



Department of Justice

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

Inquest into the death of Timothy Casey

I refer to your findings and recommendations in the inquest into the death of Timothy Casey received on 4 December 2012 and provide the Department of Justice's written response to your recommendations.

Melbourne Assessment Prison - Assessment Process

1. *That a written discharge note be prepared for all MAP prisoners leaving Unit 13 or the Acute Assessment Unit, for reasons connected to psychosis or suicide/self-harm which is at least signed by the psychiatric registrar. Such discharge note to be prepared by a Consultant Psychiatrist or a Psychiatric Registrar or a Psychiatric nurse as deemed appropriate by the Senior Consultant. Further, any psychiatric nurse prepared discharge notes should be reviewed and counter signed by the duty Psychiatric Registrar or above.*

This recommendation was implemented prior to its receipt by the department.

Coroner Olle made a similar recommendation on 27 July 2012 following his inquest into the death of Michael Wylly (5235/08). Accordingly, Justice Health requires Forensicare to prepare a discharge summary for all Acute Assessment Unit patients completed by a psychiatric registrar. For patients leaving Unit 13 who have been treated by Forensicare, a summary of observations of the prisoner's presentation has been implemented to provide a clear and comprehensive clinical statement in his health record that reflects a clear plan of care.

Monitoring of compliance with this recommendation is included as part of the Justice Health Performance Monitoring Program and Forensicare's Clinical Governance activities for continuous improvement.

2. *Discharge notes for prisoners released from MAP who have during their present incarceration previously been held in either Unit 13 or the Acute Assessment Unit, are to be received and acknowledged as read prior to a MAP general prison population admission by:*
 - a) *SASH Officers by reference to same in an amended SITUPS or like document.*
 - b) *The Risk Review Committee, or equivalent at any other such receiving prison, with the documentation employed to record such deliberations, to be amended to include reference to the receipt and reading of, such a discharge summary.*

This recommendation was implemented after its receipt by the department.

The Acute Assessment Unit discharge summary or the Unit 13 care plan are minuted and recorded by the High Risk Assessment Team (HRAT) on the prisoner's modified Risk Management Plan, which is placed in the prisoner's Individual Management file. The file travels with the prisoner and is handed to custodial officers in the prisoner's receiving unit.

Corrections Victoria advises that a Commissioner's Requirement for at risk procedures, to be in place by March 2013, incorporates the above communication processes to apply across all prisons.

G4S advises that SASH (Suicide and Self Harm Officers) will soon cease their involvement in the admission processes for new arrivals at Port Phillip Prison. Formal suicide and self harm risk assessments are now performed at Port Phillip Prison by St Vincent's Correctional Health Services, the prison's health services provider. At risk prisoners are managed by Port Phillip Prison's Risk Review Team.

3. *A withdrawal of the stipulation presently found in the Reception Summary form, which suggests that a reference to a psychiatrist for psychiatric assessment or medication review should only be ordered in respect of prisoners classified as P1 or P2.*

This recommendation was implemented prior to its receipt by the department.

Forensicare introduced a new Mental Health Intake Screening Tool during July 2012, which does not place restrictions on the referral of prisoners for psychiatric assessment or medications. MAP made administrative amendments to Local Operating Procedure 1.02/1 *At Risk Procedures* which were formally issued on 12 December 2012, to reinforce this position (Attachment 1).

4. *The training of Forensicare psychiatric nursing staff should better instruct on this matter, and better emphasise the need to seek advice upwards concerning the position of a prisoner, who like Mr Casey, has a documented history of suicidal behaviour and demonstrates a fluctuating mental state presentation.*

This recommendation was implemented prior to its receipt by the department.

All registered health practitioners must be registered and meet the standards set by the relevant professional board in order to practice in Australia. The *Health Practitioner Regulation National Law 2009*, provides that all registered health practitioners must undertake 20 hours of continuous professional development relevant to the registered nurse's context of practice. Forensicare provides evidence of this professional training to Justice Health on an annual basis, or when requested.

Justice Health will continue to monitor and ensure these standards are met by the providers of medical and psychiatric services to Victorian prisons.

Clinical supervision is also an important process, providing 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 conduct monthly group clinical supervision sessions at MAP and all staff are expected to participate in clinical supervision.

Forensicare advises that informal supervision occurs as needed between peers and that the Nurse Unit Manager, Clinical Care Co-ordinator and Nurse Practitioner, who all have extensive forensic psychiatric experience, are often approached by their peers to provide advice and guidance on individual patient presentations.

Port Phillip Prison and Cell design

5. a) *That the Office of Correctional Services Review (OCSR) undertakes a comprehensive review of Scarborough South and other similarly designed units at the PPP, and advises the State of its findings and recommendations.*
- b) *That unless or until the State is able to introduce appropriate structural changes at Scarborough South, that the Commissioner, Corrections Victoria directs that the housing of 'at risk prisoners' in all unrenovated cells at the PPP, be suspended indefinitely.*

At risk prisoners, should include any prisoner who has previously been placed on and remained on a P or S3 rating (or suicide watch) at MAP, or any other prison within the previous 21 days.

Recommendation 5(a) will be implemented.

Corrections Victoria's Contract Management Branch is the appropriate body to implement recommendation 5(a) through its formal relationship with G4S Custodial Services Pty Ltd (G4S), the private operator of Port Phillip Prison. The OCSR will monitor the outcomes of their review.

Recommendation 5(b) is unable to be implemented.

In recommendation 5(b), the broad definition of 'at risk prisoners' will include about 2,000 P-rated prisoners across the system, at any time. There are currently no placement restrictions on P-rated prisoners across the system apart from prisoners with a serious psychiatric condition (P1) who must be accommodated at MAP and where appropriate the AAU.

When Port Phillip Prison was originally built there were no design requirements for prison cells to meet cell and fire safety standards. The prison has since renovated all cells within its management unit to meet current cell and fire safety standards (Building Design Review Program or BDRP standards).

In addition, since Mr Casey's death, three new units have been built to BDRP standards, providing capacity for another 223 prisoners to be accommodated in BDRP cells. All future units built at Port Phillip Prison will meet cell and fire safety standards. Even so, accommodating all P-rated prisoners in BDRP cells is not possible.

There are substantial costs involved in renovating the remaining prison cells to meet current cell and fire safety standards and cell renovation works of the scale recommended would significantly disrupt the operations of Port Phillip Prison and the daily movement of prisoners within Victoria's prison system.

Port Phillip Prison has advised that it will not place prisoners assessed at immediate risk of suicide and self-harm (S1) in regular cells in Scarborough South Unit. Prisoners on an S2 regime may remain in Scarborough South Unit during the day however wherever possible this is avoided. Port Phillip Prison will endeavour to avoid placing S3 prisoners in units with cells like that in Scarborough South Unit.

Port Phillip Prison - Staffing and Training at Scarborough South

6. *That the OCSR consider staffing arrangements at the Scarborough South Unit, with a view to determining whether staffing levels permit prison officers the opportunity to undertake their duty of care to prisoners, to an appropriate level. I make this recommendation despite the fact that current staffing levels have received the approval of the APOA.*

This recommendation will be implemented.

Corrections Victoria's Contract Management Branch is the appropriate body to conduct this work through its formal relationship with G4S Custodial Services Pty Ltd (G4S), the private operator of Port Phillip Prison. The OCSR will monitor the outcomes of this work.

7. *That the OCSR undertake a review of Exhibits 14(c), 32(d) and (e), and other G4S training materials relevant to training reference 'at risk' prisoners, as required, (to include training and update training records), to seek to ensure that both training and training updates are being carried out in a timely way with appropriate course content, having particular regard to the need for all PPP prison officers and RRT staff to fully comprehend*
- a) *the role of case worker and back up caseworker*
 - b) *the purpose and ambit of 'meaningful conversations', in regard to a prisoner on observation watch and the recording of that matter*
 - c) *first principle identification of SASH risk issues, as set out in training manual exhibit 14(c) and*
 - d) *the importance of proper minute taking in all RRT meetings, which minutes should fully reflect any division in views, which may occur at any such review meeting.*

This recommendation will be implemented.

The OCSR will undertake a review of the training G4S provides to its staff in the management of 'at risk' prisoners, including a review of G4S training materials, timeliness of the training provided and the appropriateness of the G4S course content.

Port Phillip Prison - St Vincent's Corrections Health Service

8. *That the suggestions made in the Department's submissions on suicide risk assessment be formally adopted by the Commissioner, Corrections Victoria and be included within an amended G4S Operational instruction 107. The Department of Justice submission to the Court stated there is a need to amend Operational Instruction 107.12.1 as follows:*

"When a downgrade of a suicide rating is being contemplated, there is to be:

- a) *a period of at least 24 hours between each downgrade*
- b) *that each downgrade is supported by a formal risk assessment by an appropriately qualified mental health professional*
- c) *that each downgrade is supported by the Risk Review Team prior the S rating being changed*
- d) *that upon reception at another location where a prisoner is on an active S rating (S1, S2 or S3) the prisoner must not be downgraded without a formal risk assessment as in b) above, with the decision to reduce the rating later endorsed by the Risk Review Team."*

The recommendation will be implemented.

Corrections Victoria is preparing a Commissioner's Requirement for At Risk Procedures reflecting the department's submission, and it is being finalised for introduction in March 2013. A Commissioner's Requirement applies to both public and privately operated prisons.

Port Phillip Prison advises that it has amended Operational Instruction No. 107 'At Risk Prisoners' and that all four parts of this recommendation have been actioned and are in place at the prison. Port Phillip Prison will further amend Operational Instruction No. 107 pending any further alignment necessitated by the proposed Commissioner's Requirement for At Risk Procedures.

9. *That a full clinical review, the observations and findings of which are recorded on a properly developed risk assessment tool, should be sought prior to presentation of the particular matter to the RRT or like, and that any recommendation should not go before the RRT unless or until the analysis document tool, recommends with cause, a downgrade of the relevant classification.*

An alternative to this recommendation has been implemented.

The Justice Health Unit Quality Framework, completed in November 2011, outlines the responsibility for the safe and effective management of prisoners deemed to be at risk of self-harm or suicide (Attachments 2 - 4). The functional outcomes include professional 'at risk' assessments and related management plans kept in the patient's health record, 'at risk' prisoners subject to ongoing review, monitoring and appropriate referral, immediate management based on an interim risk management plan, and service providers are required to manage the prevention of self-harm and suicide of persons in custody.

In accordance with the Health Service Standards within the Quality Framework, a tool will not be developed but the clinical 'at risk' assessment and observations are recorded and clearly identified in the medical progress notes using an 'at risk' stamp. The 'at risk' assessment is completed and documented by an appropriately trained mental health professional as per the frequency review for S rated prisoners, as set out in Corrections Victoria's Deputy Commissioner's Instruction 1.02 - At Risk Procedures and the proposed Commissioner's Requirement for at risk procedures.

The mental health professional presents the assessment findings of the 'at risk' assessment to the multidisciplinary Risk Review Team. The Risk Review Team considers the assessment and applies an appropriate S rating. The Corrections Victoria health services officer completes the Modified Risk Management Plan as a record of the Risk Review Team risk assessment. All members of the Risk Review Team involved in the assessment sign the Modified Risk Management Plan.

10. *G4S instruction 107 should be amended to reflect this.*

Port Phillip Prison has amended Operational Instruction 107 to align its policies and practices with the Deputy Commissioner's Instruction 1.02 - At Risk Procedures. Further amendments are pending Corrections Victoria's proposed Commissioner's Requirement for At Risk Procedures (as per response to recommendation 8, above).

Port Phillip Prison – 'At Risk' Prisoner medication

11. *That Pacific Shores Pty Ltd and St Vincent's Correctional Health Service, in consultation with the Commissioner of Corrections and G4S, develop protocols, which recognise that the provision of appropriate drug substitution medication within PPP, is a medical rather than an administrative issue.*

This recommendation is under consideration.

For recommendation 11 you found that current protocols limiting prisoners' access to the opioid substitution therapy program were based on administrative rather than medical issues and you report that all Australian states and territories maintain a similar approach. Your recommendation is also partly reliant on a report by Dr Ong provided during the sentencing of Mr Casey, which was not provided to the Department of Justice.

The department agrees that suitability for opioid substitution medication is a medical rather than administrative issue. Participation in the Opioid Substitution Therapy Program is a clinical decision made by the prescribing doctor in consultation with the patient, however, resource and operational constraints mean that at times there is a wait for therapy to commence.

In March 2012, the Executive Director, Corrections, Health and Crime Prevention approved a review of the Victorian Prison Drug Strategy and the Community Correctional Services Alcohol and Drug Strategy. The revised single Corrections Alcohol and Other Drug Strategy is due for release in 2013. Justice Health's input into the review will include consideration of this recommendation.

General - Clinical Psychologists in MAP and PPP

12. *Only those psychologists, who obtain endorsement as clinical psychologists from the Psychology Board of Australia, be permitted to undertake such suicide risk assessment evaluations at MAP and PPP.*

This recommendation is unable to be implemented.

The department believes the current arrangements for personnel who perform suicide and self-harm risk assessment are appropriate. In the prison setting, the assessment of mental illness, abnormal behaviours and psychiatric issues is referred to mental health professionals such as psychiatrists and mental health registered nurses, or if necessary, to forensic psychologists operating within their scope of practice.

Due to the nature of the work in the prison system, it is not possible for clinical psychologists to maintain their practice requirements and so they are not typically employed in prisons.

All health staff working in the prison environment must work within their scope of practice as per the Australian Health Practitioner Regulation Authority and forensic psychologists operating within their scope of practice have all the necessary skills, experience and qualifications to undertake 'at risk' assessments when required.

13. *The Commissioner of Corrections Victoria amend the existing Directive to reflect this change of approach.*

As in recommendation 12, this recommendation is unable to be implemented.

14. *Both Corrections Victoria and Justice Health henceforward seek to ensure that only those persons endorsed who have applied for and received clinical psychologist Board endorsement, are contracted to undertake this specific aspect of the work of psychologists, within Victorian prisons.*

As in recommendation 12, this recommendation is unable to be implemented.

It is the expectation of the department that recruitment processes ensure all staff have the necessary licences, registration, qualifications, skills and experience to perform their work. The department also requires that a structured system be in place for credentialing and delineating the scope of clinical practice and clinical supervision to support safe, quality healthcare.

15. *Medically qualified specialist staff, under the auspices of the Chief Psychiatrist, be invited by the Corrections Commissioner to undertake periodic prison visits to MAP and PPP.*

An alternative to this recommendation has been implemented.

Justice Health is responsible for ensuring mental health services in Victoria's prisons operate according to standards as set out in the Justice Health Quality Framework, 2011. To this end, Justice Health conducts regular audits of care via its performance monitoring program.

The Chief Psychiatrist's jurisdiction covers public mental health facilities and does not extend to health services provided in prisons. However, Justice Health works closely with the Office of the Chief Psychiatrist. The Chief Psychiatrist is an *ex officio* member of the Justice Health Clinical Advisory Committee and Justice Health Joint Management Committee. Justice Health also draws on the expertise of the Office of Chief Psychiatrist as required.

Should you require any further information, please do not hesitate to contact Ms Liana Buchanan, Director, Office of Correctional Services Review on (03) 9947 1648.

Yours sincerely


Dr Claire Noone
Acting Secretary