ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

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# Management of detainee mental health services in the Alexander Maconochie Centre

Auditor-General, Mr Michael Harris, today presented a report on the **Management of detainee mental health services in the Alexander Maconochie Centre** to the Speaker for tabling in the ACT Legislative Assembly. The audit assessed the effectiveness of governance and administrative arrangements, screening processes, development and delivery of mental health services, monitoring of outcomes and transfer arrangements for detainees transitioning from custody.

Expectations for the delivery of mental health services at the AMC are set out under section 53 of the *Corrections Management Act 2007*, which requires the provision of a standard of health care to detainees equivalent to that provided in the community. Mr Harris said 'due to the ambiguous target, coupled with poor data collection practices and a lack of performance information collected by the agency, the Audit Office was unable to establish whether this standard had been met'.

The audit found that screening processes for non-Aboriginal and Torres Strait Islander detainees were effective. Also effective was the delivery of mental health services to detainees who are considered the highest risk, being under psychiatric or suicide and self-harm ratings.

However, the delivery of mental health services to Aboriginal and Torres Strait Islander detainees, were found to be ineffective. Opportunities for increased input from Indigenous service providers were identified at each stage of an Aboriginal and Torres Strait Islander detainees' journey through the AMC mental health system, from screening to the delivery of services and release.

The delivery of mental health services to detainees suffering from less severe mental health conditions was also found to be ineffective. Mr Harris said 'detainees with less severe mental health conditions do not receive adequate treatment due to a significant shortage of psychologists within the AMC'.

The summary of **Management of detainee mental health services in the Alexander Maconochie Centre: Report No 01/2022**, with audit conclusions and key findings are attached to this media release.

Copies of **Management of detainee mental health services in the Alexander Maconochie Centre: Report No 01/2022** are available from the ACT Audit Office's website www.audit.act.gov.au. If you need assistance accessing the report please phone 6207 0833.

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# SUMMARY

The Alexander Maconochie Centre (AMC) is the ACT's only adult prison. It houses sentenced and remand detainees of all genders.

The AMC's operating philosophy is to meet:

> … the objectives of the 'healthy prison' concept under the four pillars of 'Safety', 'Respect and Dignity', 'Purposeful Activity' and 'Rehabilitation and Release Planning'.

To assist with the achievement of this objective, detainees within the AMC are provided with a range of health services that are delivered via a shared care arrangement between ACT Corrective Services (ACTCS) and Canberra Health Services (CHS).

The audit considered the effectiveness of the delivery of mental health services to detainees within the AMC.

## Conclusions

### PLANNING FOR THE DELIVERY OF MENTAL HEALTH SERVICES

Planning for the delivery of mental health services is ineffective. There is no Clinical Services Plan that guides the planning for, or delivery of, mental health services to detainees.

Poor data collection practices have hampered the ability of agencies to determine the:

- number of detainees with mental health conditions;
- nature of those conditions; and
- likely treatment requirements.

Under section 53 of the *Corrections Management Act 2007*, the Director-General of the Justice and Community Safety Directorate is required to provide a standard of health care to detainees that is equivalent to that provided in the community. Due to the ambiguous target, coupled with poor data collection practices and a lack of performance information collected by the agency, the Audit Office was unable to establish whether this standard had been met. Nevertheless, it is incumbent on the Director-General of the Justice and Community Safety Directorate to assure the community that it has.

Limited training is provided to Custodial Officers tasked with the day-to-day management of detainees with mental health conditions. This has resulted in a lack of Custodial Officer confidence in their ability to provide effective supervision and support to these detainees.

## FRAMEWORK FOR THE DELIVERY OF MENTAL HEALTH TREATMENT

Governance arrangements do not provide clear management linkages between Canberra Health Services and ACT Corrective Services. Documents intended to establish shared care arrangements around the delivery of mental health services have expired and have not been replaced.

The Memoranda of Understanding and funding agreement with Winnunga Nimmityjah Aboriginal Health and Community Services are useful and comprehensive documents to guide the delivery of services by Winnunga. However, Winnunga has not been effectively incorporated into the overarching governance structure.

Governance bodies are not effective in identifying key issues around relationship management, significant gaps in service delivery or performance measurement.

Poor record keeping practices and systems prevent Canberra Health Services from gathering sufficient data to effectively plan for ongoing resource requirements.

## SCREENING FOR MENTAL HEALTH ISSUES

Screening processes on admission to the Alexander Maconochie Centre for non-Aboriginal and Torres Strait Islander detainees are effective, and at-risk detainees are effectively triaged and managed.

However, due to a lack of involvement from an Aboriginal or Torres Strait Islander health officer in the screening process, Canberra Health Services does not ensure that Aboriginal and Torres Strait Islander detainees are effectively screened for mental health issues at admission.

The ACT accepts mental health referrals from any source, including self-referrals; this reflects positively on the processes adopted in the Alexander Maconochie Centre. However, the effectiveness of arrangements established to screen detainees already in custody for mental health issues is compromised because of a lack of clear procedures or guidelines.

## DELIVERY OF MENTAL HEALTH SERVICES

The delivery of mental health services to non-Aboriginal and Torres Strait Islander detainees under psychiatric or suicide and self-harm ratings is effective.

However, the delivery of culturally sensitive mental health treatment to Aboriginal and Torres Strait Islander detainees with psychiatric or suicide or self-harm risks could be improved by the inclusion of input from an Indigenous service provider.

Detainees with less severe mental health conditions do not receive adequate treatment due to a significant shortage of psychologists within the AMC. The treatment of this cohort could also be strengthened by the development of policies and procedures that guide their care.

Care plans are routinely developed and implemented. However, there are opportunities to improve the quality of these plans, particularly by the inclusion of comprehensive treatment information.

Planning for the release of detainees with mental health conditions could also be improved by the development of guidance material that describes the process for this planning, and the information required to inform that planning.

# Key findings

| PLANNING FOR THE DELIVERY OF MENTAL HEALTH SERVICES | Paragraph |
|---|---|
| No strategic planning has been undertaken for the delivery of mental health services at the AMC. Neither CHS nor ACTCS has set objectives, priorities, or goals for the delivery of mental health services in the AMC. No Clinical Services Plan exists that guides the planning for, or delivery of, mental health services to detainees. In the absence of a Clinical Services Plan, and associated objectives, priorities or goals, the responsible agencies are unable to assess their service delivery performance. | 2.10 |
| The collection and use of data for the purpose of planning for service delivery is constrained by the MAJICeR system (the electronic records management system used by Justice Health for the management of clinical records for detainees). The system does not readily code for, or allow the extraction of, key data relating to cross-sectional 'service episodes' or 'episodes of care' undertaken by Custodial Mental Health. While data on occasions of service are collected and reported, which shows activity rather than the number of patients receiving treatment, this is not useful for planning purposes because one patient may have many occasions of service or very few. The information demonstrates activity, but it cannot be used as an estimate of met or unmet need for planning purposes. | 2.24 |
| There is a significant shortfall in staffing in Custodial Mental Health, which provides direct treatment to those detainees who are experiencing a severe mental illness or disorder. While funded for a total of 16 FTE staff, ranging from Registered Nurses to Forensic Psychologists, the team only has 11.2 current FTEs. The most significant shortfall in staff occurs in the number of psychologists; only two of the four budgeted positions have been filled as of April 2021. The two psychology positions that have been filled are the most junior roles. | 2.28 |
| Without a full complement of staff, the 'Stepped Care Approach' identified by CHS in its *Forensic Mental Health Model of Care* cannot be effectively implemented. The 'Stepped Care Approach' is premised on all detainees being provided with entry level mental health care (Step One) that is followed, where required, by stepped-up care | 2.32 |

as necessary. The gap in service provision may not allow ACTCS to provide health care services equivalent to community standards, as required under section 53 of the *Corrections Management Act 2007*, where a broad range of psychological services are available.

ACTCS has established a Specialist Interventions Team, the purpose of which is to provide individual support at a range of levels from short term (six session) strategy-based interventions for high prevalence disorders, through to longer-term approaches to addressing complex needs (including behaviour management, high risk, etc). This service could be expected to address the gap for those with mild to moderate mental health care needs. At the time of audit fieldwork in May 2021, the team was staffed by one psychologist (the team leader) who treated an average of four AMC patients per week. There is funding for an additional FTE counsellor and FTE psychologist, but these positions have remained vacant for 12 months and recruitment attempts to date have been unsuccessful. Even when fully staffed, JRPO considered it unlikely that this team would be able to meet the needs of a prison that holds an average of nearly 450 detainees (which includes a large proportion of detainees on remand and the relatively higher demand female population). 2.37

Section 53 of the *Corrections Management Act 2007* requires the Director-General of JACS to ensure 'detainees have a standard of health care equivalent to that available to other people in the ACT'. There is currently a substantial shortage of psychologists, in both CHS and ACTCS, who can provide treatment to detainees, and neither agency has recruited to its available establishment. This suggests there is a significant service gap in the provision of psychological services for detainees and the ability of the Director-General of JACS to deliver a 'standard of health care equivalent to that available to other people in the ACT' may be compromised. 2.50

Custodial Officers are responsible for the day-to-day management of detainees and have a role in facilitating mental health services to detainees through: identification of escalating mental health issues; referral of detainees to mental health supports; and behavioural management and support for detainees. Training around the management of detainees with mental health conditions is provided to Custodial Officers on commencement with ACTCS, but no refresher training (outside of suicide and self-harm risk) or guidance material is provided after commencement. In 2019 *The healthy prison review* report from the ACT Inspector of Correctional Services identified that 71 percent of Custodial Officers did not feel adequately trained in the management of detainees with mental health issues. The lack of ongoing training and support for Custodial Officers compromises the effective delivery of mental health services and supports to detainees in the AMC. 2.58

## FRAMEWORK FOR THE DELIVERY OF MENTAL HEALTH TREATMENT

Paragraph

In 2016 two Memoranda of Understanding were developed between ACT Health and ACTCS. The MoUs provided guidance on the management of detainees subject to mental health or forensic mental health orders and the sharing of information that was reasonably necessary for the safe and effective treatment, care, or support of a detainee. The Memoranda of Understanding expired in 2017 (30 June 2017 and 1 December 2017 respectively). 3.9

In August 2017 the *Arrangement between JACS and ACT Health for the delivery of health services for detainees* was developed, which sought to guide the treatment of detainees and their access to health care services. The Arrangement established the purpose of the relationship between ACTCS and ACT Health, service delivery arrangements and responsibilities as well as resources and governance arrangements. The Arrangement included limited information on how these would be implemented, as it was intended that the Arrangement would be supplemented by a range of schedules that could take the form of guidelines, agreed models of care, governance documentation or descriptions of services. Only the models of care were implemented or developed as planned. The Arrangement expired when ACT Health was split into two entities on 1 October 2018 and CHS took over responsibility for Justice Health. An updated Arrangement document was developed in September 2019 by CHS that reflected the new administrative arrangements and included references to the *Human Rights Act 2004* that were not included in the original document. This document was signed by the Chief Executive Officer of CHS but has not been sighted or signed by ACTCS. In the absence of an updated Arrangement there is no formal arrangement between CHS and ACTCS relating to the delivery of health services for detainees. 3.17

An SLA was intended to be developed under the Arrangement. The SLA was intended to be a high-level schedule as to the services provided by ACT Health (now CHS) and it was noted 'this may be extremely useful as we continue to integrate Winnunga into the Health Service Model'. The development of the SLA remained in progress as at February 2021 and neither a draft version, nor a timeframe for delivery, has been developed. In the absence of an SLA there is no clearly documented definition of the services to be provided by each party along with performance measures that would provide agencies with a mechanism to monitor service delivery. The development of an SLA between ACTCS and CHS would be an important mechanism in defining the relationship between the parties and their service expectations and providing a mechanism that would hold each party accountable for the delivery of the services. 3.22

CHS does not monitor the activities of Winnunga to validate whether the shared care arrangements between CHS and Winnunga are effective, and services are being delivered as planned. This lack of oversight is compounded by a lack of oversight and management of the funding agreement between Winnunga and ACT Health for services delivered in the AMC. 3.32

Winnunga is a key stakeholder for the delivery of mental health services in the AMC. Two key documents govern the relationship between Winnunga and ACT Government agencies: *MoU for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees in the AMC (December 2018)* and service funding agreement (August 2017). The MoU and funding agreement with Winnunga are useful and comprehensive documents to guide the delivery of services by Winnunga. However, there is no formal oversight of the arrangements that provides assurance that they are operating as planned. 3.36

CHS and ACTCS have developed a range of procedures that support the delivery of mental health services to detainees, including procedures that relate to: access to health care; triage and health induction; care of persons subject to psychiatric 3.42

treatment orders; and segregation of detainees subject to health segregation orders. MHJHADS has also developed a draft *Custodial Mental Health Services Operational Guide* (the draft Operational Guide) that seeks to provide an overview of the operational and clinical procedures that are undertaken by Custodial Mental Health within MHJHADS. The guide is expected to be finalised in mid-2021. The draft Operational Guide is a useful document that is expected to guide the activities of the Custodial Mental Health team. Until its finalisation there is a risk that:

- staff lack understanding of their role in the delivery and management of mental health services;
- referral and triage processes are inconsistent or non-existent;
- criteria around the transfer of patients are not understood; and
- consistent approaches to detainee care are not taken.

The ACTCS Health Advisory Group (the Advisory Group) was established to provide high level oversight of the work between ACTCS and ACT Health and to ensure that an integrated approach was taken to the development of health-related policies within the AMC and that joint strategies were progressed effectively. The Advisory Group has been ineffective in achieving these aims. The effectiveness of the Advisory Group was hampered by poor record keeping and a failure to progress key action items, with some remaining incomplete for more than 18 months. Meeting on a bi-annual basis in March and September of each year also reduces the ability of the Advisory Group to effectively provide oversight over key issues such as detainee wellbeing, or the effectiveness of the arrangement for the delivery of health services to detainees and effectively respond to urgent emerging issues. 3.65

The Winnunga Implementation, Operational and Governance Group (the Winnunga Governance Group) was formed to strengthen relationships between Justice Health Services and ACTCS regarding the delivery of health services by Winnunga at the AMC. The Group is primarily focused on operational issues and discussion around these was identified in meeting minutes, as well as robust discussion and escalation of issues to senior decision makers. However, of the eight meetings that took place between September 2019 and September 2020 a representative from ACTCS was only noted at three meetings. Of the six Group meetings planned since October 2020, four had been abandoned, one was postponed, and one was held as planned. Winnunga has advised that it no longer plans to attend the meetings as they had become unhelpful to Winnunga's operations within the AMC. The Group has not achieved its aim of strengthening relationships between CHS, ACTCS and Winnunga. 3.76

While each of the senior governance groups had clearly defined responsibilities, there were gaps in these, particularly around risk management and strategic planning. In addition, the groups naturally addressed and covered some of the same areas of responsibility. This suggests a need for communication channels and reporting between the groups to enable the sharing of information and escalation of important issues. None of the groups had formal mechanisms or pathways to interact with each other or with senior decision makers, which resulted in the ineffective management of important issues, such as the shortfall in psychological staff discussed in Chapter 2. The establishment of clear reporting lines that provide linkages between these groups would help mitigate this risk going forward. It would 3.88

also help to ensure that issues are communicated to senior decision makers who are in the position to effectively address them.

CHS has developed a number of performance indicators that measure the delivery of its services in the AMC, which are identified and articulated in the *Forensic Mental Health Services Model of Care 2019* and MHJHADS divisional plan. Performance indicators and targets associated with assessments, referral times and care plans are appropriate and consistent with practice in other jurisdictions. However, while useful in providing clinical data, some performance indicators are not specifically within its control and do not provide a measure of their performance. These include indicators relating to detainees already linked with Mental Health Services prior to entry; detainees on Psychiatric Treatment Orders; and detainees on long-acting injectable medications. 3.97

Neither CHS nor ACTCS has developed performance indicators that relate to: detainee access to mental health treatments (including against the number of detainees with diagnosed mental health conditions); delivery of mental health treatments: and the development of release plans for detainees with mental health conditions. Neither has CHS or ACTS developed performance indicators related to detainees: access to acute inpatient care; or who have experienced an escalation of psychiatric or suicide risk ratings. In the absence of performance indicators relating to these services, there is a lack of performance information associated with service delivery performance and risks and resource needs. Without relevant performance indicators, it is difficult for either CHS or ACTCS to assess the overall effectiveness of the delivery of mental health services and risks associated with resource allocation. 3.101

## SCREENING FOR MENTAL HEALTH ISSUES

Paragraph

Custodial Mental Health screens every individual upon their entry to custody in order to identify those people with mental health needs and refer them for appropriate supports and intervention as required. The mental health screening assessment process, including roles and responsibilities, is well articulated in the draft *Custodial Mental Health Services Operational Guide* and the *Access, Triage and Health Induction Assessment Clinical Procedure*. CHS reported in its *2019-20 Annual Report* that 100 percent of induction assessments had been achieved within the required 24-hour timeframe. Initial mental health screening is based on an adaptation of the *Jail Screening Assessment Tool*, which is a validated measure for mental health screening undertaken in prisons upon reception. The use of clinical FMHS staff to conduct assessments exceeds the practice used by other Australian jurisdictions, where the use of primary health nurses or correctional officers is common. This was considered good clinical practice. 4.17

Indigenous Liaison Officers meet with detainees during the induction process and 'provide information on accessing cultural support, community elders and accessing Aboriginal and Torres Strait Islander cultural programs' and Winnunga may provide comprehensive health checks within seven days of a detainee's induction. However, neither the draft *Custodial Mental Health Services Operational Guide* nor the *Access, Triage and Health Induction Assessment Clinical Procedure* require the presence of a CHS Aboriginal Liaison Officer (ALO), or a representative from Winnunga, during 4.25

induction assessments for Aboriginal and Torres Strait Islander detainees, missing a key opportunity to potentially identify culturally sensitive health care needs.

A SVAT is completed as part of the induction assessment process. The SVAT is the tool currently endorsed for use by MHJHADS across public mental health services in the ACT to help assess a person's suicide vulnerability. The SVAT emphasises an individualised approach, that is meaningful and supported by evidence, that highlights the importance of planning appropriate interventions and follow-up to address specific suicidal thoughts and/or behaviours. While it is positive that a systematic approach to suicide risk is employed (and appropriate that it is consistently used across the ACT), the SVAT has not been validated by the ACT Health Directorate for use with corrections populations (including for Aboriginal and Torres Strait Islander detainees). Suicide and self-harm induction assessment results were routinely communicated to ACTCS in a timely manner via the SVAT. 4.36

Following assessment, Custodial Mental Health clinicians consider a Psychiatric (P) rating for each person. The 'P' rating is an indicator to ACTCS that Custodial Mental Health is assessing and/or treating a person's mental health needs. Psychiatric induction assessment results were routinely communicated to ACTCS in a timely manner via a *Forensic Mental Health Notification Form*. 'P' rating contact timeframes were well met and occurred in accordance with the draft *Custodial Mental Health Services Operational Guide*. 4.40

Mental health concerns often arise during custody for both remand and sentenced detainees. Referrals can arise from detainees self-reporting or from Custodial Officers, health workers or any other worker within the AMC. Along with Queensland, the ACT is the only jurisdiction to accept mental health referrals from any source, including self-referrals. This reflects positively on the processes adopted in the AMC. However, CHS does not collect information on the origin of mental health referrals once a detainee is in custody. Such information would be useful in understanding where there may be gaps in the referral process, or where additional training or guidance information is required to assist individuals making referrals. 4.46

The CHS *Suicide Prevention and Intervention Framework at the AMC* Operating Procedure (the Operating Procedure) and the ACTCS *Management of At-Risk Detainees* Policy require all staff, contractors or volunteers working in the AMC to report risk concerns regarding detainees considered at risk of suicide and/or self-harm whilst detained at the AMC. The documents provide useful information around how detainees should be referred for treatment, although the *Management of At-Risk Detainees* Policy could be improved by the inclusion of information around the typical presentations for detainees at risk. ACTCS staff do not generally have clinical backgrounds and information that helps them to understand the types of behaviours that suggest a detainee may be at risk would improve the likelihood that these behaviours would be identified in a timely manner. 4.52

Limited training around the identification and management of detainees with mental health conditions, including specific units on suicide and self-harm risk, is provided to Custodial Officers on commencement with ACTCS. No refresher training or guidance material is provided once staff have commenced, except around suicide 4.61

and self-harm. ACTCS staff do not have access to material of this type developed by CHS. While procedures exist that provide guidance to Custodial Officers on how to refer detainees identified as at risk of suicide or self-harm, no procedures exist that provide guidance on:

- warning signs for psychiatric or psychological illness; or
- when to assess detainees already in custody for potential mental health issues.

There are opportunities for detainees to self-refer themselves for assistance with mental health issues, including through disclosure to a GP during a primary health visit and/or disclosure to a Custodial Officer. However, these self-referral pathways have not been documented in guidance material outside of the induction handbook provided to detainees on their initial admission into the AMC. This lack of guidance material has led to confusion around: 4.66

- the pathway to self-referral; and
- how self-referrals are managed by either ACTCS or CHS staff.

## DELIVERY OF MENTAL HEALTH SERVICES

Paragraph

Collaborative care plans should be developed for all detainees assessed with a 'P' rating. Care plans should include consideration of a detainee's: recovery goals; mental and physical health issues; substance abuse issues; risk and safety issues; and family and carer supports. Basic care plans were developed and implemented for the nine detainees whose health records were reviewed for the purpose of the audit. However, only two of the nine reviewed files showed comprehensive treatment plan notes that would enable an effective handover of care between clinicians. When only basic information is included, it is not possible for CHS to ascertain precisely what treatment a detainee requires without discussing the plan further with the treating clinician. 5.14

At-risk detainees may be managed in the CSU, based upon their needs and operational requirements. Apart from the basic awareness training that is provided to all Custodial Officers at induction, no additional mental health related training is provided to officers who work regularly in the CSU. This presents a risk that the needs of these detainees are not being adequately met and places Custodial Officers managing these detainees at risk. 5.20

The HRAT is a multi-agency decision and intervention planning team involving ACTCS and Justice Health Services that co-ordinates the management of at-risk detainees, specifically S-rated detainees. The HRAT meets each business day and, according to the CHS *Standard Operating Procedure Suicide Prevention and Intervention Framework*, should be attended at a minimum by Custodial Mental Health, ACTCS and Primary Health Services. Minutes of HRAT meetings were extremely brief and only one included sufficient detail around discussions and associated planning. While decisions and actions were recorded, the minutes often contained limited discussion or rationale for these decisions. Without this level of detail, it is unclear whether sufficient attention was paid to the management of S-rated detainees. The effectiveness of these meetings was further weakened by the occasional absence of 5.28

a representative from Justice Health. In addition, no representative from key stakeholder Winnunga was included.

While occurring informally, there is no established process to ensure that advice and support is sought from Winnunga, or any other Aboriginal or Torres Strait Islander health professional, for Aboriginal and Torres Strait Islander detainees at risk of suicide and self-harm. 5.32

In February 2019 a Custodial Mental Health Team Leader observed a trend where 'P' ratings appeared to increase over time rather than decrease, indicating an apparent trend in the deterioration in mental state among detainees on the units. In response, Justice Health undertook a quality improvement activity to identify potential causes of this observed trend and to develop strategies to address it. The Quality Improvement (QI) report identified the need for earlier identification of mental health deterioration and appropriate intervention and a range of changes were implemented to improve clinician response times and reduce inpatient admissions among this group. 5.46

For detainees whose mental health condition requires hospital treatment, two options exist; treatment within the Canberra Hospital or the Dhulwa Mental Health Unit. Dhulwa offers a secure and structured environment for people who can't be safely cared for in other environments and whose complex care needs are not met in the current system. Delays in access to inpatient treatment were frequently experienced due to limited bed access at Dhulwa. While detainees may access hospital beds within the Canberra Hospital as necessary, these hospital beds are not always the type of beds required as they have lower levels of security/safety and are only intended for a relatively shorter length of stay. 5.55

The delivery of treatment to detainees without 'S' or 'P' ratings is hampered by the lack of an operational guide that describes the operational and clinical procedures to be undertaken for detainees who fall outside the criteria for treatment by Custodial Mental Health. At present, their management is at the discretion of individuals rather than a planned approach by the agency. As with detainees with 'S' or 'P' ratings, it is important for CHS to document the arrangements for the management of detainees with less severe mental health conditions to ensure their effective management. 5.58

Winnunga provides a primary health level of mental health care to Aboriginal and Torres Strait Islander detainees but does not have a role in the delivery of mental health treatment at the higher levels of the 'Stepped Care Approach'. Justice Health is specifically responsible for the provision of mental health services to Aboriginal and Torres Strait Islander detainees assessed with either a 'P' or 'S' rating. For the period 1 July 2020 to 31 December 2020, Winnunga reported the development of 42 mental health care plans for 23 detainees under its care and CHS reported that 49 Aboriginal and Torres Strait Islander detainees were subject to a 'S' or 'P' rating and were under its care, with a care plan in place. Only 0.6 of a FTE ALO from CHS is available to assist Custodial Mental Health to provide services to those Aboriginal and Torres Strait Islander detainees who are not receiving treatment from 5.73

Winnunga. This is unlikely to facilitate the delivery of effective culturally sensitive and appropriate treatment to Aboriginal and Torres Strait Islander detainees.

Trauma-informed care frameworks are considered essential in contemporary mental health, and forensic mental health services, to promoting understanding environments that promote health and wellbeing for all detainees and can prevent trauma-based deterioration. However, staff have not undertaken this training. This should be a further area for joint strategy development between CHS and ACTCS. 5.83

Greater attention is required to ensure that release planning is undertaken to address detainees' mental health needs upon release. There are no specific procedures or guidelines in CHS or ACTCS for the development of release plans for detainees, although for CHS staff, the Custodial Mental Health draft Operational Guide provides some guidance for detainees with 'S' and/or 'P' ratings, noting that the detainee's care plan 'must include an initial release plan in the event the person is released from custody'. The draft Operational Guide also includes a Closure Checklist for people released from custody but does not reference engagement of external service providers in the development of release plans, or refer to the clinical services provided by ACTCS. There is no guidance for the development of release plans for detainees with diagnosed mental health conditions who do not have 'S' and/or 'P' ratings. Guidance should be developed with respect to: 5.102

- a description of the release planning process (including the timing of both the development and review of release plans);
- the minimum level of information that should be considered and included in a release plan;
- how ACTCS should be consulted with around detainees receiving mental health treatment from their clinical staff;
- how service providers should be consulted when developing release plans for Aboriginal and Torres Strait Islander detainees.

# Recommendations

**RECOMMENDATION 1 STRATEGIC PLANNING**

Canberra Health Services should, in conjunction with the ACT Health Directorate, develop a Clinical Services Plan for the delivery of mental health services in the Alexander Maconochie Centre. This plan, developed in partnership with Winnunga Nimmityjah Aboriginal Health and Community Services, and other relevant stakeholders, should include explicit embedding of culturally responsive services for Aboriginal and Torres Strait Islander peoples.

**RECOMMENDATION 2 RECORD KEEPING SYSTEM**

Canberra Health Services should ensure its record keeping system provides the functionality to extract key information, such as demographic and service need data, that supports effective resource planning.

**RECOMMENDATION 3 PROVISION OF PSYCHOLOGICAL SERVICES TO DETAINEES**

In order to demonstrate that the requirements of section 53 of the *Corrections Management Act 2007* are met the Justice and Community Safety Directorate should:

a) define what an 'equivalent standard of health care to that available to other people in the ACT' means in practice; and

b) ensure the provision of psychological services to detainees meets this standard.

**RECOMMENDATION 4 TRAINING FOR CUSTODIAL OFFICERS IN THE CRISIS SUPPORT UNIT**

ACT Corrective Services, in conjunction with Canberra Health Services, should:

a) develop and deliver a training package that assists Custodial Officers to provide effective management and support to detainees with mental health conditions. This should be supported by the development of a refresher training package for Custodial Officers to be delivered at regular intervals; and

b) develop and deliver a training package for those staff working within the Crisis Support Unit and provide these staff with ongoing supervision and support.

**RECOMMENDATION 5 ESTABLISHMENT OF SHARED CARE ARRANGEMENTS**

Canberra Health Services and the Justice and Community Safety Directorate should jointly:

a) establish and document the shared care arrangements for detainees with mental health conditions; and

b) develop a Service Level Agreement.

**RECOMMENDATION 6 OVERSIGHT OF WINNUNGA SERVICE DELIVERY ARRANGEMENTS AND FUNDING**

To improve the oversight of ACT Government service arrangements with Winnunga Nimmityjah Aboriginal Health and Community Services, ACT Health, in partnership with Canberra Health Services and Winnunga, should establish arrangements for the improved oversight of services described under the Winnunga funding agreement that are provided in the Alexander Maconochie Centre.

**RECOMMENDATION 7 CUSTODIAL MENTAL HEALTH SERVICES OPERATIONAL GUIDE**

Canberra Health Services should finalise the draft *Custodial Mental Health Services Operational Guide*.

**RECOMMENDATION 8 HEALTH ADVISORY GROUP'S TERMS OF REFERENCE**

Canberra Health Services and ACT Corrective Services should review and update the Health Advisory Group Terms of Reference.

**RECOMMENDATION 9 LINKAGES BETWEEN GOVERNANACE GROUPS**

ACT Corrective Services and Canberra Health Services should establish clear reporting lines that provide communication linkages between current governance groups.

**RECOMMENDATION 10 KEY PERFORMANCE INDICATORS**

Canberra Health Services and ACT Corrective Services should develop, and report against, key performance indicators that measure:

a) access to mental health treatment options; and

b) the delivery of mental health services within AMC.

Additionally, Canberra Health Services should report against a performance measure that relates to the development of release plans.

**RECOMMENDATION 11 SUICIDE VULNERABILITY ASSESSMENT TOOL**

Canberra Health Services should have the Suicide Vulnerability Assessment Tool, used during the induction assessment process, validated by ACT Health for use in a prison environment.

**RECOMMENDATION 12 CUSTODIAL OFFICERS MENTAL HEALTH IDENTIFICATION TRAINING AND GUIDANCE MATERIAL**

To improve the timely identification of mental health issues in detainees by Custodial Officers, ACT Corrective Services should provide:

a) on-going mental health identification training to Custodial Officers;

b) guidance material that identifies the warning signs for psychiatric and psychological illness; and

c) guidance material that details the referral process for those detainees not considered at-risk.

**RECOMMENDATION 13 SELF-REFERRAL PATHWAY FOR DETAINEES**

ACT Corrective Services should develop clear guidance material for detainees that details the self-referral pathways for mental health concerns.

**RECOMMENDATION 14 COLLABORATIVE CARE PLANS**

Canberra Health Services should improve the comprehensiveness of Collaborative Care Plans for all detainees with psychiatric risk ratings.

**RECOMMENDATION 15 HIGH-RISK ASSESSMENT TEAM MEETINGS**

Canberra Health Services and ACT Corrective Services should ensure that:

a) sufficient detail is recorded in meeting minutes of the High-Risk Assessment Team to support subsequent decisions and actions;

b) a process is established and documented that ensures advice is sought from an Aboriginal or Torres Strait Islander health professional regarding at-risk Aboriginal and Torres Strait Islander detainees.

**RECOMMENDATION 16 OPERATIONAL GUIDE FOR DELIVERY OF TREATMENT OUTSIDE CUSTODIAL MENTAL HEALTH**

Canberra Health Services should develop an operational guide that details the operational and clinical procedures to be undertaken for detainees who fall outside the criteria for treatment by the Custodial Mental Health team.

**RECOMMENDATION 17 ABORIGINAL LIAISON OFFICER NUMBERS**

Canberra Health Services should undertake an assessment of the number of Aboriginal Liaison Officers required to meet service needs, including support during the induction process, of Aboriginal and Torres Strait Islander detainees and recruit to this number.

**RECOMMENDATION 18 TRAUMA INFORMED CARE**

Canberra Health Services should introduce trauma informed frameworks to inform governance, clinical, and operational processes. This should include the development and implementation of trauma-informed care training for delivery to all clinical staff within Forensic Mental Health Services and Custodial Officers within ACT Corrective Services.

**RECOMMENDATION 19 RELEASE PLANNING**

Canberra Health Services should develop release planning guidance material that covers all detainees with mental health care plans that:

a) describes the process for release planning;

b) details what information should be contained in a release plan;

c) establishes a consultation process with ACT Corrective Services when planning release for those detainees receiving mental health treatment from ACT Corrective Services clinical staff; and

d) establishes a consultation process with Winnunga Nimmityjah Aboriginal Health and Community Services (or other service providers where necessary) when planning the release of Aboriginal and Torres Strait Islander detainees.

## Agencies' responses

In accordance with subsection 18(2) of the *Auditor-General Act 1996*, the Justice and Community Safety Directorate and Canberra Health Services were provided with:

- a draft proposed report for comment. All comments were considered and required changes were reflected in the final proposed report; and

- a final proposed report for further comment.

In accordance with subsection 18(3) of the *Auditor-General Act 1996* other entities considered to have a direct interest in the report were also provided with extracts of the draft proposed and final proposed reports for comment. All comments on the extracts of the draft proposed report were considered and required changes made in the final proposed report.

No comments were provided for inclusion in this Summary chapter.