is.
16. Consumers would like there to be more Official Visitors who also have a lived experience of mental health issues. People felt that Official Visitors who are also consumers would be better able to relate to and understand what consumers are going through, and they would be able to give people more helpful advice about coping, navigating the system, and about recovery. Some people wanted there to be certified training courses to enable consumers to become Official Visitors. Forensic consumers in particular wanted Official Visitors who have been through the forensic mental health system as consumers.

2. What we did and how we did it

For this project, NSW CAG aimed to gather as much consumer input as possible within the short timeframe of the Review. We conducted an online survey which was promoted to NSW CAG's members and to our extensive list of consumer, community and organisational contacts. We also conducted face to face group consultations at three specific service settings. These were:

- a Forensic Mental Health facility,
- an adult acute inpatient unit in a metro location, and
- an adult acute inpatient unit in a regional location.

Overall, 155 consumers provided input into this project.

2a. Online survey

The online survey questions were developed in consultation with a representative from the Mental Health Drug and Alcohol Office at the Ministry of Health, and with a representative from the NSW Official Visitors Program. This was to ensure the questions were relevant to the review, and contained accurate information about the Official Visitors Program.

The online survey was conducted using Survey Monkey. It opened on 16 May 2014, and closed on 30 May 2014.

The online survey received a total of 136 responses, of which, 98 were from people who identified as consumers, and 38 were from people who identified as carers only. The survey responses from people who identified as carers only were provided to ARAFMI NSW, and were excluded from our analysis and report.

2b. Face to face consultations

Fifty-seven people took part in the face to face discussions across the three sites. Four people attended the Sydney-metro consultation; 7 people attended the regional consultation; and 6 groups discussions were held at the forensic facility, which gathered input from 46 forensic consumers.

The face to face consultations were conducted by NSW CAG staff, and were guided by a two-page facilitator's guide. The facilitator's guide contained the list of questions for discussion, which was not distributed to the participants. This was so that the facilitator could tailor the discussion as much as possible to the interests and concerns of the participants.

The consultations started with a quick introduction about NSW CAG and the purpose of the consultation. Confidentiality and anonymity of people's feedback were discussed, and the informed consent for note-taking and for using participants' de-identified feedback in NSW CAG's work was obtained verbally. Participants were also given a one-page demographics form to complete and return to us.

Although we made it clear to participants that the discussion would be on the OVP, we kept information about the program to a minimum during the early part of the discussion so that we

could explore what people knew or didn't know about the Program. When it became relevant in the discussion, we distributed the brochure about the OVP, and provided more information about what the program does, and how people could access it. A card with a list of the basic Official Visitors' functions was distributed to each participant as a prompt to facilitate discussions around what functions the Official Visitors should or shouldn't have.

To ensure people had opportunities to provide their views, NSW CAG staff were also available to speak with people individually after each consultation.

2c. Identifying the common themes

To enable analysis, responses to the online surveys were exported onto a Microsoft Excel spreadsheet. Consistency of the responses was checked, and multiple choice responses were coded or reorganised to facilitate analysis. Where possible, pivot tables were generated using Microsoft Excel to identify distributions across variables and relationships between variables.

Feedback from the face to face consultations were analysed separately to identify any similarities as well as differences from those who participated online. Where possible, quotes are used in the report to illustrate people's views.

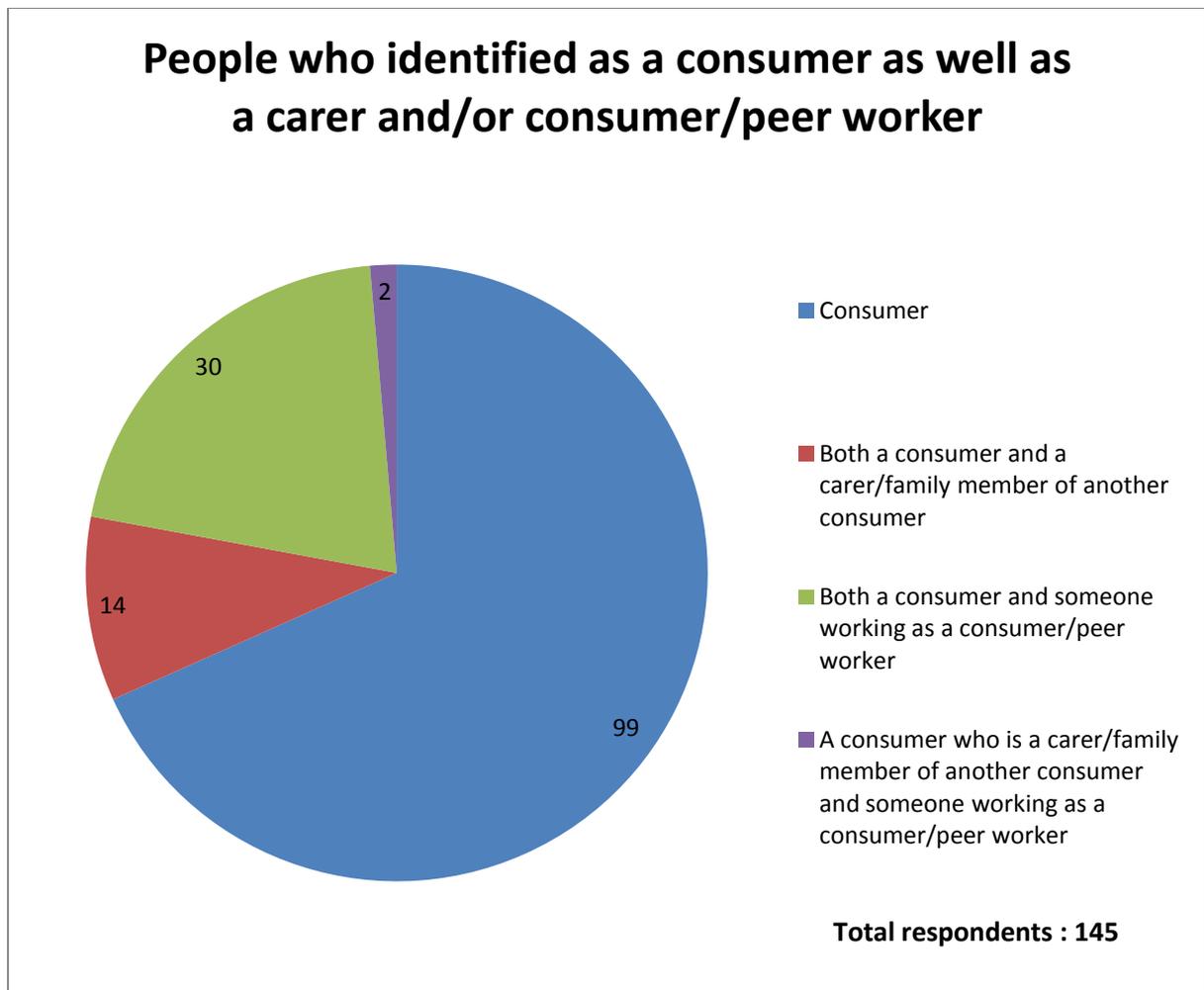
The experiences and views that people generously shared with us allowed us to produce this report, which provides a snapshot in time of what consumers think of the OVP as it is and as it should be.

3. The people who shared their views

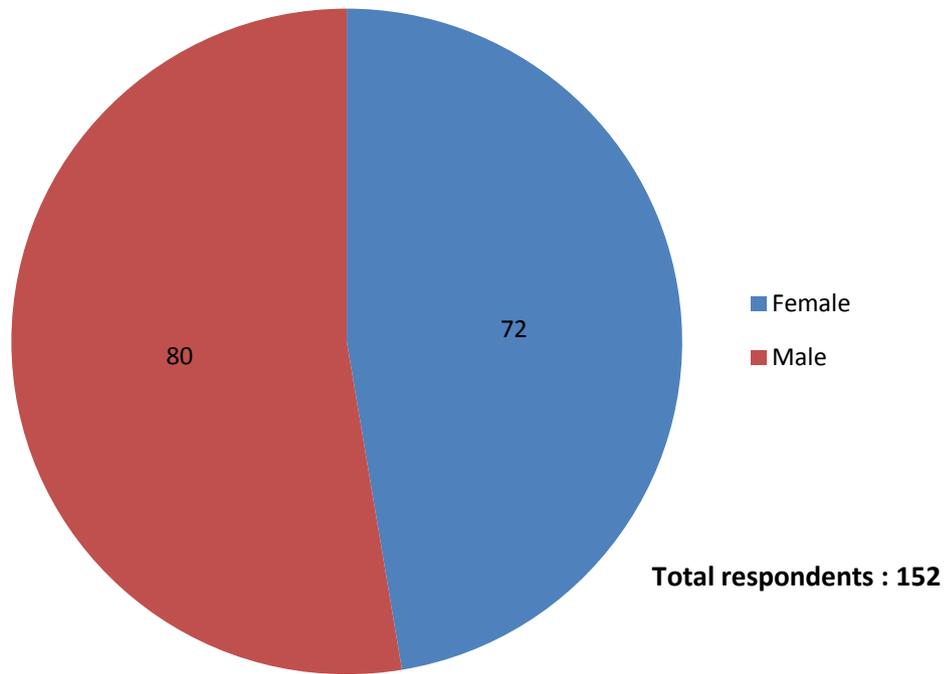
To get a sense of the people we heard from, we asked them a few questions about their backgrounds.

Of the 155 consumers who shared their experiences and views with us, 152 chose to share more information about their background with us. These include 54 people we met face to face and the 98 consumers who took part in the online survey. There were 3 people who took part in the face to face discussions who did not provide information about their backgrounds.

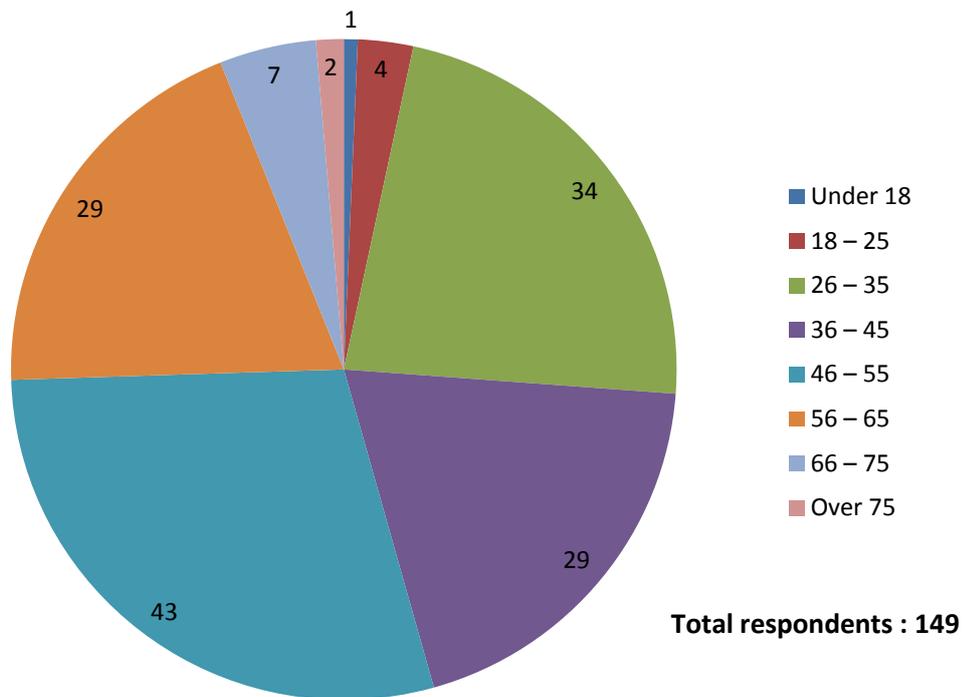
Here is what we found out from those who shared information about their backgrounds with us. Please note that not all 152 people answered every question, so we noted the number of respondents for each of the question below.

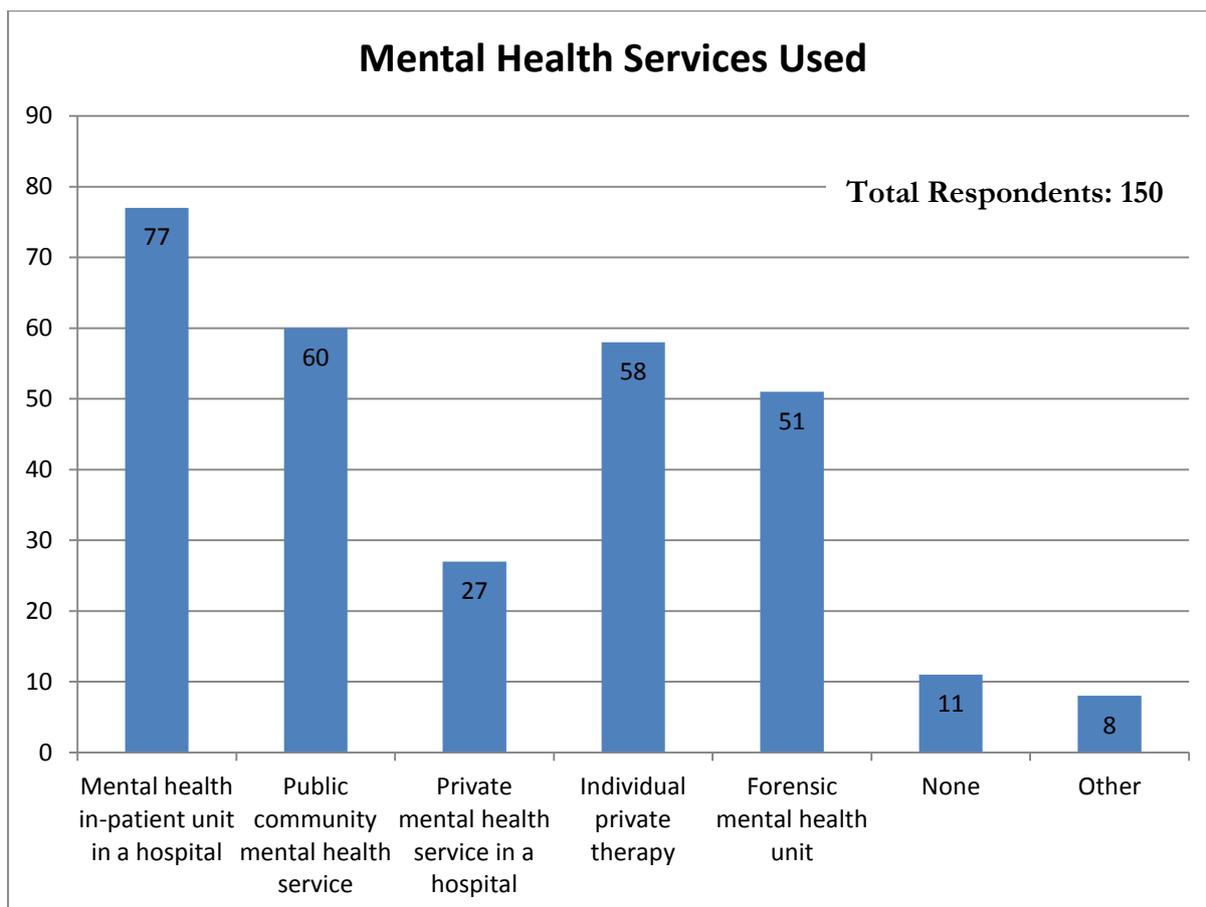


Gender



Age Group

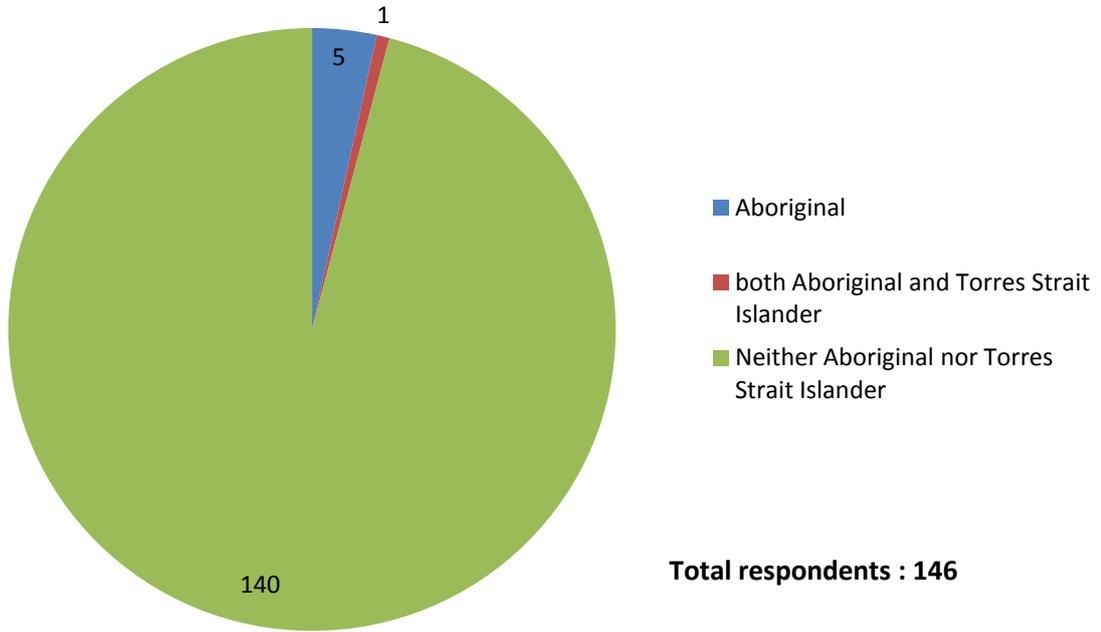




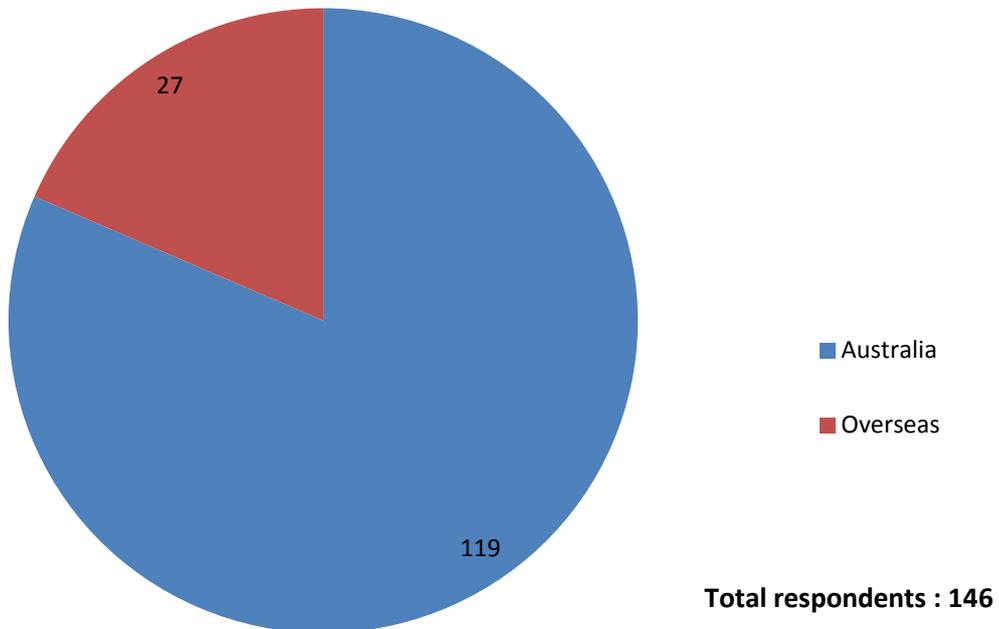
Seventy-seven people (51%) have used more than one type of mental health service, and 110 people (73%) had used a mental health in-patient unit in a public hospital and/or a forensic mental health facility before. Thirty-one people (21%) have not used any publicly provided mental health service before.

The 'Other' Mental Health services that people said they used included non-government support services, GPs and services from overseas.

Indigenous Status

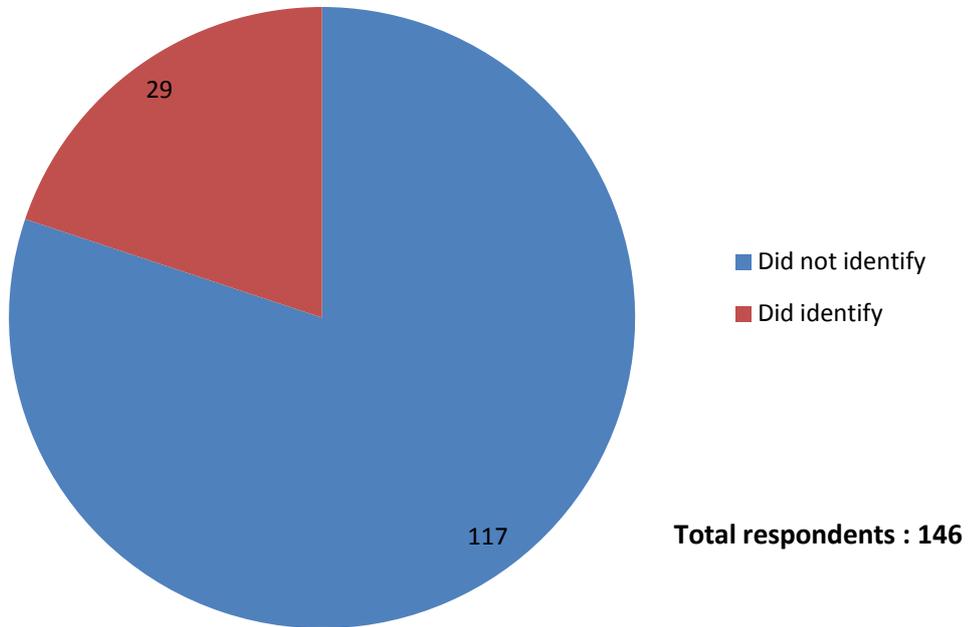


Where people were born

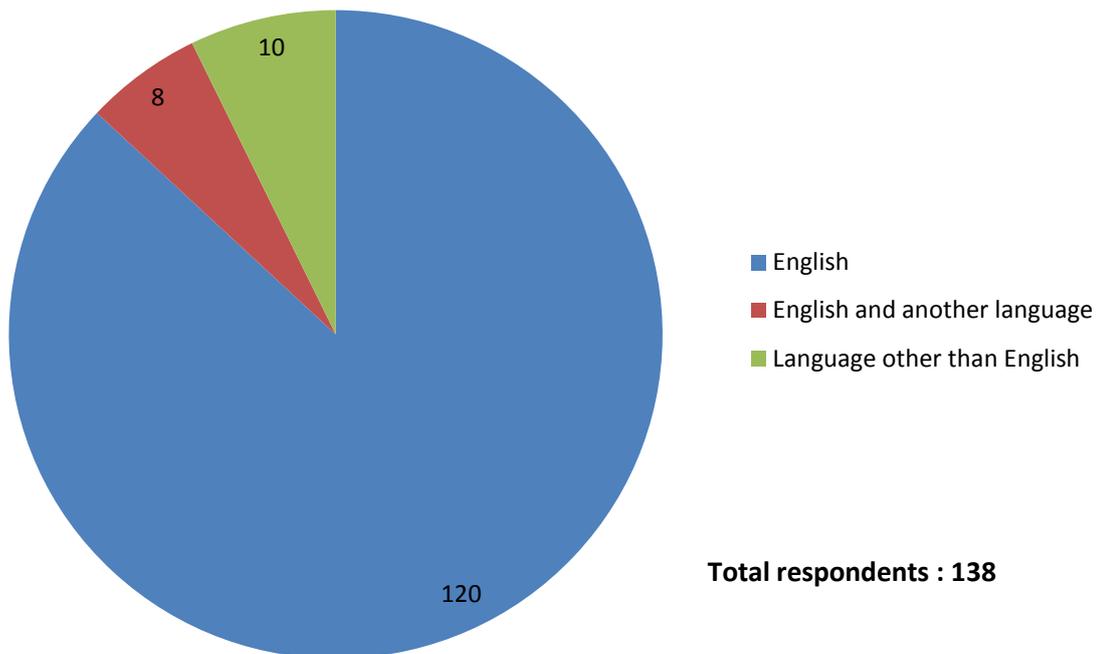


The 27 people who were born overseas came from many parts of the world, including China, Egypt, Fiji, Germany, Holland, India, Indonesia, Iran, Yugoslavia and the United Kingdom.

Whether people identified as being from a culturally and linguistically diverse background



Language spoken at home



4. Consumers' awareness of the Official Visitors Program (OVP) and how they found out about it

Of the 98 people who took part in the online survey, 62 (63%) had heard of the OVP previously. Twenty one people (33%) said they gained an awareness of the OVP through multiple ways, with the most common ways being the OVP posters and the Official Visitors' letter box in inpatient units.

The table below shows the different ways people found out about the OVP. Participants were able to select more than one option, and a total of 96 responses were collected from the 62 individuals.

How people became aware of the OVP	Count	% of the 62 respondents
Poster	28	45.2%
Official Visitors' letter box	20	32.3%
Worker at a mental health service told them	12	19.4%
Worker at an NGO told them	11	17.7%
An Official Visitor approached them	8	12.9%
Another consumer told them	7	11.3%
Other	15	24.2%
Total responses collected	101	

Of the 12 people who said they learned about the OVP through some other ways, 7 people indicated it was through their current or previous work.

It should be noted that while most online survey participants found out about the OVP through materials displayed at the inpatient units (eg, the poster and letter box) 8 of the 55 survey participants (14.5%) who used a mental health inpatient service were not aware of the OVP at all.

From the face to face consultations, it appeared consumers' awareness of the OVP vary from service to service. For example, a majority of consumers in forensic mental health facilities knew of the Official Visitors, they knew about the poster, the letter box and the telephone line, and they also saw the Official Visitors around the unit when the Official Visitors came in for their monthly visits. Some forensic consumers said the Official Visitors also approached them directly and introduced themselves.

On the other hand, at the two non-forensic acute mental health inpatient units we visited, only 3 of the 11 consumers we consulted knew of the Official Visitors. One person saw the poster, one person was approached by an Official Visitor, and one person approached an Official Visitor during one of the monthly visits.

It could possibly be that the shorter length of stay at acute inpatient services is linked to the lower level of consumer awareness of the OVP. Given Official Visitors visit a facility once a month, some consumers may never stay long enough to come into contact with an Official Visitor.

5. How many people have used the OVP and how did they use it?

About one quarter or 26% of the consumers NSW CAG consulted with have contacted the Official Visitors for a concern (22 people from the online survey and 19 people from the focus groups). At the face to face consultations, only 1 out of 11 consumers (9%) in the two adult mental health inpatient units we visited have approached an Official Visitor for a concern, whereas 18 of the 46 (39%) forensic consumers we consulted with have contacted the Official Visitors for their concerns.

The online survey asked participants the methods they used to contact the Official Visitors and their experience in relation to it. Of the 22 online survey participants who have accessed the Official Visitors:

- 9 people (41%) wrote to the Official Visitors
- 5 people (23%) used the Official Visitors phone line
- 16 people (73%) met with an Official Visitor in person in a mental health unit

This is similar to feedback from the face to face consultations, with most of the participants having come into contact with the Official Visitors in person in the inpatient unit. Many people said they were either approached by the Official Visitors, or they approached the Official Visitors themselves when the Official Visitors were visiting.

6. For people who have used the OVP, what was it for and what was it like?

6a. Reasons consumers contacted the Official Visitors

From the online survey, the concerns that led consumers to contact the Official Visitors were:

- Negative attitude of and treatment by staff, leading to a sense of inequality, hopelessness and disempowerment.
- The quality of care and treatment people received at the service, including access to clinical care, and to relevant programs and activities.
- The rights of consumers, including under the Mental Health Act.
- Involuntary treatments.
- The use of seclusion and restraint.

6b. Specific concerns from consumers in forensic settings

From the face to face consultations, it was very clear that while consumers in forensic settings shared many similar concerns with people in non-forensic mental health facilities (eg, concern with their rights, the sense of powerlessness, and access to rehabilitative programs), the issues forensic consumers raised with the Official Visitors were often specific to the forensic mental health environment. For example:

- The lengths of time forensic consumers were being kept in hospitals as inpatients (people have been there from 2 years to 25 years or more).
- The amount of money forensic consumers were being charged for their involuntary stay in hospital (people believed they were being charged up to 80% of their Centrelink income, which meant they were unable to save money to prepare for their return to the community).
- The quality of the food and the portion sizes in hospital (people said the food was often of poor quality and the portion size insufficient).

Other issues forensic consumers raised with the Official Visitors included access to personal properties and problems with medications.

6c. Experience with using the OVP: findings from the online survey

In the online survey, we asked the 22 people who used the OVP to rate on a five-point scale how happy they were with the assistance they received. Nineteen people responded to the question and below are the distribution of their ratings.

How happy were you with the assistance the OVP gave you?	Count	% of total
Very happy	8	54.1%
Somewhat happy	5	27.0%
Neither happy nor unhappy	3	12.2%
Somewhat unhappy	2	5.4%
Very unhappy	1	1.4%
Grand Total	19	100.0%

The 3 people who were unhappy with the OVP indicated that the Official Visitors either didn't get back to them or they were unable to assist with the issue. For the 13 people who were happy with the program, the key reasons provided were that people felt heard, they felt they were treated with respect and empathy, and that the Official Visitors advocated on their issue.

"I was impressed with how the visitor talked to me and handled my problems. I felt as though I had an advocate." (Online survey participant 2014)

The online survey also asked people how they contacted the Official Visitors, what happened with the contact and what the experience was like. Below are people's feedback on the use of the

Official Visitors' letter box, the telephone line, and also meeting with the Official Visitors in person in a mental health unit.

OVP Letter Box

Of the 9 people who wrote to the Official Visitors using the letter box in inpatient units, 6 people received a response from the Official Visitors and 3 didn't. For the 6 people who received a response, 4 people were visited by the Official Visitors in person in the mental health unit, and 2 people were contacted by the Official Visitors by phone. All 6 people rated that they found the response helpful (2 people) or very helpful (4 people). People's comments indicated that the interaction with the Official Visitor and getting a response back was important, even if the Official Visitors weren't able to resolve their concern.

"While the issue was not resolved they were extremely helpful, and the way they treated me was excellent". (Online survey participant 2014)

OVP Telephone Line

Five of the 22 online participants used the Official Visitor's telephone line. One person indicated they found the telephone line somewhat unhelpful. This person was contacting the Official Visitors on an issue affecting another consumer, and was told the Official Visitors couldn't assist without a direct complaint from the person.

Two people found the telephone line somewhat helpful and two others found it very helpful. They indicated that they were able to speak with someone about their issue, or received the support they needed.

Met with an Official Visitor in person

Sixteen people met with the Official Visitors in person in the mental health unit. We asked them to rate on a five-point scale how approachable they found the Official Visitors, how safe they felt about speaking with the Official Visitors in the inpatient unit, and how helpful they found the Official Visitors. Below are people's ratings in relation to the three questions.

Question: How approachable did you find the Official Visitors?

How approachable did you find the Official Visitors	Count	% of total
Very approachable	13	81.3%
Somewhat approachable	1	6.3%
Neither approachable nor unapproachable	1	6.3%
Somewhat unapproachable	1	6.3%
Grand Total	16	100.0%

There was no feedback from the person who rated the face to face meeting with the Official Visitors as somewhat unapproachable. However, the person who rated the Official Visitors as neither approachable nor unapproachable indicated that they found the interactions with Official Visitors to be personality dependent.

For the people who found the Official Visitors to be approachable or very approachable, they commented that the Official Visitors were friendly, they smiled a lot, they made themselves available to consumers, and they actively listened to consumers.

“They treated me like a real person and took action in the shocking fact that I had not seen a doctor in ten days.” (Online survey participant 2014)

“They were easy to speak to and made themselves available to talk to.” (Online survey participant 2014)

Question: How safe did you feel about speaking with the Official Visitor?

How safe did you feel about speaking with the Official Visitor?	Count	% of total
Very safe	10	66.7%
Somewhat safe	4	26.7%
Somewhat unsafe	1	6.7%
Grand Total	15	100.0%

Most people who met with the Official Visitors in person in a mental health unit indicated they felt safe speaking with the Official Visitors in that setting. People commented that they felt safe because the Official Visitors are independent of the service, they are easy to speak with, and they came across as understanding, compassionate and professional.

“They provided a safe environment with their kindness and ability to truly listen, in an environment that did not always feel safe”. (Online survey participant 2014)

The one person who felt somewhat unsafe commented that they felt the program was not neutral because there were Official Visitors who had a clinical background.

Question: How helpful did you find the Official Visitors?

How helpful did you find the Official Visitors?	Count	% of total
Very helpful	11	73.3%
Somewhat helpful	2	13.3%
Neither helpful nor unhelpful	2	13.3%
Grand Total	15	100.0%

Most people who met with an Official Visitor in person in a mental health unit found the Official Visitors helpful to some extent. Of the two people who rated the Official Visitors as neither helpful nor unhelpful, one person felt they were not treated as a person by the Official Visitor, and the other person thought the Official Visitors were ineffectual based on feedback from other consumers and staff.

“I was looked at as someone who needed increasing amounts of medication not as a person.” (Online survey participant 2014)

For the people who found the Official Visitors useful, their reasons included that the Official Visitors addressed their concern or provided the information they needed, and that the Official Visitors listened to people, they took the person’s concern seriously, and they kept things confidential.

“I found them helpful simply because they listened and took my concerns seriously. They also have power in the system where a consumer (and sometimes a consumer worker) does not.” (Online survey participant 2014)

6d. Experience with accessing the OVP: findings from focus groups

In the face to face consultations, we asked people to tell us generally about their experience using the OVP. These are presented separately from the online survey findings because the focus group participants were not given the same level of prompting as the online survey, and also because the majority of the people we talked to who had used the OVP were consumers in forensic facilities.

Only one participant from the consultations at non-forensic mental health services had used the OVP. He said while he found Official Visitors approachable, he also found them ineffective because nothing changed after he spoke with them about his concern.

Similarly, most consumers at the forensic facilities who contacted the OVP said the Official Visitors were very friendly and approachable, but mostly unhelpful. Some people contacted Official Visitors for an issue many months ago and had not heard back from them. Others found Official Visitors were unable to resolve their concern.

“I’m sure they want to be helpful, but they’ve got no powers to do anything.” (Focus group participant 2014)

Many people who accessed the OVP said they weren’t sure what the Official Visitors’ roles, functions and powers were. They said that while Official Visitors would listen to their concerns and agree to follow up with the concerns, their concerns rarely got resolved. People felt that while Official Visitors promoted themselves as having the power to advocate for consumers, they don’t necessarily have the power or the connections required to resolve consumers’ concerns. As such, some people said the OVP were setting up false expectations that ultimately left people feeling disappointed and more disempowered.

Consumers who had been in the forensic hospital for some years said that they, and many others they knew, contacted Official Visitors before, but gave up over time when so many of their concerns remain unresolved. One consumer who had been in the forensic hospital for over ten years described Official Visitors as “wolves with no teeth and no claws.”

Only four forensic consumers said Official Visitors were able to address their concern. Two people received assistance in relation to their medications, one person complained about the

food in hospital, which was addressed, and one person requested information which was immediately provided by the Official Visitor.

“They’re like a bridge that doesn’t get to the other side, why would you cross it?” (Focus group participant)

People gave suggestions on how the OVP can become more effective at responding to their concerns. These are discussed in section 9a.

7. What does the OVP do now that is particularly important to consumers?

In the online survey, we asked people what they thought were the most important things the OVP does, and people were able to select more than one option. We found that people’s responses differed slightly depending on whether they knew of the OVP before the consultation, and whether they have used the OVP before. For this reason, we presented their responses separately in the following section, and integrated feedback from the focus groups wherever it is possible.

7a. People who had used the OVP

In the online survey, we asked the 22 people who used the OVP about the most important things Official Visitors did. A total of 56 responses were collected from the 19 individuals who answered the question. The table below shows the distribution of people’s selections across the different options.

Most important things Official Visitors did – from consumers who have accessed the OVP	Count	% of the 19 respondents
They listened to my concerns	15	78.9%
They spoke with staff on my behalf to help resolve my concerns	13	68.4%
They worked with staff to improve the safety and quality of the mental health unit	11	57.9%
They inspect the safety and quality of the mental health units	10	52.6%
The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm	4	21.1%
Other	3	15.8%
Grand Total	56	

Thirteen (68.4%) of the 19 participants thought that more than two of the listed functions were particularly important to help them, and only one person thought every item on the list were important.

Listening to consumers’ concerns and speaking with staff on their behalf to help resolve issues were the two most selected options. Most people at the focus groups, who were aware of the

OVP and had contacted it before, also thought that all of the current functions of Official Visitors were important to them. However, many thought listening to consumers’ concerns and advocating for consumers as the most important. Some of them commented that speaking to staff to help resolve their issues was important because there was no point in listening to consumers if Official Visitors did not act to resolve the issues raised.

Only 4 (21.1%) of the 19 survey participants considered the phone line to be one of the most important things. One person in a consultation had used the Official Visitors’ phone line to find out about his previous stay at a different hospital. Even though the Official Visitors couldn’t assist, the person still felt that the phone line was important. One survey participant commented that there should be an answering service that is out of hours. This corresponds with some concerns people, who have not used the OVP, raised in the focus groups about sometimes not being able to access a phone during business hours. For example, one hospital provided a number of cordless phones for people to make private calls, but the phones were in high demand and they often ran out of battery because they were kept off the hook for extended hours.

7b. People who have not used the OVP

In the online survey, we asked the 40 people who knew of the OVP but had not accessed it about the most important things the OVP should do in order to be helpful to them and other consumers. A total of 142 responses were collected from the 37 individuals who answered the question. The table below shows the distribution of people’s selections across the different options.

Most important things Official Visitors do – from consumers who knew of the OVP but had not use it	Count	% of the 37 respondents
Listen to my concerns	29	78.40%
Inspect the safety and quality of the mental health units	28	75.70%
Speak with staff on my behalf to help resolve my concerns	26	70.30%
Work with staff to improve the safety and quality of mental health units	26	70.30%
The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm	23	62.20%
Other	10	27.00%
Grand Total	142	

Fourteen (37.8%) of the 37 participants thought that all of the listed functions were important to them and to other consumers. The two most selected options by this group were ‘Listen to my concerns’ and ‘Inspect the safety and quality of the mental health units’. At the regional consultation, a consumer in an open ward did not think these were important, but a consumer in a more acute ward thought that it was important.

Some of the survey participants commented that it is important for the OVP to promote itself and its role to consumers. This point is elaborated in the later discussion about what else the OVP should do.

7c. People who did not know about the OVP

In the online survey, we asked the 34 people who did not know about the OVP about the most important things the OVP should do in order to be helpful to them and other consumers. A total of 89 responses were collected from the 30 individuals who answered the question. The table below shows the distribution of people’s selections across the different options.

Most important things Official Visitors do – from consumers who didn’t know about the OVP	Count	% of the 30 respondents
Work with staff to improve the safety and quality of mental health units	22	73.3%
Listen to my concerns	21	70.0%
Inspect the safety and quality of the mental health units	17	56.7%
Speak with staff on my behalf to help resolve my concerns	13	43.3%
The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm	13	43.3%
Other	3	10.0%
Grand Total	89	

Three (10%) people out of the 30 who responded to the question thought that all of the listed functions were important to help them and other consumers. Twenty five (83.3%) people thought that more than one of the functions were important. The two most selected options were ‘Work with staff to improve the safety and quality of mental health units’ and ‘Listen to my concerns’.

The least selected options by this group were ‘Speak with staff on my behalf to help resolve my concerns’ and ‘The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm’. People at the metro in-patient consultation, who did not know about the OVP, commented that the Official Visitors need to have a greater physical presence in hospitals. However, they said the phone line would still be important for contacting the Official Visitors out of hours or when a consumer’s schedule clashes with an Official Visitor’s visit.

Most of the people consulted at non-forensic mental health services did not know about the OVP. They said that listening to consumers’ concerns was important. The people consulted at the metro location added that advocating on consumers’ concerns to staff and being “100% on the consumer’s side” were also important. They felt these were particularly important functions because they felt disempowered in the hospital setting.

8. What does the OVP do now that isn't important to you

8a. People who have accessed the OVP

In the online survey, we asked the 22 people who have used the OVP about the things the OVP does now that isn't important to them and other consumers. Only 8 people (36.4%) responded to the question. This suggests that most of the 22 people thought that there was nothing the OVP was doing that wasn't important to them. A total of 14 responses were collected from the 8 individuals. The table below shows the distribution of people's selections across the different options.

Things OVP does that are not important - from consumers who used OVP	Count	% of the 8 respondents
The Official Visitors' phone line, which is open Monday to Friday, 9am to 5pm	6	75.0%
Speak with staff on consumers' behalf to help resolve their concerns	3	37.5%
Listen to consumer concerns	1	12.5%
Inspect the safety and quality of the mental health units	1	12.5%
Work with staff to improve the safety and quality of mental health units	1	12.5%
Other	2	25.0%
Grand Total	14	

Six (75%) of the 8 participants said that the Official Visitors' phone line was not important to them. Four (50%) of them had selected the Official Visitors' phone line as the only thing that was not important to them. This corresponds with the earlier discussion in section 7a about the phone line being the least selected option as one of the most important things the OVP does. One forensic consumer, who had used the phone line before, said about the phone line:

"They've got nothing to back them up to make change. They do ring you back but there's nothing they can do." (Focus group participant 2014)

Three (37.5%) of the 8 participants said that it wasn't important for Official Visitors to 'Speak with staff on consumers' behalf to help resolve their concerns'. One of these people commented that Official Visitors "should be working with the consumer to help resolve their concerns not on behalf of [them]". One person commented that the reports that Official Visitors wrote were not important to them.

8b. People who have not used the OVP

In the online survey, we asked the 40 people who have not used the OVP about the things the OVP does now that are not important to them and to other consumers. Only 10 people (25%) responded to this question, and a total of 16 responses were collected. The table below shows the distribution of people’s selections across the different options.

Things OVP does that are not important - from consumers who had not used OVP	Count	% of the 10 respondents
The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm	4	40.0%
Inspect the safety and quality of the mental health units	3	30.0%
Work with staff to improve the safety and quality of mental health units	3	30.0%
Listen to consumer concerns	1	10.0%
Speak with staff on consumers’ behalf to help resolve their concerns	1	10.0%
Other	4	40.0%
Grand Total	16	

Only one person thought it isn’t important for Official Visitors to ‘listen to consumer concerns’ or ‘speak with staff on consumers’ behalf to resolve their concerns’. This person also selected all of the listed options as not important without providing any additional comments.

Four (40%) of the 10 people said that the Official Visitors’ phone line was not important to them. One person at the regional non-forensic mental health service, who has not used the OVP, commented that they did not think that the phone line was important because they didn’t want to make contact with the Official Visitors and risk being seen as a “trouble maker”. The other participants at this focus group agreed with this comment. The person also commented that it is a “risky gamble” to contact the Official Visitors because the experience would depend on how empathetic or effective the particular Official Visitor is.

Three people (30%), including the one person who selected all of the options, said that it isn’t important for Official Visitors to ‘inspect the safety and quality of the mental health units’. One of these people explained that it isn’t important because “staff can act differently when they are aware that there is an official visitor”. These concerns about staff unfairly influencing Official Visitors are also reflected in other comments, including comments about Official Visitors needing to be independent and on the consumer’s side, which are also noted above in sections 7b. One survey participant commented that it isn’t important for the Official Visitors to get the Nurse Unit Manager “to do a walk around with them.” Another person commented that it isn’t important for Official Visitors to alert hospitals about Official Visitor visits or talk to staff. They said that Official Visitors should make “random visits”, rather than alert the hospital that they are coming, and they should “make a concerted effort to sit and talk to the patients not the staff”.

Many people we consulted with in the forensic facilities said that they did not know that Official Visitors play a role in inspecting the safety and quality of the units.

“I never really noticed them checking out the dangers of the ward. They never go to our rooms!” (Focus group participant 2014)

“We don’t see them walking around inspecting anything.” (Focus group participant 2014)

The majority of people we consulted with in the forensic facilities, including those who have used the OVP, felt strongly that Official Visitors should not be able to review their files without their permission.

“They shouldn’t be able to read our files without our permission!” (Focus group participant 2014)

“They shouldn’t do it behind my back except maybe in extreme acute cases.” (Focus group participant 2014)

Many wanted to be informed about what is in their file and felt that Official Visitors should facilitate this. This is also mentioned below in section 9b.

The people we consulted at the forensic facilities also commented that isn’t important for Official Visitors to deal with “tiny problems” such as the kind of snacks consumers got. Rather, Official Visitors should deal with broader issues across the facilities regarding the care and treatment of forensic consumers. This is further discussed below in section 9a.

8c. People who did not know about the OVP

In the online survey, we asked the 34 people who did not know about the OVP about the things the OVP does now that are not important to them and to other consumers. Eleven (32.4%) of the 34 people said that one or more of the options were not important to them. Some people indicated that they did not want to answer the question without any knowledge of the OVP.

Participants were able to select more than one option and a total of 18 responses were collected from the 11 individuals. The table below shows the distribution of people’s selections across the different options.

Things OVP does that are not important - from consumers who didn’t know about the OVP	Count	% of the 11 respondents
Inspect the safety and quality of the mental health units	5	45.5%
Speak with staff on consumers’ behalf to help resolve their concerns	4	36.4%
Work with staff to improve the safety and quality of mental health units	4	36.4%
The Official Visitors’ phone line, which is open Monday to Friday, 9am to 5pm	3	27.3%
Listen to consumer concerns	2	18.2%
Grand Total	18	

Four (36%) of the 11 participants thought that it isn't important for Official Visitors to 'Speak with staff on consumers' behalf to help resolve their concerns', but did not elaborate on their responses. This diverges from the comments by people consulted at the non-forensic mental health services who did not know about the OVP. They thought that it was important for the Official Visitors to listen to consumer concerns and advocate for consumers.

9. Is there anything else the OVP should do?

9a. People who have used the OVP

General comments

There were positive comments from survey participants, who have contacted the OVP, regarding the OVP generally. People commented that the OVP is "a very worthwhile service", "an essential part of the system", and "a wonderful program".

Promotion and Education about Official Visitors

However, there were comments from people surveyed and at the forensic consultations, who have accessed the OVP, that there needs to be more promotion or education about the services, role and powers of Official Visitors. One person, who had used the OVP, commented in the survey that they did not know about the phone line. One forensic consumer said that he wanted "to be moved forward quicker" and was "complaining about this and that" to the Official Visitors, but "it'd taken a while before they came back to me about the issue." The consumer said that he later realised those were not issues the Official Visitors could help him with.

Power

There was a general consensus among people at the forensic consultations who have accessed the OVP that Official Visitors need more power to effectively respond to consumers' concerns. This relates to the experience of people at forensic facilities where the Official Visitors were unable to resolve their concerns or follow up with them, which are discussed above in section 6c.

There was general agreement across people at forensic facilities, regardless of whether they have used the OVP, that Official Visitors need to be connected with decision-makers higher up, and have more influence and power to get things changed.

For example, there was an incident of harm in one of the units recently. The Official Visitors had recognised early warnings signs and alerted staff prior to the incident but nothing happened. Consumers in the unit felt that the Official Visitors didn't push hard enough to get something done. They wanted Official Visitors to be able to escalate identified concerns further up the hierarchy.

This raises the question of whether the reason Official Visitors were perceived as needing more powers is because:

- Official Visitors have inadequate powers;

- Official Visitors are not fully exercising their existing powers;
- Consumers are not adequately informed about the OVP, including the processes involved in resolving an issue; and/or
- Consumers are not adequately informed about what Official Visitors are doing to resolve an issue and the outcomes.

Set realistic expectations

A number of people at the forensic facilities commented that the Official Visitors seemed to overpromise, which gave them unrealistic expectations of what the Official Visitors could do, and led to disappointment when the Official Visitors were unable to deliver. This relates to the comments discussed above in section 6cb about false expectations. People commented that Official Visitors need to stop giving people false hope with the usual “I’ll see what I can do” response.

“They make it out they can do this and that, they can’t do anything! They need to be more realistic about what they can do.” (Focus group participant 2014)

Participants said that the Official Visitors should tell people what they can and can’t help people with, and also set realistic timeframes on how soon they could get back to people about their concerns.

Following Up

Many comments from the survey and consultations at forensic facilities indicate that Official Visitors need to improve their follow up with consumers who use the OVP. People want to “feel heard and [that] their concerns are acknowledged and acted upon”. They also want to be kept informed of how the Official Visitor is progressing with their concern.

“They are not effective. I complained [a personal property] was taken away, but nothing was done about it. They didn’t even let me know how it went.” (Focus group participant 2014)

“They came and talk to us and write lots of notes, but we didn’t hear from them.” (Focus group participant 2014)

Being kept informed is especially important to prevent unrealistic expectations being created.

Visits

Many people, who have used the OVP, also said through the survey or consultation at forensic facilities that there needs to be more frequent visits by Official Visitors. Some comments indicate that this may relate to people needing timelier follow ups in respect to their concerns. Some forensic consumers said that they never got to see the Official Visitors because their program clashed with the times of the Official Visitor visits. People at the forensic facilities also commented that they wanted to be notified in advance of any Official Visitor visits so that they could look out for the Official Visitors.

Attend to broader issues

Many people we consulted in forensic facilities, including those who have not used the OVP, said that Official Visitors need to work on broader issues, such as the amount consumers are being charged for their stay in hospital and the blockages that are preventing people from progressing through the forensic mental health system. People said that Official Visitors need to delve deeper into consumers' concerns, and work together with consumers to identify and advocate on these broader issues. One suggestion provided was for the Official Visitors to connect with consumer forums that are held at inpatient units.

9b. People who have not contacted the OVP

Since there were not many specific comments made by people who did not know about the OVP, we have incorporated them with the comments made by people who knew of the OVP but have not used it. Where comments were made by people who did not know about the OVP, this is specifically noted.

General comments

There were some negative comments about the OVP generally from people, who knew about the OVP but have not used it. One person commented that the OVP is “a politically correct sham most of the time”. Another person said that the OVP has “a bad reputation” and that the Official Visitors at a certain hospital never speak with the consumers there “but merely take the nursing staff's word for what is or is not happening.” Another person commented, “Some visitors, I have been told, are hopeless... not being of any real help.” If people have such a negative impression of Official Visitors, they may be deterred from using them.

Promotion and Education about Official Visitors

Many people, who knew about the Official Visitors but have not used them, said that there needs to be more promotion of the OVP, in terms of: its existence, the role of Official Visitors, the process of interacting with an Official Visitor and what Official Visitors can do. People indicated interest in learning more about the OVP. One person suggested that Official Visitors should “run groups” in “the inpatient unit about their program and services”.

The one person who had heard about the OVP at the metro consultation said that they thought the name, Official Visitor, meant that they visited people to provide some form of social connection or companionship. Participants at that consultation suggested that the name should be changed to something that highlights their watchdog functions.

People might be more inclined to use the OVP if they were more educated about it. All the people we consulted at the metro mental health service said that having found out more about the OVP through the consultation, they would want to contact the OVP if they encountered problems at the mental health service.

Power

In line with comments made by people who have accessed the OVP, some people who have not used the OVP said that it lacked power to effectively address consumers' concerns. People suggested that Official Visitors could gain more power by being better connected with people with power and influence.

"It has no teeth to truly look after consumer concerns... power to force change. To report to Ombudsman. To work and meet regularly with consumer workers" (Online survey participant 2014)

The one person who had heard of the OVP in the metro consultation said that Official Visitors need to have a direct line of communication with people who make decisions that affect consumers receiving treatment, and be able to escalate issues as high as possible until they get resolved. They also thought that Official Visitors should have better links with lawyers, who can use the law to uphold consumers' rights.

More Presence

In line with comments made by people who have used the OVP about more frequent visits, people who have not used the OVP said that Official Visitors need to have a greater presence. A person commented in the survey that Official Visitors need to "be seen and heard by consumers".

"They are like a ghost. People refer to them, but nobody ever seems to have seen one." (Online survey participant 2014)

"It would be nice if they told patients they were there and if they came more frequently and talked to every inpatient instead of hiding in the nurses' office reading files." (Online survey participant 2014)

Some people said that the Official Visitors should let people know in advance when they are visiting. However one survey participant said that the visits should be random.

The consumers at the metro consultation, including those who did not know about the OVP, said that Official Visitors need to have a much higher presence in the units, ideally a daily two-hour session.

"They need to be like school counsellors, where you can have appointment or just drop in." (Focus group participant 2014)

One person commented that it was "more comforting" to talk to someone face to face, and with someone familiar. Another person commented that the regular presence would be "positive for consumers, because you know they're on your side".

Following Up

There were comments by people, who have not accessed the OVP, that Official Visitors should give feedback to consumers who contacted them, including information about issues resolved and improvements made. This aligns with comments made by people who have used the OVP,

discussed above in section 9a. One person who did not know about the OVP said that Official Visitors should call up every now and then to see how people are going.

Attend to broader issues

People consulted at forensic facilities who have not used the OVP also suggested that Official Visitors should address broader issues affecting forensic consumers. This is discussed above in section 9a.

Other things the OVP should do

Some people at forensic facilities also suggested that the OVP should do more for the welfare of consumers' needs. This could include connecting consumers with services in the outside world, eg, Salvation Army when a person has no family support.

As discussed above in section 8b, people in forensic facilities also want Official Visitors to facilitate access to the information in their medical files.

10. Should there be more Official Visitors who are also mental health consumers?

There was general consensus across people we asked at consultations that there should be more Official Visitors who are also someone with a lived experience of mental health issues. This is regardless of whether the person we asked knew about or had used the OVP. This question was not asked in the online survey, but three people commented in the survey that there should be more Official Visitors who are consumers.

At all the consultations, people agreed that Official Visitors who are also consumers would be better able to relate to and understand consumers at the service. One consumer at the metro mental health service said, “the patients understand each other quite well, better than the nurses do”. People at the regional mental health service commented that even though people have different experiences of mental health issues, it would be therapeutic and comforting to talk to Official Visitors who are also consumers, because they may be able to give them helpful advice about coping and recovery. There was one consumer at the metro in-patient unit who was unsure and felt that if consumers have ‘recovered’ then maybe they could be good as an Official Visitor, but that it would ultimately depend on how the individual came across.

Consumers at the metro mental health service added that, in line with comments about Official Visitors needing to have power, the roles and functions of the Official Visitor would need to remain official. One person, who viewed consumer mentors/workers who came into the units as ideal Official Visitors, suggested that there should be TAFE courses to enable consumers to become Official Visitors.

Consumers at forensic facilities added that it would be “very useful” to have an Official Visitor who is an “ex-forensic patient” at forensic units.

“There’s so much you can’t explain to somebody who hasn’t been through it [the forensic system]”.
(Focus group participant 2014)

A number of other reasons were cited by forensic consumers, including:

- An Official Visitor with lived experience would be better at keeping a consumer’s expectations of the Official Visitor realistic.

“They won’t get your hopes up cause they already know where you’re at.” (Focus group participant 2014)

- An ex-forensic patient would be able to give forensic consumers a “rundown on the process” people “have to go through” to get out of the system.
- An Official Visitor who has managed their mental health issue would be able to know when a consumer is unwell and “what’s really going on”.

These reasons may also be relevant for non-forensic consumers.

11. Conclusion

It is important to mental health consumers that there is an independent body, such as the OVP, to protect their rights, and to respond to and advocate on their concerns. Many people who have accessed the OVP considered it a valuable program, and wanted it to be strengthened so that it can be more responsive to the needs of consumers, and can more effectively address consumers’ issues.

Having more power and better connections with people who make decisions at services and systems level, having more consumers as Official Visitors, providing regular feedback to consumers about the progress of their concerns, and setting realistic expectations and timeframes, are some of the key improvements consumers wanted for the OVP.

More promotion and education around the OVP at inpatient services is crucial for increasing consumers’ awareness of the program. Having Official Visitors attend inpatient units more regularly, and spend more time with consumers in the units, would improve people’s understanding and perception of the OVP, and it would also increase the opportunity and likelihood of people accessing it.

Overall, consumers considered the OVP as an important safeguard against a system that can so often be overwhelming and disempowering, and they wanted it to be much more accessible, responsive and effective.