



Department of Justice

Secretary

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Coroner Peter White
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000
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Dear Mr White

Inquest into the death of Adam Omerovic

Thank you for providing your Coronial report into the death of Mr Adam Omerovic, received by my office on 4 February 2014.

The department notes that the first three recommendations are directed to Forensicare and that Forensicare will be responding to you directly in response to these recommendations. However, given the relevance of the recommendations to the correctional health system, it is also appropriate for the department to indicate its views.

Recommendation 1

In relation to recommendation 1, the department does not accept its underlying premise that additional consultant supervision of the two nursing practitioners and other mental health staff at the Melbourne Assessment Prison is required.

Nursing staff at the Melbourne Assessment Prison are specifically trained in mental health with post-graduate qualifications and extensive practice experience. In particular, the two nurse practitioners hold a Register Practitioner Nurse 5 qualification and are distinct from registered nurses in that they are qualified to prescribe medications and are the first positions of their kind in Australia. The department believes that they are appropriately qualified and experienced to review prisoners and determine whether they require further assessment and treatment by psychiatrists.

The department would also like to inform you that the following increased services have been put in place since Mr Omerovic's death:

- the hours of the psychiatric consultant have doubled
- the overall number of psychiatrist registrar hours have also increased significantly to the equivalent of two positions

- the two qualified nurse practitioners referred to in the department's submission to the inquest have been employed and are able to prescribe medication without the need to see a consultant psychiatrist or psychiatric registrar
- the Forensicare Nurse Practitioner Program has also been directed by Justice Health to be involved in the reception screening process to streamline requests and coordinate follow-up of prisoners post-reception. In instances where a prisoner is also identified as being at risk of suicide or self harm (identified as an S1 or S2 rating) the prisoner will be reviewed by a mental health professional the following day or more often if clinically indicated. Where an S3 rating applies the prisoner will be reviewed at a minimum of every three days or more often if required. When an S rating does not apply, the timeliness of review is determined by clinical indications. The mental health professional may be a psychiatrist, psychiatric nurse practitioner or registered psychiatric nurse depending on clinical requirements.

Further, to address developing needs arising from increases in the prison population, the provision of all prison health services is currently reviewed in line with increases in prisoner numbers. As a result, Justice Health initiated a contract variation with Forensicare to increase services at Melbourne Assessment Prison as of 1 November 2013, which further increased Forensicare resources at the Melbourne Assessment Prison.

Justice Health is also in negotiation with Forensicare to increase consultant psychiatry at regional prisons.

As a general statement, the department believes that there appears to be some confusion in the coronial report about the psychiatric and suicide risk rating systems. As a clarification:

- the risk rating system is not a clinical diagnosis nor is it intended to guide health care decisions and treatment pathways. The purpose of the risk rating system is to alert police and correctional staff to high-level offender/prisoner needs and thereby inform offender/prisoner placement and management decisions. It is important to separate the rating system (for placement and management decisions) from the triage system (for clinical decisions).
- it appears that the psychiatric P risk rating system and the suicide S risk rating system have been conflated. It is important to note that there is no requirement for a prisoner with a mental illness, without an identified S suicide and self-harm risk rating, to be accommodated in Building Design Review Program compliant cells.

Recommendations 2 and 3

The department supports recommendations 2 and 3.

Recommendation 4(a)

The department accepts recommendation 4(a) in principle and agrees to consult with Victoria Police to explore the establishment of an alternate P designation with annotation in E*Justice, specifically for those prisoners at Melbourne Assessment Prison, but not Acute Assessment Unit, for pre-sentence or pre-trial psychiatric reports. The establishment of an alternate P designation will also require consideration of information technology implications.

Where face-to-face consultation is not required for preparation of a report, consideration will be given to the use of telehealth psychiatric consultations.

Recommendation 4(b)

The department does not accept recommendation 4(b) as the consideration of Building Design Review Program compliant accommodation for mentally ill prisoners is not a prisoner management

requirement. The consideration of Building Design Review Program compliant accommodation is specifically relevant to prisoners classified under the S risk rating system and not the P risk rating system.

Recommendation 4(c)

The department does not accept recommendation 4(c). Prisoners with “a serious psychiatric condition, requiring immediate and or intensive care” are currently placed at Melbourne Assessment Prison, but not necessarily in the prison’s Acute Assessment Unit. Depending on the prisoner’s particular diagnosis or needs, they may be either admitted to the Acute Assessment Unit, put on the Acute Assessment Unit waiting list or they may be able to be managed in mainstream, protection or management units with mental health care provided based on their identified needs. This hierarchy of mental health responses is consistent with community practice whereby most mental health services are not bed based.

The consideration of Building Design Review Program compliant accommodation is specifically relevant to prisoners classified under the S risk rating system and not the P risk rating system.

Recommendation 4(d)

The department does not accept recommendation 4(d). The risk rating system is intended to alert correctional staff and Victoria Police to high-level needs and thereby inform offender/prisoner placement and management decisions. In the case of P ratings, the rating is not intended to be clinical diagnosis and is not intended to guide health care decisions or treatment pathways. The P1 and P2 is a tool to flag to people involved in the management of an offender/prisoner that they have psychiatric needs and to guide, therefore, placement decisions and management decisions. It is the clinical presentation of the prisoner, not the P rating, that would actually be guiding the mental health care provided to an offender/prisoner.

Recommendation 4(e)

The department partially accepts recommendation 4(e). Admissions are currently determined by Forensicare staff following assessment, triage and a placement suitability discussion with Corrections Victoria Operations Managers. The department will implement the recommendation insofar as the Forensicare manager at Melbourne Assessment Prison providing instruction to staff as part of this process.

Supplementing this approach are a number of activities to ensure quality health outcomes:

- health staff are provided with appropriate education and training to assist them to deliver healthcare to prisoners with specific needs
- a performance development system including position descriptions, supervision, performance reviews and appraisals ensures staff are held accountable for their work and that areas for improved performance are identified
- performance reviews at regular intervals are key components of credentialing and involve ongoing assessment of the competency and skills, performance and development of individual clinicians, both medical and non-medical
- staff competency is assessed through demonstrated skills and knowledge to perform a role safely and effectively
- mentoring, learning and development opportunities are linked with staff competencies to ensure development of relevant knowledge and skills.

In particular:

- Forensicare have confirmed that monthly group clinical supervision occurs at Melbourne Assessment Prison
- all Forensicare staff are expected to participate in clinical supervision, which provides a professional, confidential and supportive forum to allow staff to critically reflect on the nurse-patient relationship, explore its complexities and develop their knowledge and competence
- Forensicare has also stated that informal supervision occurs on an 'as needs' basis between peers. The Nurse Unit Manager, Clinical Care Coordinator and Nurse Practitioners all have extensive forensic psychiatric experience. They are often approached by their peers to offer advice and guidance on individual patient presentations.

However, the department does not accept the recommendation for Forensicare staff to review all prisoners in Muirhead cell accommodation. Prisoners may be placed in a Muirhead cell for a number of reasons, including management issues, protection, suicide and self-harm prevention but not as a result of solely having been identified as having a mental illness. Subsequently, the department will not implement Forensicare staff reviewing all matters relating to these placements.

Should you require any further information, please contact Mr Jonathan Kaplan, Director, Office of the Correctional Services Review on (03) 9947 1664.

Yours sincerely



Greg Wilson
Secretary