



Department of Justice and Community Safety

Secretary

Level 26
121 Exhibition Street
Melbourne Victoria 3000
Telephone: (03) 8684 0501
justice.vic.gov.au

Coroner Peterson
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

By email: cpuresponses@coronerscourt.vic.gov.au

Dear Coroner Peterson

Finding into the death following Inquest – Mr Michael Suckling – COR 2021 001217

I refer to your findings and recommendations delivered on 13 December 2024 into the passing of Mr Michael Suckling at Ravenhall Correctional Centre on 7 March 2021.

Of the 11 recommendations directed to the Department of Justice and Community Safety (DJCS) or its business units, DJCS accepts or accepts in principle all recommendations, noting two of these are subject to further funding. Actions addressing the intent of five of the recommendations have already been implemented.

Recommendation 1 – That the Department of Justice and Community Safety update the Justice Health Quality Framework 2023 to reflect the principle of equivalency of care should be:

a) Measured in terms of health outcomes in addition to accessibility and availability of health services

DJCS accepts this recommendation in principle. DJCS considers that the most effective way to deliver on the intent of this recommendation is to:

1. Develop outcome measures that indicate the effectiveness of health service providers' performance in:
 - Health outcomes for Aboriginal people receiving services
 - Delivery and impact of trauma-informed services
 - Delivery and impact of culturally safe services.
2. Assess and negotiate the implementation of outcome measures as Key Performance Measures under the health service provider contracts, once they are developed and reliable reporting can be provided.

Development of these measures is expected to commence in 2026.

b) For Aboriginal prisoners, measured against the types of services provided by Aboriginal Community Controlled Health Organisations (ACCHOs) rather than those of mainstream providers.

DJCS accepts this recommendation in principle. DJCS considers that the most effective way to deliver on this recommendation is to:

1. Partner with the ACCHO sector to develop an Aboriginal-led model of healthcare to be delivered by ACCHOs through in reach services.
2. Partner with the ACCHO sector to implement and deliver a proof-of-concept model at a single site.



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Development of an Aboriginal-led model of healthcare is underway and is expected to be finalised by June 2025. Implementation is dependent on funding.

2 – That the Department of Justice and Community Safety update the Justice Health Quality Framework 2023 to reflect the recommendations of the Equally Well Consensus Statement.

DJCS accepts this recommendation. Justice Health is currently updating the *Healthcare Services Quality Framework for Victorian Prisons 2023* to add *Part C, Secondary Mental Health Services*. This will integrate the principles of the Equally Well Consensus Statement, ensuring the revised secondary mental health services framework promotes a holistic approach to care by embedding the integration of mental and physical wellbeing.

This update to the Quality Framework will be implemented in July 2025.

3 – That the Department of Justice and Community Safety ensure that the standard comprehensive medical and psychiatric reception assessment processes are structured to apply to all newly-received prisoners, regardless of entry points. Where a prisoner is received via a non-reception prison, Corrections Victoria will ensure that notice is provided to:

- (i) the contracted prison manager (if applicable);**
- (ii) the primary health service provider; and**
- (iii) Forensicare, that comprehensive medical and psychiatric assessments are required to be arranged within 24 hours for a particular prisoner.**

DJCS accepts and has implemented this recommendation.

Service specifications set by Justice Health, in place from July 2023, require reception medical and mental health assessments to be conducted within 24 hours for all people received into prison custody.

Corrections Victoria has processes to ensure the timely assessment of people upon reception regardless of reception location. Section 9.2.1 of the Correctional Management Standards states the General Manager will ensure that upon initial reception all prisoners will undergo a comprehensive health, medical and psychiatric screening assessment by a medical practitioner as soon as possible after initial reception, and not later than 24 hours after reception. This section is reflected in the Standards for both men's and women's prisons.

This is further supported by Deputy Commissioner's Instruction 1.11, endorsed on 26 October 2022, which states at *1.6 Medical and Mental Health Assessment*:

all prisoners on initial reception into the prison system will be assessed by the contracted health services provider and subject to a risk assessment by a mental health professional within 24 hours of reception. The General Manager will establish a process to ensure that the contracted health service provider is routinely notified of all new receptions by way of a list and that health staff have timely access to all prisoners requiring assessments.



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4 – That Justice Health work with Forensicare, Correct Care Australasia (CCA), GEO and St Vincents Correctional Health Services (SVCHS) to ensure access to therapeutic counselling / psychologists is provided at all prisons in Victoria without being tethered to offender management programs.

DJCS accepts this recommendation in principle. Justice Health contracts a range of mental health services for people in custody that are not linked to offender management programs. This existing suite of services prioritise acute mental health needs. Further expansion of therapeutic counselling / psychology services in custodial settings would require additional funding.

5 - That Justice Health prepare and circulate a guideline or bulletin to all Health Service Providers for people in Victorian prisons to remind prison-based clinicians that:

- a) weight measurements should be confirmed via scales as far as reasonably practicable and witnessed by clinicians, unless reasons otherwise exist which should be documented.**
- b) records should clearly indicate whether a weight measurement has been recorded using standing scales, or has been self-reported.**

DJCS accepts this recommendation in principle and has implemented an alternative to achieve the intent of the recommendation.

As well as record keeping requirements set by individual National Boards for individual practitioners, the *2023 Health Services Quality Framework* requires that health service providers meet NSQHS standards in relation to healthcare records. Justice Health considers that issuing a specific guideline or bulletin on this matter is unnecessary. Justice Health has reminded health service providers of the importance of accuracy in the context of implementing JCare and other changes related to the recording of weight.

6 - That Justice Health, in conjunction with all Health Service Providers, ensure there is a policy or operating instruction addressing multidisciplinary case management for prisoners with complex health issues, including:

- a) clear referral criteria for identification of complex cases and inclusion in complex case management meetings;**
- b) that one of the criteria for multidisciplinary referral is obesity, where the prisoner has a BMI is above 35 (Class II obesity), or where girth measurement places a patient in a high-risk category, and where their patient has at least one comorbidity, unless otherwise clinically indicated;**
- c) when the above criteria at (b) are met but the prisoner is not referred to multidisciplinary case management, the clinical rationale should be documented.**

DJCS accepts this recommendation in principle. Justice Health will issue Contract Action Notices to all health service providers requiring them to provide copies of their policies, procedures or guidelines addressing multidisciplinary case management for prisoners with



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complex health issues, including referral criteria for identification of complex cases and inclusion in complex case management meetings.

Updated policies, procedures and guidelines are expected to be in place by September 2025.

7 - That Justice Health mandates a requirement for primary health service providers in prisons that:

- a) a prisoner who is prescribed psychotropic medication should be screened for cardiometabolic risks; and**
- b) where significant or rapid weight gain occurs which, in the opinion of the clinician, increases the individual prisoner's cardiometabolic risk profile this triggers reassessment.**

DJCS accepts this recommendation in principle.

New service specifications for primary health providers in public prisons provide a comprehensive framework for health care delivery. These require that primary health service providers adopt a holistic approach to screening, referrals, and timely follow-up care that support early detection and management of health conditions in line with community best practice. To further strengthen the response of primary health providers, Justice Health will work with the secondary mental health provider to explore opportunities to further clarify the expectations on how primary and secondary mental health providers should work together in relation to medication management.

Updated Quality Framework and service specifications will be implemented in July 2025.

8 - That Justice Health makes modifications necessary in J-Care to allow for the following:

- a) Inclusion of details in J-Care that indicate the full name, role, discipline and employer of clinicians;**
- b) Add in fields or drop-down options to accurately record reasons for non-attendance;**
- c) Development of fields to record height, weight, waist circumference and calculation of BMI.**

DJCS accepts and has implemented this recommendation.

The necessary modifications have been made in JCare with the exception of the ability to record the employer of clinicians in JCare within individual records.



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- 9 - That Justice Health explore the feasibility of developing the following:**
- a) a prompt for cardiometabolic monitoring in relation to patients on psychotropic and other weight-gaining medications;**
 - b) a system to ensure that Gateway and J-Care can interact to capture patient referrals and follow-up**

DJCS accepts this recommendation in principle.

Justice Health will explore the benefits of, and feasibility of, prompts for cardiometabolic monitoring of patients on weight-gaining medications and adapting existing systems to better capture patient referrals and follow up.

- 10 - That Justice Health ensure all Aboriginal passings in custody give rise to a Root Cause Analysis coordinated by the primary health care provider in conjunction with any secondary or tertiary health services involved in the patient's care.**

DJCS accepts and has implemented this recommendation.

In April 2024, Justice Health released an updated practice instruction, requiring health service providers to conduct their own review following any death in custody, and to provide a copy of this review to Justice Health.

- 13 - That Justice Health, SCVHS, CCA and GEO work with the Yilam and the Aboriginal community to identify opportunities to increase the pool of potential Aboriginal Health Workers, with the view of having a minimum of one full-time equivalent AHW at every prison in Victoria.**

DJCS accepts and has implemented this recommendation.

Since July 2023, Justice Health has required primary health providers in public prisons to have a dedicated Aboriginal health workforce comprising Aboriginal Health Practitioners, Aboriginal Health Workers, and Aboriginal Liaison Officers to provide culturally safe clinical care, advocacy, and support. DJCS has also recently reached agreement with primary health providers in private prisons to support recruitment of Aboriginal health staff. All public prison sites that do not have a current Aboriginal health worker are supported by outreach clinics.

Justice Health continues to work collaboratively with providers to support implementation of a number of strategies to increase the number of Aboriginal Health Workers and Practitioners, including traineeships for new Aboriginal health workers and support for current Aboriginal health workers to upgrade their qualifications.



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For further information on recommendations under consideration by DJCS, please contact Susannah Robinson, Executive Director, Justice Health on [REDACTED] or at [REDACTED]

Yours sincerely

Kate Houghton PSM
Secretary

11/03/2025