

2022

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

TENTH ASSEMBLY

**Auditor-General Report No. 1
Management of Detainee Mental Health Services in the
Alexander Maconochie Centre**

Government Response

**Presented by
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Minister for Justice Health
August 2022**

ACT Government Response to Recommendations

Recommendation	Government Response	Implementation
<p>RECOMMENDATION 1 STRATEGIC PLANNING</p> <p>Canberra Health Services should, in conjunction with the ACT Health Directorate, develop a Clinical Services Plan for the delivery of mental health services in the Alexander Maconochie Centre. This plan, developed in partnership with Winnunga Nimmityjah Aboriginal Health and Community Services, and other relevant stakeholders, should include explicit embedding of culturally responsive services for Aboriginal and Torres Strait Islander peoples.</p>	<p>Agreed</p> <p>It is recognised there is a need to identify and document current and future health and wellbeing outcomes for the delivery of mental health services within the AMC. This aligns to the Territory Wide Health Services Plan and Closing the Gap initiatives, and can be implemented from within existing resources.</p> <p>A Clinical Services Plan (CSP) will strengthen the purpose of the Health Advisory Group and provide the membership with key responsibilities. A CSP will highlight the interagency complexities and dynamism and will inform current and future Key Performance Indicators (KPIs).</p>	<p>30 June 2023</p> <p>CHS will develop a CSP in partnership with JACS, ACT Health and Winnunga.</p>
<p>RECOMMENDATION 2 RECORD KEEPING SYSTEM</p> <p>Canberra Health Services should ensure its record keeping system provides the functionality to extract key information, such as demographic and service need data, that supports effective resource planning.</p>	<p>Agreed</p> <p>Canberra Health Services (CHS) recognises the benefits of strengthening the functionality of their record keeping systems and acknowledges there are opportunities for improvements in this space.</p> <p>A new record keeping system, Digital Health Record (DHR), is currently in the development stages, with Go-Live planned for November 2022.</p> <p>It is anticipated that the DHR will strengthen CHS' record keeping capabilities, and in turn provide functionality to extract key information that can be used for service and resource planning.</p> <p>Justice Health Services are liaising with the vendor for specific modifications required to address this recommendation.</p> <p>Note: other service providers may not be able to contribute to DHR.</p>	<p>November 2022</p> <p>The DHR is a CHS initiative.</p>

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<p>RECOMMENDATION 3 PROVISION OF PSYCHOLOGICAL SERVICES TO DETAINEES</p> <p>In order to demonstrate that the requirements of section 53 of the Corrections Management Act 2007 are met, the Justice and Community Safety Directorate should:</p> <ul style="list-style-type: none"> a) define what an ‘equivalent standard of health care to that available to other people in the ACT’ means in practice; and b) ensure the provision of psychological services to detainees meets this standard. 	<p>Agreed in Principle</p> <p>Access to public mental health services both within and external to the AMC will vary over time according to available resources and demand. Detainees are afforded sound and effective care, including psychological services. The referral pathways within the AMC for psychological services are like those within the community. This includes self-referrals and stepped care models.</p> <p>In addition, there are a number of KPIs that both JACS and CHS use to ensure the care provided is safe and high-quality. Detainees identified as ‘At Risk’ will be triaged within two hours, clinically managed detainees received a psychiatrist review every three months, and detainees on involuntary treatment orders are reviewed by a health professional every two weeks.</p> <p>The National Mental Health Commission has commenced a project reviewing the 2006 National Statement of Forensic Mental Health Principles. A principle under review being ‘equivalence to the non-offender’. The review will provide further opportunity to consider how equivalency in mental health care for detainees can be expressed, measured and monitored.</p> <p>Further, the ACT Supreme Court decision <i>Brown v Director-General of the Justice and Community Safety Directorate</i> [2021] ACTSC 320 which found that the provision of health services does not need to be ‘identical in form or substance with a service which might be provided in the community’ to meet the standard set out in s53. Noting that the decision is subject to an appeal at this time of writing, this finding shows that in the context, and the outcome of that appeal will be considered in responding to this recommendation.</p> <p>If gaps are identified as part of this exploration, JACS and CHS will work collaboratively to address these. Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	<p>30 June 2023</p> <p>Following completion of the review of the 2006 National Statement of Forensic Mental Health Principles, JACS, in conjunction with CHS, will consider how equivalency in mental health care for detainees can be expressed, measured, and monitored.</p>

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<p>RECOMMENDATION 4 TRAINING FOR CUSTODIAL OFFICERS IN THE CRISIS SUPPORT UNIT</p> <p>ACT Corrective Services, in conjunction with Canberra Health Services, should:</p> <ul style="list-style-type: none"> a) develop and deliver a training package that assists Custodial Officers to provide effective management and support to detainees with mental health conditions. This should be supported by the development of a refresher training package for Custodial Officers to be delivered at regular intervals; and b) develop and deliver a training package for those staff working within the Crisis Support Unit and provide these staff with ongoing supervision and support. 	<p>Agreed in Principle</p> <ul style="list-style-type: none"> a) There is a current training package – in both mandatory training and refresher forms. b) Suicide and self-harm (SASH) training encompasses identification and management of those at-risk of suicide and self-harm. The training is delivered by CHS to new recruits and all Correctional Officers through mandatory refresher training schedules. CHS additionally deliver a broader training session on mental health to new Officer recruits. <p>CHS and ACTCS will collaboratively review the current training package and update elements as required whilst maintaining the commitment to deliver the training as scheduled to avoid any lapse in currency for Officers. The review will consider the inclusion of broader elements of identification and management of those with mental health conditions to supplement the SASH training. Additional resourcing, if required, will be subject to ACT Government budget processes.</p> <p>Due to agility in rostering, training will be prioritised to any staff identified to regularly work in the Crisis Support Unit and correctional managers. As is the case currently with SASH training regular refresher training will be maintained for all Correctional Officers noting any of them could work in an area.</p>	<p>31 December 2023</p> <p>CHS and JACS will collaboratively review the current SASH training package and update elements as required.</p>
<p>RECOMMENDATION 5 ESTABLISHMENT OF SHARED CARE ARRANGEMENTS</p> <p>Canberra Health Services and the Justice and Community Safety Directorate should jointly:</p> <ul style="list-style-type: none"> a) establish and document the shared care arrangements for detainees with mental health conditions; and 	<p>Agree in Principle</p> <ul style="list-style-type: none"> a) Both JACS and CHS have developed and documented their provision of services through individual models of care. The shared care arrangements between JACS and CHS have been established for some time, however it is recognised that these need to be documented. b) The JACS and CHS Arrangements document is currently being updated. The shared care arrangements that are already 	<p>31 December 2022</p> <ul style="list-style-type: none"> a) JACS and CHS will both update their Model of Care documents to highlight agency interface. b) The Arrangements document, including the accompanying schedules

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<p>b) develop a Service Level Agreement.</p>	<p>established and operational between JACS and CHS will be included as part of the Arrangements schedule. CHS and JACS will work collaboratively to develop a schedule to the arrangements that outlines agency interface of each model of care for the provision of mental health services in the AMC. Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	<p>will be developed and consulted on by 31 December 2022.</p>
<p>RECOMMENDATION 6 OVERSIGHT OF WINNUNGA SERVICE DELIVERY ARRANGEMENTS AND FUNDING</p> <p>To improve the oversight of ACT Government service arrangements with Winnunga Nimmityjah Aboriginal Health and Community Services, ACT Health, in partnership with Canberra Health Services and Winnunga, should establish arrangements for the improved oversight of services described under the Winnunga funding agreement that are provided in the Alexander Maconochie Centre.</p>	<p>Agreed in Principle</p> <p>The provision of health services in the AMC by Winnunga is central to providing safe, high quality and culturally appropriate health care in the AMC with the appropriate level of assurance. The ACT Government supports ACT Health, CHS (Justice Health) and JACS (ACT CS) will work collaboratively to provide the appropriate level of assurance of the service arrangements with Winnunga to provide services at the AMC. Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	<p>30 June 2023</p> <p>Providing the appropriate level of assurance of ACT Government service arrangements with Winnunga will be solely explored by ACT Health, and not CHS.</p> <p>Approaches to strengthen interagency partnerships and co-design of health service delivery, however, will be further explored by JACS, CHS and ACT Health.</p>
<p>RECOMMENDATION 7 CUSTODIAL MENTAL HEALTH SERVICES OPERATIONAL GUIDE</p> <p>Canberra Health Services should finalise the draft Custodial Mental Health Services Operational Guide.</p>	<p>Agreed</p> <p>Canberra Health Services has completed the Custodial Mental Health Services Operational Guide draft and following the finalisation of the ACT Government Response to the Report, this will be circulated for consultation with key stakeholders.</p>	<p>31 December 2022</p> <p>CHS will align the Custodial Mental Health Operational Guide to the Justice Health Strategy, which is due for finalisation by December 2022.</p>
<p>RECOMMENDATION 8 HEALTH ADVISORY GROUP'S TERMS OF REFERENCE</p>	<p>Agreed</p> <p>ACT Government recognises the need to strengthen governance of health service delivery within the AMC and is supportive of reinvigorating the Health Advisory Group's function and purpose.</p>	<p>30 September 2022</p> <p>JACS and CHS will partner to reinvigorate the TOR.</p>

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<p>Canberra Health Services and ACT Corrective Services should review and update the Health Advisory Group Terms of Reference.</p>	<p>To support this and provide an inclusive forum for partnership and co-design, the current membership will be reviewed, invitations will be extended to service providers with whom it has agreements, communication linkages between governance groups will be established and the Terms of Reference (TOR) will be updated to reflect these changes.</p> <p>The Health Advisory Group will provide clinical governance for health services within the AMC, including the provision of mental health services. This includes supporting the development of the CSP, developing further KPI's to monitor outcome measures and quality and safety, maintaining the risk register.</p> <p>The re-established Health Advisory Group will initially concentrate on establishing roles and responsibilities within AMC with a focus on clarity between clinical and non-clinical roles.</p> <p>An additional responsibility of the Health Advisory Group will be facilitating the sharing of key information. This includes a top-down approach to teams within the AMC, and a bottom-up approach for the escalation of any matters to agency Executives.</p> <p>These changes will be implemented from within existing CHS resources.</p>	
<p>RECOMMENDATION 9 LINKAGES BETWEEN GOVERNANCE GROUPS</p> <p>ACT Corrective Services and Canberra Health Services should establish clear reporting lines that provide communication linkages between current governance groups.</p>	<p>Agreed</p> <p>ACT Government recognises and supports the need to establish and document clear reporting lines that provide communication linkages between current governance groups. In addition to reinvigorating the Health Advisory Group purpose and function, CHS, JACS and ACTHD and Winnunga will identify governance pathways within their respective agencies that will support information reporting and escalation of issues from the Health Advisory Group. These reporting lines will also be outlined in the Health Advisory Group Terms of Reference and captured in the JACS and CHS Arrangements schedule.</p> <p>These changes will be implemented from within existing CHS resources.</p>	<p>30 September 2022</p> <p>To ensure the Health Advisory Group Terms of Reference captures these reporting lines, implementation of this recommendation will need to align to the timeframe of Recommendation 8.</p>

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<p>RECOMMENDATION 10 KEY PERFORMANCE INDICATORS</p> <p>Canberra Health Services and ACT Corrective Services should develop, and report against, key performance indicators that measure:</p> <ul style="list-style-type: none"> a) access to mental health treatment options; and b) the delivery of mental health services within AMC. <p>Additionally, Canberra Health Services should report against a performance measure that relates to the development of release plans.</p>	<p>Agreed in Principle</p> <ul style="list-style-type: none"> a) KPIs that currently measure access to mental health treatment options include: <ul style="list-style-type: none"> i) 'At Risk' referrals are triaged within two hours; ii) Clinically managed detainees receive a psychiatrist review every three months; iii) Detainees on an involuntary treatment order are reviewed by a health professional every two weeks; iv) Number of referrals received is reviewed and measured; and v) Wait times between referral and response is measured a) KPIs that currently measure delivery of mental health services within the AMC include: <ul style="list-style-type: none"> i) 5% of all mental health care plans are audited annually for quality assurance <p>It is acknowledged development of further KPIs would strengthen the safety and quality of mental health services within the AMC, and additionally provide accurate information regarding service demand and resource requirements. The Health Advisory Group would be best placed to develop and monitor these additional KPIs.</p> <p>The Health Advisory Group will also consider aligning the outcome measures and KPIs within the AMC to those of the National Safety and Quality Health Service (NSQHS) Standards.</p> <p>The Integrated Offender Management Framework will be implemented in 2022. This model of holistic offender management will provide appropriate induction assessments, case and sentence planning including input from CHS on clinical elements of care and release planning and include effective release planning. A collaborative approach to shared clients such as those with mental health conditions is a priority element of the release plan for both agencies.</p>	<p>30 June 2023</p> <p>The Health Advisory Group TOR is due to be updated by 30 September 2022. This timeframe will allow establishment of the new membership prior to developing further KPIs.</p>

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	<p>CHS refers to the 'release planning' as 'discharge planning' due to the clinical nature of services provided, and work has commenced to develop discharge plans for detainees.</p> <p>Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	
<p>RECOMMENDATION 11 SUICIDE VULNERABILITY ASSESSMENT TOOL</p> <p>Canberra Health Services should have the Suicide Vulnerability Assessment Tool, used during the induction assessment process, validated by ACT Health for use in a prison environment.</p>	<p>Noted</p> <p>ACT Government agree that a validated suicide assessment tool for use in a custodial setting is vital for the effective screening of detainees at risk of suicide or self-harm.</p> <p>CHS are currently transitioning from the Suicide Vulnerability Assessment Tool (SVAT) to the Connecting with People (CwP) SAFETool. As part of CHS core business, the implementation will be evaluated through usual safety and quality processes.</p>	<p>N/A</p>
<p>RECOMMENDATION 12 CUSTODIAL OFFICERS MENTAL HEALTH IDENTIFICATION TRAINING AND GUIDANCE MATERIAL</p> <p>To improve the timely identification of mental health issues in detainees by Custodial Officers, ACT Corrective Services should provide:</p> <ul style="list-style-type: none"> a) on-going mental health identification training to Custodial Officers; b) guidance material that identifies the warning signs for psychiatric and psychological illness; and c) guidance material that details the referral process for those detainees not considered at-risk. 	<p>Agreed</p> <ul style="list-style-type: none"> a) Refer to Recommendation 4 rationale as it also covers this recommendation. b) and c) It is acknowledged that guidance material in identifying warning signs for psychiatric and psychological illness and detailing the referral process for those detainees not considered at-risk would be beneficial for ACTCS Custodial Officers. These materials will be developed by CHS and they will be made available developed and made available as part of the review of the training package with subject matter experts. <p>These changes will be implemented from within existing resources.</p>	<p>30 June 2023</p>

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<p>RECOMMENDATION 13 SELF-REFERRAL PATHWAY FOR DETAINEES</p> <p>ACT Corrective Services should develop clear guidance material for detainees that details the self-referral pathways for mental health concerns.</p>	<p>Agreed</p> <p>At present, there is a handbook that outlines the referral pathways and detainees are advised of these on reception to the facility.</p> <p>JACS recognises the need to strengthen visibility of self-referral pathways and access to information sources, such as the previously mentioned handbook and will consider other communication methods such as videos.</p>	<p>30 June 2023</p>
<p>RECOMMENDATION 14 COLLABORATIVE CARE PLANS</p> <p>Canberra Health Services should improve the comprehensiveness of Collaborative Care Plans for all detainees with psychiatric risk ratings.</p>	<p>Agreed</p> <p>CHS acknowledges this feedback and welcomes the opportunity to improve the comprehensiveness of Collaborative Care Plans for all detainees with psychiatric risk ratings.</p> <p>This type of quality improvement project aligns to the CHS Strategic Plan and will be supported by the Justice Health Strategy. This project will be implemented from within existing resources.</p>	<p>31 December 2022</p>
<p>RECOMMENDATION 15 HIGH-RISK ASSESSMENT TEAM MEETINGS</p> <p>Canberra Health Services and ACT Corrective Services should ensure that:</p> <ul style="list-style-type: none"> a) sufficient detail is recorded in meeting minutes of the High-Risk Assessment Team to support subsequent decisions and actions; b) a process is established and documented that ensures advice is sought from an Aboriginal or Torres Strait Islander health professional regarding at-risk Aboriginal and Torres Strait Islander detainees. 	<p>Agreed</p> <ul style="list-style-type: none"> a) ACTCS and CHS acknowledge this feedback and welcome the opportunity to enhance the details captured in the High-Risk Assessment Team (HRAT) meeting minutes. High-Risk Assessment Team meetings occur each business day and is a forum for multi-agency decision and intervention planning for detainees at risk of suicide or self-harm. Meeting attendees will guide the meeting secretariat in identifying and recording key points that will support subsequent decisions and actions. b) There is a recognised opportunity to create an Aboriginal and Torres Strait Islander Mental Health Worker role as these positions have been of great benefit in other jurisdictions. While feasibility and creation of this role is undertaken, seeking advice regarding Aboriginal and Torres Strait Islander detainees will be incorporated into the High-Risk Assessment Team meeting functions. <p>These changes will be implemented from within existing resources.</p>	<p>30 June 2023</p>

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<p>RECOMMENDATION 16 OPERATIONAL GUIDE FOR DELIVERY OF TREATMENT OUTSIDE CUSTODIAL MENTAL HEALTH</p> <p>Canberra Health Services should develop an operational guide that details the operational and clinical procedures to be undertaken for detainees who fall outside the criteria for treatment by the Custodial Mental Health team.</p>	<p>Agreed in Principle</p> <p>Currently, the JACS Model of Care document supports and guides the delivery of treatment for detainees to fall outside the criteria for the CHS custodial mental health team. It is important to note that emotional distress does not equate to a mental illness, and while detainees may experience emotional distress, it does not mean they are mentally ill.</p> <p>It would not be appropriate for CHS to develop an operational guide for services that are outside their scope of service delivery or governance; however, CHS and JACS will work collaboratively to identify and resolve any gaps in current documentation and delivery. ACTCS draft model of care is currently being consulted on and finalised.</p>	<p>31 December 2022</p>
<p>RECOMMENDATION 17 ABORIGINAL LIAISON OFFICER NUMBERS</p> <p>Canberra Health Services should undertake an assessment of the number of Aboriginal Liaison Officers required to meet service needs, including support during the induction process, of Aboriginal and Torres Strait Islander detainees and recruit to this number.</p>	<p>Agreed in Principle</p> <p>ACTCS Policy requires inductions and assessments have an Aboriginal Liaison Officer (ALO) present. This policy is being reviewed amongst other induction and assessment policies to ensure the needs of detainees are assessed and met appropriately.</p> <p>Detainees within the AMC who identify as Aboriginal and Torres Strait Islander receive a cultural induction and assessment from the Aboriginal and Torres Strait Islander services team within the first week of their induction. In addition, an Aboriginal and Torres Strait Islander peer support detainee will see newly inducted detainees [who identify as Aboriginal and Torres Strait Islander] within the first 24 hours of their reception.</p> <p>The CHS Operational Guide is still being finalised, however the process 'offer and refer', outlines the expectation that every detainee who identifies as Aboriginal and Torres Strait Islander is referred to an ALO and seen within seven days.</p> <p>While ALOs are not clinical team members, they do support and assist detainees who identify as Aboriginal and Torres Strait Islander. Recognising Aboriginal and Torres Strait Islander detainees account</p>	<p>30 June 2023</p> <p>Noting feasibility and creation of Aboriginal and Torres Strait Islander mental health worker roles will be explored through recommendation 15, CHS will consider ways to enhance culturally appropriate support and services within the AMC.</p>

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	<p>for approximately one third of the total population within the AMC, CHS is committed to enhancing the availability of culturally appropriate and safe support to detainees.</p> <p>It is anticipated the creation of an Aboriginal and Torres Strait Islander mental health worker role will strengthen the interface between clinical and culturally appropriate care and engagement. CHS and JACS recognise the benefit of Aboriginal and Torres Strait Islander mental health workers and the creation of this role will be explored further through the implementation of recommendation 15.</p> <p>Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	
<p>RECOMMENDATION 18 TRAUMA INFORMED CARE</p> <p>Canberra Health Services should introduce trauma informed frameworks to inform governance, clinical, and operational processes. This should include the development and implementation of trauma-informed care training for delivery to all clinical staff within Forensic Mental Health Services and Custodial Officers within ACT Corrective Services</p>	<p>Agreed in Principle</p> <p>Trauma informed care training is already a part of the training calendar for CHS, however due to COVID-19 restrictions and the temporary suspension of face-to-face training, this module was not available.</p> <p>It is recognised that training compliance and up-take could be strengthened by adapting the mandatory training requirements to include trauma informed care modules.</p> <p>A two-day training course covering trauma aware practices, facilitated by Blue Knot has been delivered to the ACTCS Offender Reintegration team including the clinician teams. It is worthy to note that trauma informed care is a clinical specialty and therefore not appropriate for correctional officers. However, training in trauma aware practices would be appropriate for inclusion in the mental health training packages that are currently under review (refer to Recommendation 4).</p> <p>Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	<p>31 December 2022</p>
<p>RECOMMENDATION 19 RELEASE PLANNING</p>	<p>Agreed</p>	<p>30 June 2023</p>

Recommendation	Government Response	Implementation
<p>Canberra Health Services should develop release planning guidance material that covers all detainees with mental health care plans that:</p> <ul style="list-style-type: none"> a) describes the process for release planning; b) details what information should be contained in a release plan; c) establishes a consultation process with ACT Corrective Services when planning release for those detainees receiving mental health treatment from ACT Corrective Services clinical staff; and d) establishes a consultation process with Winnunga Nimmityjah Aboriginal Health and Community Services (or other service providers where necessary) when planning the release of Aboriginal and Torres Strait Islander detainees. 	<p>Release planning, or discharge planning, is something all agencies can partner to explore and co-design. CHS clinically managed clients have a care plan and will receive a discharge plan to ensure mental health care and servicing continues in the community. This is not feasible for many detainees who may transit through the prison system on a short length of time, require no mental health assistance or refuse mental health care. In these cases, there will not be a mental health care plan established.</p> <p>A CHS discharge planning procedure has been developed – it is currently in draft form pending consultation with relevant agency and service providers.</p> <p>The release plan under the IOM framework will be responsive to a detainee’s specific needs for reintegration to the community</p> <p>These procedures will outline the processes for release planning, and detail what information should be contained in a release plan or discharge plan.</p> <p>and d) These procedures will also establish the recommended consultation processes</p> <p>While the release planning for sentenced detainees can be undertaken, it is important to note that it can be difficult to document the release plan for detainees held on remand.</p> <p>Additional resourcing, if required, will be subject to ACT Government budget processes.</p>	