



Australian Government

Department of Immigration and Border Protection

Court reference: COR2014 000867

26 June 2015

Lachlan Broadribb
Coroners Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Also sent by email: cpuresponses@coronerscourt.vic.gov.au

Dear Mr Broadribb

Recommendations – Coronial findings into the death of Mr Dalvir Singh

We refer to your letter dated 26 March 2015 addressed to the Secretary of the Department and Immigration and Border Protection (the Department) and thank you for also providing a copy of the findings made by Coroner Jacqui Hawkins in this matter.

We note the following five recommendations to the Department were made by Coroner Hawkins in her findings of 26 March 2015:

Recommendation 1: To promote the safety and wellbeing of immigration detainees, the Coroner recommends that appropriate representatives of the Department, Serco and Victoria Police meet to discuss and develop a coordinated transfer of custody process which ensures that all relevant information held by one agency is conveyed contemporaneously with the detainee when transferred.

Recommendation 2: To ensure the efficacy of any interagency coordinated transfer process, the Coroner recommends that the Department, Serco and Victoria Police each independently ensure that any necessary internal policies and procedures are effectively developed and implemented.

Recommendation 3: To ensure the efficacy of any interagency coordinated transfer process that is developed, the Coroner recommends that the Department, Serco, and Victoria Police each ensure that their employees are aware and appropriately trained in the aspects of the process pertaining to them.

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Recommendation 4: The Coroner recommends that Serco and the Department collaborate to amend the Self Harm Assessment Interview to require all detainees to be specifically questioned about their mental health and suicide and self-harm history, to ensure that any relevant information is elicited and recorded at the earliest available opportunity and appropriate actioned.

Recommendation 5: To increase the safety of detainees, the Coroner recommends that the Department, Serco and IHMS meet to consider the feasibility of, and options around, developing a system whereby qualified mental health practitioners are able to observe and interact with detainees within the common areas of the MIDC, particularly during periods of higher suicide and self-harm risk such as when first detained or when informed about deportation or when identified as someone who is at risk.

The Department values the Coroner's thorough investigation into the death of Mr Singh, which will assist in ensuring that the Department is better placed to care for clients in immigration detention.

The Department has considered the five recommendations and has provided a response to each recommendation. Please find information on the mitigation measures the Department, Serco and/or IHMS has put in place or is progressing in response to the Coroner's findings at [Attachment A](#).

The Department will continue to work in close cooperation with its contracted service providers, Serco and IHMS, to progress this work.

If you have any further questions about the matter, please do not hesitate to contact Ms Simone Piper at simone.piper@immi.gov.au or from 1 July 2015 simone.piper@borders.gov.au.

Thank you.

Yours sincerely



Craig Sommerville
Deputy Commander, Detention & Compliance
Immigration and Border Protection Portfolio

Recommendation	Mitigation measures
<p>1 To promote the safety and wellbeing of immigration detainees, the Coroner recommends that appropriate representatives of the Department, Serco and Victoria Police meet to discuss and develop a coordinated transfer of custody process which ensures that all relevant information held by one agency is conveyed contemporaneously with the detainee when transferred.</p>	<p>Following the inquest, the Department have met with Victoria Police to discuss and develop further transfer of custody procedures. Following these meetings, the Department, the Facilities and Detainee Service Provider (Serco), and Victoria Police have agreed that Victoria Police should hand deliver all relevant information relating to a detainee to the Serco officers upon the transfer of custody. The Department’s service delivery management at the relevant immigration detention facility will ensure that Serco has distributed this information to all relevant stakeholders.</p> <p>Prior to the finalisation of the inquest, the Department had implemented changes to its Form 1275 to ensure that all information pertaining to a detainee’s mental and physical health concerns were transferred appropriately between the Department, Serco, and the AFP and State/Territory Police at the point of transfer. Form 1275 continues to be in use nationally by AFP and State/Territory Police when a detainee is transferred from police custody to the Department. Since 18 November 2014, the revised Form 1275 has been used on 507 occasions nationally, which includes 148 occasions in the State of Victoria. Departmental procedures and templates have been updated to include the use of the revised form.¹</p> <p>A review is currently being undertaken of the existing Memorandum of Understanding (MOU) between the AFP, Victoria Police and the DIBP. The MOU is due to expire in November 2015, and discussions in relation to a new MOU are currently ongoing between the three agencies. The Department continues to work closely with Victoria Police, the AFP and Serco to consider this recommendation as part of the current Memorandum of Understanding negotiations.</p>
<p>2 To ensure the efficacy of any interagency coordinated transfer process, the Coroner recommends that the Department, Serco and Victoria Police each independently ensure that any necessary internal policies and procedures are effectively developed and implemented.</p>	<p>The Department has developed a ‘Transfers’ Detention Operational Procedure document which outlines the roles of responsibilities of the Department and Serco when a detainee is transferred within the onshore immigration detention network, including transfers to the Department from policy custody or correctional services. This procedural document also outlines the different types of transfers, and detainees’ eligibility for transfer (see Attachment 1).</p> <p>The ‘Transfers’ Detention Operational Procedure document is currently in the final stages of endorsement within</p>

¹ Figures current as at 25 June 2015 (2000 hours).

		the Department, with distribution to the immigration detention network (including to both departmental and Serco staff members) to occur within the next few weeks.
3	To ensure the efficacy of any interagency coordinated transfer process that is developed, the Coroner recommends that the Department, Serco, and Victoria Police each ensure that their employees are aware and appropriately trained in the aspects of the process pertaining to them.	The Department and its contracted service providers, IHMS and Serco, are currently reviewing policies and procedures in respect of training on the use of this document.
4	The Coroner recommends that Serco and the Department collaborate to amend the Self Harm Assessment Interview to require all detainees to be specifically questioned about their mental health and suicide and self-harm history, to ensure that any relevant information is elicited and recorded at the earliest available opportunity and appropriate actioned.	<p>The Coroner's recommendation will be implemented.</p> <p>The Self Harm Assessment Interview is referenced in the following parts of the IHMS Policy and Procedures Manual (PPM):</p> <ul style="list-style-type: none"> • PPM 3.6.1 – Mental Health Screening and Assessment • PPM 3.6.2 – Psychological Support Program <p>These documents are currently being updated to reflect the revised process whereby all detainees being inducted to an Immigration Detention Facility undergo the Self Harm Assessment Interview.</p> <p>Refer to Attachment 2 for the relevant draft IHMS PPM extracts. The extracts outline the proposed changes that will be made to the PPM to address the Coroner's recommendations.</p>
5	To increase the safety of detainees, the Coroner recommends that the Department, Serco and IHMS meet to consider the feasibility of, and options around, developing a system whereby qualified mental health practitioners are able to observe and interact with detainees within the common areas of the MIDC, particularly during periods of higher suicide and self-harm risk such as when first detained or when informed about deportation or when identified as someone who is at risk.	<p>The Department has assessed recommendation 5 and considers that it is not practical for mental health practitioners to be systematically observing and interacting with detainees in the common areas of immigration detention facilities, given the resources that would be required. There would be security concerns with such a measure if it were to be implemented. Where clinically and operationally appropriate, such as when a detainee is on a targeted mental health management plan, such interactions in common areas may be utilised.</p> <p>The Department notes that Serco employees, who have daily interactions with detainees, are trained to be alert to early warning signs and to seek immediate advice from IHMS where risk of self-harm or other behaviour of concern is suspected. Where such concerns are advised, by any party, IHMS will review the detainee. This is in addition to the offer of regular mental health screening. Detainees who are considered to be at higher risk of self-harm receive a higher level of supportive monitoring and engagement, from a multi-disciplinary team led by a mental health clinician.</p>

Attachment 1



Australian Government

**Department of Immigration
and Border Protection**

Transfers

Detention operational procedure

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Purpose

1. The purpose of this detention operational procedure is to outline departmental staff and service provider roles and responsibilities when a detainee is transferred within the onshore immigration detention network. This procedure also outlines the different types of transfers, and detainees' eligibility for transfer.

Background

2. It is regularly necessary to arrange for the transfer of detainees within immigration detention facility compounds, to other facilities within the onshore immigration detention network or to alternative locations such as medical facilities, correctional facilities or to regional processing centres.
3. A detainee transfer may be arranged for:
 - physical and/or mental health (for example: some immigration detention facilities are closer to specialist or mental health facilities)
 - in order to maintain the good order and security of a facility (for example: for closer supervision and engagement within a facility or to a correctional facility)
 - centre capacity/logistical issues
 - policy or legislation considerations (for example: regional processing, removal or visa grant).
4. Before a transfer is endorsed or arranged, the immigration detention facility coordinating the transfer must consider a detainee's suitability for transfer to the proposed facility. The following factors must be taken into account:
 - physical and mental health concerns
 - detainee specific issues, including:
 - age (for example: minors)
 - length of detention (for example: detainees in detention for more than 12-months)
 - family connections (for example: mother and son transferred to different facilities)
 - fitness to travel (for example: pre-existing medical conditions, or need for a carer)
 - services and facilities available at the receiving facility
 - the risk profile of the detainee
 - the risk profile of the receiving facility.
5. The facility's detention operations or transfers section in the sending facility is responsible for creating a Request for Service, outlining all relevant information, and forwarding it to the detention service provider in the receiving facility.

Intra-facility transfers

6. The detention service provider has the authority to manage all intra-facility transfers. However, they are prohibited from moving all detainees into a single compound and subsequently closing down other compounds for financial gain.

Transfers for medical purposes

7. Transfers for medical reasons require informing the Health Operations Section and the forwarding facility's health liaison officer to liaise between the health service provider, medical facilities and facility staff.
8. An emergency medivac is arranged when local medical treatments at the facility or local hospital are insufficient to treat a detainee's emergency or potentially life-threatening medical condition.
9. A medical transfer is arranged if a detainee requires non-urgent treatment beyond what is available at the facility or local hospital (for example: a specialist or mental health appointment). A detainee transferred for prolonged medical treatment may be accommodated at a hospital or an urban facility nearby during treatment.

Rescheduling transfers

10. Protest activities may impact on the security of the facility and may interfere with escorts, transfers, or removal operations. These actions must be managed by the detention service provider in collaboration with departmental staff and if necessary, with state and/or federal police to ensure a smooth transfer process. During a protest detainee and staff safety is paramount and it may be necessary to consider an alternate time to carry-out the transfer, escort or removal.

Authority

11. Transfers from the general population of the detention facility for up to 24-hours for the purpose of closer supervision and engagement must be endorsed by a Regional Commander or the Deputy Commander of Detention and Compliance (SES Band 1).
12. The Commander of Strategic Border Command (SES Band 2) has the sole authority to endorse the placement of a detainee into a closer supervision and engagement place of accommodation for:
 - any period exceeding 24-hours
 - any subsequent 24-hour period.
13. The Deputy Commander of Detention and Compliance is the sole authority to endorse the transfer a detainee to a correctional facility when the detainee is considered to pose a significant risk to the good order and security of the facility. A transfer to a correctional facility may be considered for serious criminal offences, for example: common and sexual assaults or offences that are punishable by five or more years in a correctional facility.
14. When a detainee has been taken into custody by state or federal police for criminal matters, the transfer to a correctional facility does not require internal approval. However, all stakeholders should be advised of the transfer and recordkeeping must take place. The departmental officer must complete a 'Request for officer to hold in immigration detention' form, details of the custody transfer and the Request for Service on the CCMDs portal.

Procedure

Intra-facility transfers

Closer supervision and engagement

15. Closer supervision and engagement accommodation may be used to temporarily accommodate detainees away from the general population if the detainee:
 - is at imminent risk of self-harm
 - is displaying violent and/or unlawful behaviour that may result in harm to themselves or others
 - seeks or has been assessed by the health service provider as requiring temporary respite.
16. Health considerations take precedence over behaviour management to ensure physical and mental health issues are dealt with appropriately.
17. The detention service provider cannot transfer detainees from the general population of the detention facility for the purpose of closer supervision and engagement without endorsement from the Regional Commander or Deputy Commander of Detention and Compliance.
18. A request to place a detainee in closer supervision and engagement accommodation for any period exceeding 24-hours requires:
 - advice from a qualified medical professional
 - a detailed health review from the department's health service provider
 - endorsement by the Commander of Strategic Border Command.
19. The detention service provider and health service provider must regularly review and revise the closer supervision and engagement arrangements to ensure the detainee's wellbeing.
20. The use of high-care accommodation is only used as a last resort and on a short-term basis when other intervention methods have been unsuccessful or assessed as unsuitable.

Inter-facility transfers

Charter flights

21. All charter flights must be requested via and approved by the Director of Operational Support and Logistics Section, Detention and Compliance, Strategic Border Command.
22. The following information and documentation must be submitted to the Operational Support and Logistics Section 48-hours prior to the charter flight's departure:
 - the total number of detainees to be transferred
 - the risk rating of each detainee
 - the purpose of the transfer
 - a detention service provider assessment (also known as the DSPA)
 - a fit for travel assessment (also known as the FFT) from the health service provider
 - an airline medical clearance form (for any medical transfers of pregnant detainees or detainees that require a medical escort)

- a statement of identity (also known as the SOI) from the department
 - a person in custody (also known as the PIC) form.
23. When the required documentation has been received, the Operational Support and Logistics Section will provide the manifest and the person in custody form directly to the charter company for approval. The charter company will submit the documentation to the Office of Transport Security, Department of Infrastructure and Regional Development who will advise of any conditional uplift requirements (for example: the use of restraints or additional escorts for any high risk persons in custody).
 24. The Operational Support and Logistics Section will request and source any escorts required from the detention service provider.
 25. When approval is received, the Operational Support and Logistics Section will email the manifest, including details of any conditional uplift to all stakeholders.
 26. Only the Operational Support and Logistics Section can make amendments to the manifest. If detainees need to be removed or added from the manifest, the details must be sent to the Operational Support and Logistics Section for re-approval. If a charter flight is departing within 24-hours and an urgent addition is required, staff must contact the Operational Support and Logistics Section duty phone to discuss the amendment on 0478 301 652.

Commercial flights

27. All commercial flights must be requested via and approved by the Director of Operational Support and Logistics Section, Detention and Compliance, Strategic Border Command.
28. A commercial transfer request form and the following information and documentation must be submitted to the Operational Support and Logistics Section 72-hours (excluding weekends) prior to the required travel date:
 - the number of detainees to be transferred noting that only two detainees can be transferred on a commercial flight at one time, unless part of a family unit
 - the risk rating of each detainee
 - the purpose of the transfer
 - a detention service provider assessment (also known as the DSPA)
 - a fit for travel assessment (also known as the FFT) from the health service provider
 - a statement of identity (also known as the SOI) from the department
 - a person in custody (also known as the PIC) form.
29. The Operational Support and Logistics Section will provide the person in custody form directly to the airline
30. When the required documentation has been received, the Operational Support and Logistics Section will provide the person in custody form directly to the airline to seek approval and any conditional uplift requirements (for example: the use of restraints or additional escorts).
31. The Operational Support and Logistics Section will request and source any escorts required from the detention service provider.
32. When approval has been received, the travel will be booked by the Operational Support and Logistics Section and a confirmation email with itineraries will be issued to all stakeholders.

Transfers to a regional processing centre

33. The facility coordinating the transfer must distribute a proposed list of detainees to the detention service provider, detention health service provider, case management, and the Joint Intelligence Group for identification of any detainees who may be eligible for transfer.
34. Once the list has been confirmed, the facility's detention operations/transfers section must distribute it to the:
 - Operational Support and Logistics Section (so that a charter or commercial flight can be arranged for the detainees requiring transfer to a regional processing centre)
 - health liaison officer
 - detention service provider
 - detention health service provider
 - Nauru or Manus Operations and Coordination Section.
35. The facility's detention operations/transfers section will complete the required visa applications and forward them to Nauru or Manus Operations and Coordination Section who will facilitate the visa application process.
36. All visa applications must be submitted to the regional processing centre no later than 72-hours prior to the scheduled departure.
37. The facility coordinating the transfer will organise a departmental transfer liaison officer to accompany the detainees to the regional processing centre.

Transfers for medical purposes

38. In the event that a detainee is required to be transferred to another location for a scheduled appointment or medical treatment, the health liaison officer will advise the detention operations/transfers section who must liaise with the Operational Support and Logistics Section to arrange a charter or commercial flight for the detainee requiring a medical transfer.

Emergency medivac flights

39. In the event that a detainee requires an urgent emergency medivac from a remote facility, the local hospital will inform the health liaison officer who will advise the local transfer's team and liaise between the health service provider, local hospital and facility staff to ensure a successful transfer.
40. The local transfer's team must collect and provide the following information directly to the medivac service provider within 60-minutes (business hours) and 90-minutes (after-hours):
 - a detention service provider assessment (also known as the DSPA)
 - detention service provider escort details
 - a person in custody (also known as the PIC) form.
41. If the hospital has sanctioned the detainee under a Mental Health Act (for example: the *Mental Health Act 2014 (WA)*), an Australian Federal Police officer will also be required to escort the detainee on the medivac flight. The local transfer's team must also obtain and provide the necessary escort documents for the Australian Federal Police officer to the medivac service provider, book accommodation for the escorts and return flights to facility's location.
42. The health liaison officer will advise the receiving facility of the emergency medivac through the health liaison officer network.

From a medical facility to a detention facility

43. In the event that an unlawful non-citizen is transferred from the community to a detention facility via a medical facility or hospital, it is imperative that their physical and mental health risks and sensitivities are discussed and addressed by all stakeholders. Unlawful non-citizens who are re-detained from the community may pose significant, undetected physical and mental health risks, including substance abuse or self-harm or suicide attempts. Stakeholders may include hospital staff, local mental health service providers, state and/or federal police, detention service provider staff, National Office staff, Health Operations Section staff, the local health liaison officer or detention health service provider staff.

Transfers for criminality purposes

From a correctional facility to a detention facility

44. The transfer of a detainee from a correctional facility or police station requires significant planning and stakeholder engagement and collaboration to ensure that information regarding a detainee's security, physical health and mental health risks and sensitivities are discussed and addressed.
45. Prior to a detainee being released from a correctional facility departmental and detention service provider staff, in consultation with state and/or federal police, must ensure that a transfer of custody process is agreed upon. The process must be conveyed to the detainee and all stakeholders, including correctional facility staff, departmental staff, detention service provider staff and detention health service provider staff.
46. When a detainee has been released from a correctional facility, all relevant documentation and a transfer of custody form must be completed and signed in order to hand-over the detainee from correctional facility staff to an authorised departmental (usually a compliance field officer) or detention service provider officer. All documentation must be attached to the detainee's file.
47. An authorised departmental officer must re-detain the detainee under section 189(1) of the *Migration Act 1958* and return the detainee to a detention facility.
48. When a detainee is brought or returned to a detention facility, a health induction assessment must be conducted by the detention health service provider within 72-hours. If a health induction assessment cannot be conducted when the detainee first enters the facility, the detention service provider must establish an interim care plan until the health induction assessment can be initiated.

From a detention facility to a correctional facility

49. The Deputy Commander of Detention and Compliance may endorse the temporary transfer of a detainee to a correctional facility if:
 - the detainee has participated in criminal activities and is awaiting charges or trial
 - the detainee is considered to pose a significant risk to the good order and security of the facility
 - the transfer is as a last resort and for the shortest time possible
50. A detainee may also be temporarily held at a police station or watch-house in order to allow for the completion of a transfer to a correctional facility or while awaiting a bail hearing; such measures are to occur for the shortest practicable period and are not a permanent placement option.

51. Details of the transfer of custody, as well as the notification provided to the detainee (and if applicable, their lawyer) must be appropriately recorded on the detainee's file on the CCMDS portal. Information recorded must also include all transfer documentation, any physical or mental health issues and the name of the facility to which custody is transferred.

From a detention facility to a court

52. Detainees that are involved in criminal activities and pending a court outcome may require an escort to an Australian court. If the detainee is charged with a criminal offence requiring transfer to a correctional facility, police or corrections officers will take the detainee into custody and a transfer of custody form will need to be signed. The detention service provider and Case Management staff are to work collaboratively to ensure that all record keeping regarding the detainee's location is accurate.

Transfers to facilitate a visa grant

53. A detainee who has been granted a visa is considered a lawful non-citizen and must not remain in immigration detention.
54. If the lawful non-citizen is located at a remote facility, the detention service provider is responsible for facilitating their transferring from the detention centre to an alternative location within Australia. If the lawful non-citizen has arranged for transfer or collection by a stakeholder, friend or family member, the detention service provider is not required to facilitate the transfer.
55. In the event that a transfer is required, the Operational Support and Logistics Section will schedule a commercial flight and provide the itinerary to all stakeholders.
56. Case management will hand-over the visa, travel documents and itinerary to the lawful non-citizen upon departure from the facility.

Transfers to facilitate a removal

57. Detainees who are scheduled for removal from Australia require access to an international airport. If a detainee is located in remote a facility which is not in close proximity to an international airport, the facility's detention operations/transfers section must facilitate the transfer of the detainee from the facility directly to an international airport or, in the event that there is a significant stop-over or a connecting flight is delayed, to the closest facility.
58. The state removal team will arrange the detainee's travel and inform the detention operations/transfers section of the scheduled removal details who will then coordinate the travel via the Operational Support and Logistics Section as per the charter or commercial flight process and arrange for the detention service provider to transfer the detainee.
59. Once the detainee arrives at the airport, the detention service provider will hand-over the detainee to the state removal team who will carry out the removal.

References

- Detention Services Manual – Chapter 8 – Safety and Security – *Incident Management and Reporting*
- Detention Services Manual – Chapter 8 – Safety and Security - *Transfers of persons in immigration detention*

Please note: reference documents are subject to change. Please check with the responsible area should you have concerns or queries.

Contacts

- Health Capability and Scrutiny (offshore only)
rpc.hlo@immi.gov.au
- Health and Safety Team
0412 683 003 (after hours and weekends/public holidays)
OHS.National.Office@immi.gov.au (attention to the Health and Safety Team)
- Health Operations Section (onshore only)
detention.health@immi.gov.au

Operational Support and Logistics Section, Detention and Compliance (through the National Office Duty Phone)
0478 301 652
detention.operations@immi.gov.au

Version control

Version number	Version date	Drafted by
1	2014-15	Detention Practice Section, Detention and Compliance, Strategic Border Command.

Authority

Transfers

About detention operational procedures

Detention operational procedures underpin and inform the lawful and effective administration of immigration detention and provide all departmental staff working in the immigration detention network nationally consistent guidance on administering immigration detention facilities.

Application to staff

This procedure is binding on departmental staff and supersedes any earlier advice on this topic and relevant operational procedures to the extent of any inconsistency. Regional Commanders, Superintendents and immigration detention facility and National Office staff must implement this procedure in consultation with the detention services provider. This procedure must be interpreted and applied in accordance with the law and all relevant departmental standards, policies and procedures.

Further information

If you require further guidance on this topic than this procedure can provide (should, for example, you have an unusual situation), please contact Detention and Compliance sending an email to: Detention.Operations@immi.gov.au.

If you have questions regarding the development of any procedure, please contact the procedure team by sending an email to: DOP.Coordination@immi.gov.au.

Issued and endorsed by

Craig Sommerville
Deputy Commander
Detention and Compliance
Strategic Border Command
Department of Immigration and Border Protection

Date:...../...../2015

Attachment 2

PPM 3.6.1 Mental Health Screening and Assessment

2.3 - Screening Assessments and Instruments

2.3.1 - Self-harm risk assessment interview

Screening for risk of self-harm ~~may~~ will be conducted by the Facilities and Detainee Service Provider (FDSP) during the reception process, prior to any health screening. To support this, the Department has developed a conversational style self-harm risk assessment interview specifically for use by non-health professionals in the detention and transfer environments (Refer to Policy and Procedure Manual 3.6.2 Psychological Support Program).

2.4.4 - Identifying Detainees and Transferees at risk of self-harm

The initial Screening Mental Health Assessment conducted during the HIA and the Comprehensive Mental Health Assessment completed at 10 to 30 days by the Mental Health Team, incorporate a standardised self-harm risk assessment.

Screening for risk of self-harm ~~may~~ will also be conducted by the Service Provider (FDSP) during the reception process, prior to any health screening. The FDSP uses a simplified conversational style self-harm risk assessment interview developed specifically for use by non-health professionals in the detention/transfer environment.

Any Detainee or Transferee identified at any time as at risk of self-harm will be managed as per IHMS procedure 3.6.2 Psychological Support Program (PSP).

PPM 3.6.2 Psychological Support Program

2.1.2 – Specific Roles and Responsibilities

Facilities and Detainee Service Provider (FDSP)

- conduct initial self-harm risk assessment interviews ~~(where appropriate)~~ and refer Detainees and Transferees at risk of self-harm to IHMS
- be alert to early warning signs and seek immediate advice from IHMS where risk of self-harm is suspected
- must follow clinical advice from IHMS as outlined in SME Care Plans
- provide meaningful engagement with Detainees and Transferees who are identified as at risk of self-harm in a supportive way
- record meaningful observations of Detainees and Transferees on monitoring and engagement plans and ensure these are communicated to the PSP team
- respond to any attempted or committed self-harm or suicide incidents and submit incident reports to the department, and
- ensure that responsibility for supporting Detainees and Transferees at risk of self-harm is transferred effectively at shift changeovers.