

Forensicare

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Coroner White
Coroners Court of Victoria
Level 11
222 Exhibition Street
Melbourne 3000 VIC

Dear Coroner

Re: Adam Omerovic Court Reference COR 2010 1114

I refer to the above inquest and to the findings and recommendations made on 24 January 2014 and provide the following response.

Recommendation 1

Having regard to the greater pressure placed upon the system by the number of persons being held on remand and the numbers awaiting remand, while held in VICPOL cells, and having particular regard to the possible consequences of transferring prisoners through this system and out of MAP, who are suffering from severe mental illness (untreated) into non BDRP compliant cells at Port Phillip prison and elsewhere and to the need for ongoing consultant supervision of the two nursing practitioners and others, I recommend that Forensicare seek the necessary additional funding to place one further full time equivalent psychiatric consultant, on part time duties at MAP. Up to two consultants might share this work on a part time basis.

Further, that these newly appointed psychiatrist(s) and both nurse practitioners be specifically tasked under the direction of Consultant Dr McKinerney, to review and medically manage all prisoners who are designated P1 or P2, floridly psychotic or not, this to occur and continue until such time as each such prisoner maybe be safely transferred out of Unit 13 and or BDRP compliant cells at MAP, into what remain as non BDRP compliant cells at MAP, and the reception unit at Port Phillip Prison, and elsewhere.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that the Coroner's recommendation is unable to be implemented.

Forensicare recognises the pressures on the prison system highlighted by the Coroner and the consequent demand on prison mental health services.

However, Forensicare does not consider that unmet need for mental health services in the prison system is best addressed through the blanket referral of all P1 and P2 rated prisoners to psychiatrists, psychiatric registrars and nurse practitioners for medical management.

This is not required by Justice Health or Correctional Standards and is not in accordance with usual clinical practice. However, Forensicare agrees that it is important to ensure that prisoners coming into MAP who require mental health treatment receive this. Forensicare has previously implemented systems whereby experienced psychiatric nurses assess prisoners, determine P ratings and refer prisoners to consultant psychiatrists, psychiatric registrars and nurse practitioners for review if clinically appropriate. This allows for triaging and prioritisation of those most in need. Nurses are qualified mental health practitioners and are able to seek supervision and advice from other professionals, including psychiatric consultants, psychiatric registrars and nurse practitioners, as required. This is facilitated through regular clinical team meetings. Forensicare considers that the nursing positions established at the MAP and those employed in them are appropriately skilled and experienced to undertake this work.

All prisoners are screened at the point of initial reception into the prison system to determine whether they require mental health follow up and if so, whether this follow up requires a review by a psychiatrist or psychiatric registrar. As part of the reception screening process they are given a P rating. The P rating system is a tool for communicating whether the person has mental health needs, which may require them to remain at the MAP, where the bulk of prison mental health services are located, including the outpatient clinic and ultimately the AAU. It is intended to be used for identification of psychiatric illness and also indicates service interventions. These interventions are not solely the duties of a psychiatrist.

With the above systems in place, Forensicare does not consider it necessary, or practical, for all P1 and P2 rated prisoners to be medically managed. If the P1 rating were interpreted in this way, it would no longer provide any means of flagging those who require less intensive mental health follow up of the kind that is available at MAP. The triaging systems allows Forensicare to distinguish between sub classes of P1 and P2 rated prisoners to ascertain what level of mental health intervention they require without mandating a blanket approach to management of these prisoners.

It is important to note that the designation of a prisoner as P1 or P2 relates to their need for mental health follow up rather than their risk of self harm and suicide. A prisoner's risk of self harm and suicide is indicated through the S rating system. S ratings are relevant to the need for cell accommodation which prevents self harm and suicide, such as Unit 13 and BDRP compliant cells. A P1 or P2 rated prisoner would not be accommodated in Unit 13 unless they also had an S rating that required this.

Service Development

Forensicare notes that mental health resources at the MAP have been increased since the time of Mr Omerovic's death in order to meet the increased demand of the greater prison population. This has included an increase in the hours of consultant psychiatry and psychiatric registrar, and the addition of two Nurse Practitioner positions.

The Department of Justice has recognised the need for increased mental health services in prisons through the Ravenhall Prison project. The prison, which is scheduled to open in late 2017, will accommodate 1000 prisoners and include 75 dedicated mental health beds. Forensicare has been closely involved in the development of the mental health service model for the prison and is the nominated sub-contractor to provide forensic mental health services there.

Forensicare is also engaged with the Departments of Justice and Health on the development of a long term service plan for forensic mental health. This will consider and make recommendations on appropriate service and bed configuration for forensic mental health services and mental health services in prison. This project is due to report on options for reform in the first half of this year.

Both these projects will positively impact on the level of mental health services available in the prison system.

Recommendation 2

That arrangements be made for MAP Forensicare staff from the Director down, to visit and review the recent renovation of cells at the MAP, so that they are fully aware of the changes that have been made and the conditions in the cells, which have been made BDRP compliant, as opposed to conditions in cells which have not.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation is being implemented.

Recommendation 3

That arrangements also be made for the same staff to visit the Port Phillip Prison to inspect the Scarborough South Reception Unit and thereby be made aware of the conditions in that place, so that they are fully informed about the unrenovated cells into which at risk prisoners maybe placed, dependent upon decisions that they are now called upon to recommend, about P and S classification downgrading and transfer.

(NB: BDRP compliance relevant to SASH risk and S rating, transfer is dependent on P rating)

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation is being implemented.

Recommendation 4a

The current P1 classification criteria be extended to specifically include those prisoners to be maintained at the AAU, for pre-sentence or pre-trial psychiatric reports.

Forensicare notes that the P rating system is a Corrections Victoria system that is used throughout Victoria in all correctional settings. Forensicare does not determine the classifications and so would assume that this recommendation is directed at Corrections Victoria. However, we offer the following information.

The P rating system generates flags for correctional authorities to indicate when a particular prisoner has mental health needs, and this then guides decisions around placement and management of the prisoner.

The P1 rating is not used to keep a prisoner at the AAU and does not itself result in admission to the AAU. This is the case whether the P1 rating is related to a court report or other reasons.

Rather, a P1 rating requires a prisoner to stay at the Melbourne Assessment Prison. At times, a prisoner is given a P1 rating in order to have them moved to or to remain at the MAP because they require a psychiatric or psychological assessment which cannot be undertaken at other prisons as they do not have the same concentration of mental health resources as MAP. It is important to note, however, that many of these assessments occur without the prisoner having to be moved to the MAP and therefore without having to be given a P1 rating.

Forensicare recognises that the use of the P1 rating to maintain a prisoner at the MAP for the purpose of court report preparation, rather than because they require a certain level of mental health follow up may be confusing to those who are unfamiliar with the rating system and how it operates in practice, but does not consider that amending the P1 rating to include this group would improve the mental health care provided to prisoners at the MAP.

Recommendation 4b

The approach of remanding such prisoners referred to in a) above exclusively to the AAU, be reviewed by the Unit 13 Director and the prison CEO, to determine whether such prisoners might be safely and conveniently detained in a BDRP compliant cell unit near to or adjacent to, but not necessarily within Unit 13 as currently defined.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation has been partially implemented.

Forensicare is involved in decisions to admit prisoners to the AAU, but is not otherwise responsible for decisions about cell accommodation. To the extent that this recommendation relates to AAU admission, Forensicare advises that prisoners who are given a P1 classification in order to remain at MAP for the purposes of court pre-sentence or pre-trial psychiatric reports are not and have never been remanded exclusively to the AAU. Whilst Forensicare's Operations Manual at the relevant time included preparation of a psychiatric report as one criteria allowing for admission to the AAU, the effect of this was not intended to be that all such prisoners were admitted.

To the extent that the recommendation relates to cell accommodation within the Melbourne Assessment Prison, Forensicare assumes that the recommendation is directed to the Department of Justice. We note, however, that the AAU is not part of Unit 13 and that the criteria for placement in Unit 13 are different from that for the AAU. Placement in Unit 13 is governed by the S rating not the P rating. This is because it is the S rating that indicates the person's risk of harm to themselves. A prisoner with an S rating of S1 must remain in Unit 13, where all cells are "Muirhead" cells. Prisoners with an S2 rating are also generally placed in Unit 13, but can occasionally be accommodated on the AAU, when they have mental health issues impacting on their suicide and self harm risk.

The function of the P1 rating is intended to indicate that the person is at a level of mental health need that requires them to remain at the MAP, where the bulk of prison mental health services are located, as they have access to the outpatient clinic and if necessary, the AAU.

Recommendation 4c

All P1 classified prisoners not covered by category a) above, suffering from what is believed at admission screening, or release from a Muirhead cell to be, 'a serious psychiatric condition, requiring immediate and or intensive care,' be referred directly to the AAU for review, or in consultation with the CEO of MAP, to an adjacent BDRP compliant unit, to await detoxification and or available AAU cell space, in anticipation of a later review and provisional psychiatric diagnosis, by a nurse practitioner under a consultants supervision, or by a psychiatric registrar or above.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation is unable to be implemented.

It is important to note that a prisoner's risk of suicide and self harm (and their need for safe cell placement) is indicated by their S rating, rather than their P rating.

The AAU cannot accommodate this volume of prisoners. However, we note that this recommendation is directed at minimising suicide risk and increasing prisoner access to psychiatric services. To address these issues, since November 2013, Forensicare has reorganised staffing at the MAP, so that there is a designated Outpatient Clinical Coordinator. This position is staffed by a Grade 4 Registered Nurse and is intended to improve the coordination of outpatient services at the prison. This position is initially funded until June 2014, and discussions will occur between Forensicare and Justice Health in advance of that time to establish whether it should continue. This change has assisted to ensure accessibility of outpatient mental health services for prisoners. In addition since 2010 an increased number of BDRP compliant cells have been built and as per the above recommendations staff have been familiarised with these cells. An increase in the available safe cells for high S rated prisoners has assisted to minimise suicide risk. Forensicare also accepts that prisoners with P1 ratings will require follow up for mental health issues to varying degrees during their time at MAP. However, given the limited availability of places in the AAU, prisoners who can be safely treated outside of the AAU should be treated outside the AAU.

The above measures go some way to achieving the objectives promoted by this recommendation. However, regarding the specific recommendation made above, Forensicare does not consider that it is necessary or practical for all prisoners with a P1 rating to be admitted to the AAU or to be assessed by a psychiatric registrar or consultant. Each prisoner is screened at the point of reception in order to determine their need for mental health follow up. This was clear from the evidence given by Dr Bell, Nurse Lawrie and Ms Strong. If the P1 rating were interpreted to apply only to those who required AAU admission, it would no longer provide any means of flagging those who require less intensive but nonetheless significant mental health follow up. It is appropriate to have a low threshold for the application of the P1 rating, with an ability for mental health practitioners to then triage and prioritise within this to ensure that those most in need are prioritised. As outlined in our response to recommendation 1, Forensicare considers that the triaging systems allows it to distinguish between sub classes of P1 and P2 rated prisoners to ascertain what level of mental health intervention they require without mandating a blanket approach to management of these prisoners.

Recommendation 4d

That all P2 classified prisoners be referred as in c) above, for medication review.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation is unable to be implemented.

Mr Omerovic was a P1 rated prisoner throughout his stay at MAP and the issues related to P2 prisoners were not explored during the inquest. Issues in respect of the follow up or management of P2 rated prisoners were not connected with the death of Mr Omerovic.

In addition, independently from the inquest, Forensicare does not consider that a blanket referral of P2 rated prisoners for medication review is necessary or should be required.

Recommendation 4e

That all Forensicare staff receives ongoing instruction from the Unit 13 Director and such others as she may invite, on all matters pertinent to admission screening and Muirhead cell prisoner review.

This instruction should be ongoing and planned with a view to ensuring that all mentally ill prisoners including those believed on admission to suffer from a serious mental illness (including a depressive illness) are classified appropriately, and if P1 or P2 are then seen and reviewed in a time efficient manner as set out in c) above.

This instruction should also specifically include guidelines concerning the relevance of collateral information and its collection, and in consultation with the prison CEO, may also include advice given to admission prison and or SASH officers, concerning the collection of such information.

In accordance with section 72(3) of the Coroners Act 2008, I wish to inform the Coroner that this recommendation is being implemented.

Forensicare's minimum qualification and training requirements for nurses working at the Melbourne Assessment Prison are a Bachelor of Nursing with mental health specialisation. All nurses who work at the MAP are employed at a minimum level 3 classification, in recognition of the demanding nature of the environment and the higher degree of clinical autonomy expected of nurses working there. Under Forensicare's Enterprise Bargain Agreement, level three nurses are defined as undertaking the duties of an advanced practitioner and elsewhere in Forensicare will typically lead a team on a shift. Level three nurses will generally have at least two years' relevant work experience.

Key responsibilities for nurses at this level include being able to:

- Demonstrate highly developed skills in the mental and physical assessment of patients in a custodial setting.
- Demonstrate initiative in the delivery of nursing care and an ability to practise autonomously.
- Provide crisis intervention psychiatric assessment to prisoners throughout the facility as appropriate.
- Provide emergency medical care, within scope of practice, to prisoners throughout the facility after hours.

- Undertake initial and ongoing risk assessment of patients and liaises with the Inter-disciplinary team to provide a safe environment.

All new nurses commencing work at the Melbourne Assessment Prison receive an orientation shift to both the reception screening process and the assessment process used in Unit 13.

In late 2013, Forensicare developed P Rating Guidelines to assist staff in the application of P ratings. These guidelines have been disseminated at our local Clinical Governance and Team meetings, and are available on notice boards throughout the AAU.

All Forensicare nurses participate in ongoing professional development. In 2013, Forensicare commenced implementation of a program of ongoing professional development relating to suicide and self-harm assessment skills for all nurses employed in the prison system.

The collection of collateral information is a standard part of the post reception process when individuals are flagged as having a suspected mental illness. The reception screening tool has a tick box to ensure collateral info is collected and also asks the nurse to name the AMHS from whom collateral information is to be obtained.

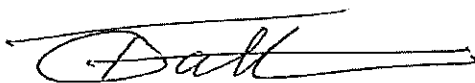
Nurses who undertake reception assessments and Muirhead cell reviews work under the supervision of consultant psychiatrists and are able to seek advice and input as to the appropriateness of P and S ratings they have applied and mental health follow up. In addition to the support received by nurses from psychiatrists, Forensicare's nursing unit manager oversees assessments of prisoners located on Unit 13. It is important to note that Forensicare is not responsible for the management of Unit 13.

The training, minimum qualification requirements and oversight (outlined above) are all directed at ensuring, among other things, that prisoners with mental health needs are appropriately followed up.

In regard to the collection of collateral information by prison admission officers, Forensicare would support nurses having access to the reception documents completed by the receiving prison officer through their inclusion on the prisoner's medical file.

Please do not hesitate to contact me should you require any further information.

Yours faithfully



TOM DALTON
Chief Executive Officer