NORTHERN TERRITORY MENTAL HEALTH COALITION

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Submission on the Integrity and Ethics Commissioner Bill 2025

About

The Northern Territory Mental Health Coalition (The Coalition) is the peak body for community managed mental health services across the Northern Territory. We work in collaboration with a wide network of community mental health organisations, people with lived experience, and their families and supporters. As a peak body, the Coalition ensures a strong voice for member organisations and a reference point for governments on all issues relating to the provision of mental health services in the Northern Territory. The Coalition provides advice and input into mental health care policy and associated challenges around service delivery to all levels of government and contributes to national mental health networks and associated peak bodies.

On behalf of our members, we feel strongly that consultation with community, especially persons with lived and living experience who use these systems deserve to be consulted on any proposed changes as it chiefly affects them. The Coalition is also working in partnership with the NT Lived Experience Network to establish a dedicated mental health consumer peak body for the Northern Territory, recognising the need for stronger representation, safer complaint pathways and greater structural inclusion of lived experience in mental health governance. We therefore make this submission aligned with best practice evidence, our policy position statements, emerging evidence-based practice and case studies. As much as practicable, service users and lived experience voices are elevated and embedded in this submission.

For more information or clarification, please contact Geoff Radford, Chief Executive Officer on 08 8948 2246 or ceo@ntmhc.org.au

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Overarching Statement

The Coalition supports strong, independent integrity systems that enhance transparency and public confidence. This role serves as a critical safeguard for our community who experience mental health and related challenges, noting mental health challenges affects 1 in 2 Australians in their lifetime and 1 in 5 every year. This number increases in Territorians who experience risk factors such as living in a regional or remote area, Aboriginal and Torres Strait Islanders, the LGBTIQA+ community, young people, older people, people from culturally and linguistically diverse backgrounds and people who work in jobs with higher exposure to risk factors such as mining and construction, and farming. Every family is touched by mental illness in some way, and ALL Territorians use our health service in some capacity for their physical health.

We are concerned that consolidating four statutory offices into a single Integrity and Ethics Commissioner may unintentionally reduce the accessibility, safety and effectiveness of complaint pathways for people with mental health challenges. People experiencing mental ill-health face unique barriers in navigating complaint systems, particularly in the NT where services are limited, communities are small, and stigma and fear of repercussions remain deeply embedded. The Bill does not explicitly address these vulnerabilities.

It is not clear from the Bill or explanatory statement that it will have a positive effect on the rights of Territorians or the capacity of the Commissioner to respond to complaints in a manner that reflects community need and expectations. We are seeking communication with the community; amendments and implementation safeguards that ensure the new integrity framework remains trauma-informed, culturally safe, accessible, and protective of vulnerable consumers. This will help ensure the draft bill strengthens the rights of Territorians living with mental illness to seek assistance, make complaints, and have their concerns addressed without fear or risk.

Recommendations

i. **Strengthen the Bill's commitments to accessibility and trauma-informed practice.**
Insert specific requirements that the Commissioner adopt trauma-informed, recovery-oriented and culturally safe approaches when handling complaints, that align to the NT Lived Experience Engagement Framework.

ii. **Protect health-related consumer complaints from inappropriate escalation.**
Clarify that matters raised by consumers about health or mental health services will not be automatically escalated into corruption or misconduct pathways without consultation, consent, and wrap around support that include Peer-led approaches.

iii. **Establish mental health specific pathways within the consolidated integrity office.**
Ensure clear points of entry, specialist staff training, and visible complaint options tailored for mental health consumers, including those in crisis or compulsory care. An example of specialist staff training would be the World Health Organisation Quality Rights e-training.

iv. **Provide supported decision-making and advocacy supports for vulnerable complainants.**
Legislate and mandate access to interpreters, peer/lived experience advocates, and communication supports.

v. **Strengthen privacy protections for small communities.**
Ensure people can safely make complaints without fear of identification, especially in remote settings where anonymity is limited.

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vi. **Require lived experience governance.**
Introduce formal mechanisms for ongoing engagement with the NT mental health consumer peak body and lived experience leaders, aligned with the NT Lived Experience Engagement Framework.

vii. **Clarify the interface between the Integrity and Ethics Commissioner and existing mental health safeguards.**
Ensure the new system compliments, not replaces or dilutes, protections such as those under the Mental Health and Related Services Act and other rights-based frameworks. Ensure that complaints mechanisms are integrated to the National Safety and Quality Mental Health Standards and other complaints mechanisms such as the National Disability Insurance Scheme and the Australia Health Practitioner Regulation Agency.

Detailed Submission

i. **Impact of Consolidating Four Integrity Offices on Vulnerable Complainants**
The Bill proposes a single Commissioner to act concurrently as the Health Complaints Commissioner, Ombudsman, ICAC, and Information Commissioner. For people with mental health concerns, particularly those living with psychosocial disability, trauma histories, or cognitive impairments, this consolidation may create confusion about where and how to make a complaint; apprehension that a health-related concern could become a more serious or punitive matter; reduced confidence that staff will have mental health literacy or consumer expertise; loss of a specialist, health-focused entry point that is visible, safe and trusted. The consolidation of functions risks reinforcing the perception that making a complaint is intimidating or unsafe. There are precedents such as in Tasmania where a health complaints function is exercised by a consolidated statutory office, though consumer protections and safeguards remain such as retaining specialist staff, ongoing training and clear complaints pathways.

Recommendation:
Establish a dedicated, clearly branded Health Complaints Function within the Integrity and Ethics Commissioner's Office, with specialist staff and accessible pathways.

ii. **Safety Concerns for People in Distress or Under Compulsion**
NT mental health consumers may be:
- in acute distress,
- under treatment or supervision orders,
- in emergency departments,
- in inpatient units,
- or interacting with police.

These are high-risk circumstances for coercion, misunderstanding or retraumatisation. The Bill does not explicitly guarantee:
- safe complaint mechanisms for people in hospitals or detention,
- protections from retaliation,
- pathways for complaint-making when capacity fluctuates,
- accessible communication formats.

Recommendation:
Add provisions requiring the Commissioner to establish procedures that uphold the rights of people under mental health care, including those detained or subject to involuntary interventions.

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iii. **Risk of Involuntary Escalation Into ICAC Processes**

People with mental illness routinely report fear that:

- "complaining will get me in trouble,"
- they might be characterised as unwell, irrational, or problematic,
- the complaint could escalate to punitive bodies.

The Bill's integration of complaint-handling and misconduct investigation in one Commissioner may heighten these concerns. Even if escalation is rare, the perception of risk reduces willingness to complain. The bill should incorporate whistle-blower protections.

Recommendation:
Require clear, public guidelines ensuring health-related consumer complaints are managed within a supportive, rights-based framework, and that escalation to ICAC occurs only when strictly necessary and with appropriate safeguards.

iv. **Lack of Explicit Trauma-Informed or Culturally Safe Requirements**

The NT has:

- high rates of trauma and complex mental health needs,
- a predominantly Aboriginal and Torres Strait Islander population in remote regions,
- longstanding concerns about discrimination and safety in institutional settings.

The Bill contains no reference to trauma-informed practice, culturally responsive practice, disability supports, recovery principles, or lived experience involvement.

Recommendation:
Insert principles requiring all complaint-handling functions to be trauma-informed, culturally responsive, recovery-oriented and disability-inclusive.

v. **Accessibility and Supported Decision-Making**

People experiencing mental ill-health frequently experience literacy or comprehension challenges, executive functioning issues, fear of authority, difficulty organising or communicating information and fluctuating capacity.

The Bill does not address the involvement or inclusion of family or other support persons, complaint navigators or advocates, and assisted communication such as plain English requirements.

Recommendation:
Require the Commissioner to provide accessible complaint support, including peer workers, interpreters, advocates, and supported decision-making options.

vi. **Privacy and Confidentiality in Regional and Remote Communities**

Remote communities often have limited anonymity, overlapping roles between health, police, council, service providers, and other situations where family members and community leaders may hold multiple roles and have access to significant personal information.

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Mental health consumers may fear that in making a complaint their personal information may be disclosed without their consent, impacting on their ability to receive adequate care, develop therapeutic relationships and increase safety risks.

Recommendation:
Strengthen confidentiality provisions and require special privacy protections for complaints from small communities, including off-site handling or delegation to alternative complaints investigators where necessary.

vii. Importance of Lived Experience Governance

The Bill does not reference consumer engagement, despite being a major structural reform that affects the rights and safety of mental health consumers. In the NT context, where the Coalition and the NT Lived Experience Network are establishing a consumer peak body co-funded by NT Health, this is a missed opportunity.

Recommendation:
Include formal mechanisms requiring the Commissioner to consult the NT mental health consumer peak body on complaint processes, accessibility practices, annual reporting, systemic issues that disproportionately affect mental health consumers aligned to the NT Lived Experience Engagement Framework.

Conclusion

The Coalition supports reforms that strengthen integrity, transparency and independent oversight in the Northern Territory. It is essential that the Integrity and Ethics Commissioner Bill 2025 does not inadvertently reduce the visibility, safety or accessibility of complaint pathways for people experiencing mental ill-health who already experience vulnerability in safely accessing our health care system. With clear communication and engagement with persons with lived experience, their families, carers and kin, the Bill can be strengthened to ensure it protects Territorians' rights. The Coalition proposed amendments to ensure trauma-informed practice, culturally responsive practice, lived experience leadership, and supported decision-making are embedded in the Bill. We welcome the opportunity to work with the Chief Minister and the Minister for Mental Health to ensure the Integrity and Ethics Commission strengthens the rights of Territorians living with mental illness to seek assistance, make complaints, and have their concerns addressed without fear or risk.

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References and Resources

i. NT Lived Experience Engagement Framework
ii. World Health Organisation Quality Rights
iii. Tari-Keresztes, N., Smith, J. & Gupta, H., (2021): Follow-up Evaluation of the Peer-Led Education Pilot in Darwin. Darwin: Menzies School of Health Research
iv. Tari-Keresztes, N., Armstrong, N., Downes, J., Gupta, H. & Smith, J. A., (2025): Evaluation of a 'Lived Experience-Led Model of Care in Katherine for the Commonwealth Psychosocial Support Program': Report prepared for the Northern Territory Primary Health Network. Bedford Park, South Australia: Flinders University.