



# The Forensic Hospital

## Inpatient Services

Version 1.0

Front photo: *Architect impression of the Forensic Hospital grounds*

JUSTICE HEALTH  
Forensic Hospital  
1300 Anzac Parade  
Malabar NSW 2036  
PO Box 150  
Matraville NSW 2036  
Phone: + 61 2 9700 3700  
Fax: + 61 2 9700 3529  
[www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

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# Forensic & Long Bay Hospitals Directorate

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## Overview

The Forensic Hospital and Long Bay Hospital together form the Forensic and Long Bay Hospitals Directorate within Justice Health. The Directorate is managed by the Executive Director, Forensic and Long Bay Hospitals. The Forensic and Long Bay Hospitals operate as part of a continuum of mental health service delivery for forensic and high risk civil patients. The Directorate works in partnership with the Statewide Forensic Mental Health and Adolescent Health Directorates which provide ambulatory mental health services to patients in correctional and detention centres, courts and the community.

## Long Bay Hospital

The new Long Bay Hospital is located within the Long Bay Correctional Complex and provides mental health, medical, surgical, aged and rehabilitative and palliative care to patients in the correctional system. Long Bay Hospital is jointly operated by Justice Health and the Department of Corrective Services (DCS).

The Long Bay Hospital is an 85 bed facility with three distinct sections: a 40 bedded Mental Health Unit; a 30 bedded Medical Surgical Unit and an Aged Care and Rehabilitation Unit with 15 beds.

Long Bay Hospital delivers health care and associated services to its target population of persons detained in the NSW correctional system. The 15-bed Aged Care and Rehabilitation Unit provides timely and appropriate multidisciplinary health care to the increasing number of individuals in the correctional system over the age of 45 years.

The 30-bed Medical and Surgical Unit is designed to double the previous services provided to the inmate population and harness the resources provided by Primary Health, Population Health, Women's Health, Aboriginal Health, and Drug and Alcohol Services to reduce the inequity in health status between persons in custody and the general community.

When required, patients with a mental illness and concomitant physical health care needs can be accommodated in the Aged Care and Rehabilitation Unit or the Medical Surgical Unit for treatment of their physical illness.

The 40-bed Mental Health Unit operates as part of a continuum of mental health service delivery and in partnership with the Mental Health Screening Units at the Metropolitan Reception and Remand Centre and Silverwater Women's Correctional Centre as well as the Forensic Hospital.

## The Forensic Hospital

The Forensic Hospital is a stand-alone 135 bed high secure mental health facility for males, females and adolescents. The Hospital provides specialist mental health care for mentally disordered offenders or those at risk of offending. This group includes persons found not guilty by reason of mental illness or unfit to plead, and those transferred from correctional or detention centres for mental health treatment.

Forensic mental health is a specialised field within mental health. The primary objective of the Forensic Hospital is to provide a high secure environment in which to assess and provide care and treatment for patients in line with national and international best practice. The Forensic Hospital strives to provide the most humane care of mentally ill persons while ensuring the safety of patients, staff and the community.

A private consortium, PPP Solutions, provides facilities management, perimeter security and hotel services to the Forensic Hospital through a Public Private Partnership.

Clinical services are managed by the Clinical Director and the Nurse Manager, Mental Health. The day to day operational management of the Hospital is the responsibility of the Operational Nurse Manager. Individual unit management is the responsibility of the Nursing Unit Managers. Clinical teams in each unit are led by Consultant Psychiatrists. Nursing Team Leaders provide clinical leadership and ensure that high standards of care and clinical practice are maintained on every shift. Allied Health

Team Leaders provide discipline-specific clinical leadership and supervision.

The Hospital has five accommodation units covering the clinical spectrum from high dependency, acute care, continuing care to long stay and rehabilitation. There are specialised units for adolescents and women.

The Forensic Hospital has the following units:

Unit	Type	Gender	Beds
Unit 1	High Dependency Unit (HDU)	Male	6
	HDU	Male	6
	Acute	Male	11
	<b>Sub-total</b>		<b>23</b>
Unit 2	Adolescent Acute	Male	10
	Adolescent Acute	Female	6
	Acute	Female	17
	<b>Sub-total</b>		<b>33</b>
Unit 3	Extended Care	Male	20
	Special needs	Male	7
	<b>Sub-total</b>		<b>27</b>
Unit 4	Extended Care	Mixed	22
	Extended Care/ Rehabilitation Assessment	Mixed	10
	<b>Sub-total</b>		<b>32</b>
Unit 5	Rehabilitation	Mixed	20
<b>Grand Total</b>			<b>135</b>

## Description of Units

### Austinmer

Austinmer is a 23 bed acute admission unit for males. The unit comprises two high dependency areas of 6 beds each and an 11 bed acute area.

The major goal of this unit is the provision of gender-sensitive assessment and stabilisation of acute symptoms, and the management of associated risks.

This unit has access to two single-room high care areas where patients can be nursed under close supervision away from the general ward milieu.

### Bronte – Women’s Unit

The 17 bedded Women’s Unit occupies half of the area known as Bronte, with the other half being occupied by the Adolescent Mental Health Unit. The Unit accommodates patients with a range of clinical needs from the acutely unwell to those who are further along their pathway to recovery.

The major goal of the Women’s Unit is gender-sensitive assessment and stabilisation of acute symptoms of mental illness and the management of associated risks.

This unit shares access to three single-room high care areas where patients can be nursed under close supervision away from the general ward milieu.

### Bronte – Adolescent Unit

The Adolescent Unit is the first dedicated, secure, adolescent forensic mental health unit in Australia. The 16 bed unit provides specialist mental health care for male and female patients aged between 14 to 21 years who pose a risk of harm to others and who cannot be managed safely in conditions of lower security.

The major goal of this unit is the provision of gender and age-specific assessment and stabilisation of acute symptoms and the management of associated risks.

A particular focus of this unit is the provision of educational and social activities in line with the patient’s developmental need. Particular care is taken in the areas of child protection, consent and respect for the rights and needs of children and young persons.

This unit shares access to three single-room high care areas where patients can be nursed under close supervision away from the general ward milieu.

The Unit balances the requirements of therapy and security to provide optimum patient care to this high needs group. Particular care is taken in areas of child protection, consent and respect for the rights and needs of children and indigenous persons. The Unit works in close collaboration with the Departments of Juvenile Justice, Corrective Services, and Education and Training regarding the provision of education to the young people in our care.

Referrals to the Unit come from Child and Adolescent Mental Health Services in the community or custodial settings within New

South Wales. Referrals may come from other Units in the Forensic Hospital if the young person is under 21 and it is felt that care could be more appropriately delivered in the Adolescent Unit.

### Clovelly – Extended Care Unit

The extended care unit is a 27 bed non acute area for males who are progressing along the clinical pathway from the acute area and who require ongoing assessment, treatment, and/or accommodation.

The goal of this unit is to provide a comprehensive multidisciplinary program to facilitate the progression of patients towards a more independent level of functioning. This unit has access to two single-room high care areas where patients can be nursed under close supervision away from the general ward milieu.

### Long Stay Unit - DEE WHY

The long stay unit is a 32 bed accommodation area for male and female patients who require ongoing treatment within a high secure environment as a result of significant and enduring limitations in daily living skills associated with their mental illness.

The goal of this unit is to support patients to maintain functional status and minimise disability through the provision of individualised multidisciplinary interventions. Patients participate in therapeutic activities targeted to their clinical and social needs. These activities are planned in consultation with the patient and their carers wherever possible.

This unit has access to two single-room high care areas where patients can be nursed under close supervision away from the general ward milieu.

### Elouera – Rehabilitation Unit

The Rehabilitation Unit is a 20 bed purpose-built facility that provides opportunities for graded exposure to independent living for persons who are undergoing an intensive rehabilitation and recovery program in preparation for their return to community living.

The major goal of this unit is to provide targeted multidisciplinary interventions in collaboration with the individual patient to assist them in recovery from mental illness by improving and maintaining role function.

A specific focus for this group is the need for comprehensive long term risk management and relapse prevention strategies. The acquisition of employment skills is a target area for many of the patients.

This unit does not have access to a high care area. Patients who require this level of care are transferred to an appropriate unit in line with their clinical needs.

### Recreation and Activities

In addition to the clinical services provided by nursing and allied health staff, a range of physical recreation programs are provided by a contracted partner organisation. These are provided within the purpose-built recreation building as well as on the grounds and in individual units as appropriate. Clinical staff may accompany patients and provide additional input into these programs as required.

# Framework of the service model

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## Service philosophy

The service is guided by the principles set out in the *National Statement of Principles for Forensic Mental Health Services 2002* which were endorsed by the Australian Health Ministers' Advisory Council National Mental Health Working Group.

The core philosophy is that persons with mental health problems or disorders who are or have been involved with the criminal justice system should have access to care and treatment of a standard that is at least equal to that provided in the wider community, in the least restrictive environment enabling the care to be effectively given.

## Aims

The aims of the Forensic Hospital are to:

- Improve the mental health of forensic patients
- Reduce the burden of mental illness on forensic patients
- Reduce recidivist offending behaviour related to mental health problems or mental disorders
- Reduce costs to the community and health services
- Identify and respond to the needs of specific populations, such as women, adolescents and indigenous people

- Respond to the growing demand generated by increasing inmate and formal forensic populations
- Improve the interface between the health and criminal justice systems.

## Model of care

The model of care used in the Forensic Hospital is a patient-centred multidisciplinary team model incorporating the principles outlined in the *National Statement of Principles for Forensic Mental Health 2002*, *National Standards for Mental Health Services* and the *United Nations Principles for the Protection of People with a Mental Illness*. The Forensic Hospital provides coordinated and structured programs to ensure optimal diagnosis, treatment and rehabilitation for the forensic patient population.

## Access to care

The service uses agreed criteria to identify those correctional and detention centre inmates and civil patients with a mental illness who are suitable for admission to the Forensic Hospital.

The service provides specialist advice to the Mental Health Review Tribunal regarding the appropriate placement of forensic patients.

The service provides specialist advice to Area Health Services on the management of high-risk mental health patients.

Involuntary treatment may be given, in accordance with law, having regard to the clinical condition and care plan for the individual patient.

Psychosocial rehabilitation is an integral part of the service.

## Patient participation in care

Patients have a fundamental right to participate in decision making regarding health care delivery. The service adopts a holistic and multi-disciplinary approach to patient care with the patient and the family as central in the decision making process.

Staff strive to empower patients and, wherever possible, their families to be involved in the management of the patient's mental illness.

Informed decision-making by patients and their families regarding treatment options is sought at all stages from admission to recovery.

A Forensic Consumer Advocacy Model is in place to provide patients with advocacy and meaningful participation in planning, development and implementation of care through the establishment of a patient advocacy team.

## Consumer Consultants

A number of Consumer Consultants will be employed in the Forensic Hospital to ensure patient participation is embedded throughout service delivery and policy decisions. Patients will have a forum to participate collaboratively in the planning, delivery, monitoring and

evaluation of health services in a dynamic and responsive way.

## Family and Carer Involvement

The Forensic Hospital supports patients to involve their families and carers in the most appropriate way possible for the patient, family and carer. Information is available for families and carers including, how the mental health system works, fact sheets on mental illness, treatment options, ongoing care and monitoring, referral options and advocacy. The needs of specific populations are recognised, for example, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse groups. The role of children as family members in relation to the caring role they may perform is also acknowledged.

Families and carers are encouraged to visit their relative in the Forensic Hospital. Comfortable visiting areas are provided to promote as much privacy as possible based on the patient's clinical need. An area is available for families with children for use by patients requiring only limited supervision.

## The clinical team

To ensure optimum outcomes for forensic patients, a team of skilled health care professionals with a range of expertise is required. The multidisciplinary team approach is a hallmark of current and best-practice mental health care. The clinical team consists of intensively trained clinicians including:

- registered and endorsed enrolled nurses
- psychiatrists and psychiatric registrars

- clinical psychologists
- social workers
- occupational therapists
- diversional therapists
- welfare officers
- music therapist
- art therapist.

Patients participate in therapeutic and diversional activities targeted to their individual needs and coordinated in consultation with the patient and, where appropriate, their families and/or carers.

Due to the high secure environment, the need for rigorous and structured risk assessment and management skills is paramount. All members of clinical staff are required to complete comprehensive training to prepare them for this role.

## Forensic mental health and the law

The NSW forensic mental health system is primarily regulated by the *Mental Health (Criminal Procedure) Act 1990* (hereafter, MHCP Act), which deals with criminal proceedings involving persons with a mental illness, mental condition or intellectual disability and provides for the management, review and release of forensic patients.

In 2006 the NSW Government commissioned a review of the MHCP Act. The result of the recommendations of the review was the Mental Health Legislation Amendment (Forensic Provisions) Act 2008 which, when it commences, will change the decision making

arrangements for forensic patients and separate the current single category of forensic patients into two groups: forensic patients and correctional patients. The current MHCP Act will become the Mental Health (Forensic Provisions) Act 1990. Generally, a person becomes a 'forensic patient' in NSW if, when charged on indictment, he or she is:

- found unfit to be tried or subject to a limiting term after a qualified finding of guilt, and detained in a mental health facility, correctional centre or other place, or granted conditional release
- subject to a special verdict of not guilty due to mental illness, and detained in a mental health facility, correctional centre or other place, or granted conditional release or
- granted bail after being found unfit to be tried.

When the new arrangements come into effect, a person will become a correctional patient when he or she is:

- detained in a mental health facility for mental health treatment while on remand or
- transferred to a mental health facility for mental health treatment while serving a sentence of imprisonment.

The changes will remove the system of executive decision making regarding forensic patients and replace it with a Forensic Division of the Mental Health Review Tribunal. The new Forensic Division will be responsible for making decisions regarding the release or transfer of forensic and correctional patients.

Currently, the Minister for Health, as the 'prescribed authority' under the MHCP Act, can

issue orders regarding the care, treatment and detention of forensic patients following consideration of recommendations from the Mental Health Review Tribunal. This power is only with regard to persons who are unfit to plead, subject to a limiting term and correctional patients. In the case of persons found not guilty by reason of mental illness, the prescribed authority is the Governor in Council.

## Security

Justice Health has a duty to ensure the safety of the patients within the Forensic Hospital, the staff who care for those patients and the community of which the Hospital is a part. The Hospital is a high security facility that uses appropriate clinical security measures together with specialised technology to provide a secure environment that enables the safe delivery of therapeutic programmes.

Good security practice is a part of the culture of the Forensic Hospital. GSL Australia Pty Ltd, a part of the PPP consortium, provides perimeter security in a manner which is as unobtrusive as possible yet consistent with their responsibility for maintaining a high security environment. All clinical, domestic and administrative staff receive comprehensive training in security procedures and awareness appropriate to their work requirements.

GSL security staff are responsible for the identification and security screening of all persons entering and leaving the Hospital. All staff, patients and visitors enter the Hospital through the single point of entry where they are registered and identified using a biometric recognition system. All persons pass through a metal detector and any belongings are X-rayed.

GSL provide transport and security services for clinicians and patients who they are escorting to a variety of external locations including appointments at other hospitals and courts.

Safety and security in the clinical areas are the domains of clinical staff. All clinical staff are trained in the prevention and management of violence and aggression (PMVA). A team of skilled trainers train new staff and provide regular refresher courses for existing staff. A hospital wide duress alarm and monitoring system ensures that staff can receive prompt and co-ordinated support in an emergency. Sophisticated monitoring systems provide hospital-wide surveillance 24 hours a day.

Security procedures are contained in the *Forensic Hospital Clinical Management of Security and Emergency Response Manual*, a copy of which can be found on the Justice Health intranet and at the clinical staff station in each unit.

The three components of clinical security are:

**Physical Security** – the provision, maintenance and correct application of appropriate architecture, equipment and technology by comprehensively trained staff. Examples of physical security in the Forensic Hospital are:

- Staff have direct line of sight from the staff stations along all corridors
- There are designated, access-controlled staff-only corridors between units
- The building fabric is specified to the highest damage resistant levels
- There is a 'sterile zone' at the perimeter walls which prompts a security alert if breached and the height of the perimeter

walls exceeds general maximum security standards

- Personal duress systems are provided to all staff.

**Relational Security** – the formation of a therapeutic alliance between staff and patients. This level of security is centred on continuing risk assessment and the development of detailed knowledge of the patient through sensitive and professional engagement. Relational security is a primary element of security within a healthcare setting and includes:

- Benchmarked patient to nursing staff ratios
- Multidisciplinary input into care planning
- Additional staff for off-campus activities
- Staff skill mix
- Life skills and recreational programs for patients.

**Procedural Security** – includes policies and procedures relating to staff and patients including:

- Controlled access to facilities and buildings
- Patient management during emergency incidents
- Personal and environmental searches.
- Leave management
- Visitor management
- Financial matters related to patients
- Three week training schedule for staff in clinical management, risk assessment and security response processes.

The combination of these three elements when fully implemented and functioning provides the therapeutic and high secure environment necessary to achieve effective clinical outcomes.

## Research

### Centre for Health Research in Criminal Justice

The Centre for Health Research in Criminal Justice (CHRCJ) was formed by Justice Health in 2003 and arose out of the need to establish a centre of excellence to research prisoner health issues and health matters connected with the criminal justice system in general. The CHRCJ is the one of the few research centres in the world specifically devoted to the study of prisoner health issues. Its work is recognised at the national and international level.

The Forensic Hospital presents an unprecedented opportunity in NSW to conduct research in the field of forensic mental health and to implement and evaluate evidence based practice.

### Data collection

The collection of meaningful and reliable data is an imperative for the effective implementation of the service model and its ongoing success.

Relevant activity and clinical data is captured through the SCI-MHOAT database to facilitate evaluation of the effectiveness of clinical programs through the measurement of outcomes and performance indicators.

## Teaching

The Forensic Hospital promotes a culture of teaching and learning. Clinical teaching staff throughout the Hospital provide regular in-service training for staff. Modern training facilities in the new Administration Building provide an environment conducive to high quality education.

Justice Health recognises the value of continuous professional development for nursing, medical and allied health staff including the acquisition of specialist post-graduate qualifications.

Justice Health recognises the Master of Forensic Mental Health program at the University of NSW as being an important contributor to the development of high quality clinical services. As such, Justice Health has provided scholarships for health practitioners to undertake this course.

# Admission and Discharge

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## Admission

The pathways for admission to the Forensic Hospital are dependent on the process by which the patient became a forensic or correctional patient. There are three main ways that a person may become a forensic patient in NSW:

- Being found unfit to be tried.
- Being found not guilty by reason of mental illness.
- Becoming mentally ill whilst on remand or serving a sentence of imprisonment and being transferred to a mental health facility.

There is a separate pathway for civil patients. It is useful to outline the relevant legal provisions for each of those pathways and set out how the pathways align with the various stages in a person's progression through the criminal justice system.

### Diversion at time of arrest

A person apprehended and taken to a mental health facility by a member of the Police Force, under section 22 of the Mental Health Act, and subsequently admitted does not automatically become a forensic patient and, in normal circumstances, is not admitted or transferred to the Forensic Hospital. If they meet the relevant criteria, such patients may be admitted via the civil patient pathway set out below.

## Local Court proceedings

Persons charged with summary offences or other offences who are diverted to a mental health facility or community care under section 32 or section 33 of the MHCP Act are not forensic patients and are not admitted directly to the Forensic Hospital. Such patients, if they meet the relevant criteria, may be admitted via the civil patient pathway set out below.

### Persons found unfit to be tried

Part 2 of the MHCP Act concerns persons facing trial in the District or Supreme Courts. Part 2 makes provision for three groups of persons:

- Persons for whom the question of fitness to be tried is raised
- Persons found unfit to be tried
- Persons found not guilty by reason of mental illness.

A court may order a person who has been found unfit to be tried or who is awaiting a determination of fitness to be detained in a mental health facility. Where such persons are held in a correctional centre on remand, they will usually have been already identified through the Reception Triage Process. If, for any reason, such persons are not identified upon reception at a correctional centre they may be referred at any time by following the process set out for correctional patients below.

## Persons found not guilty by reason of mental illness

A person who has committed an act or omission but who, at the time, was mentally ill and not responsible for his or her actions can be found not guilty by reason of mental illness.

A court has broad powers under section 39 of the MHCP Act to make orders regarding persons found not guilty by reason of mental illness, including orders that the person be detained in a mental health facility until released by due process of law.

A person found not guilty by reason of mental illness will usually have been previously identified as having a mental health problem at their initial screening by Justice Health clinical staff on reception into a remand centre. In some cases, a Justice Health forensic psychiatrist may have prepared a Court Report concerning the person at the request of a Court. In other cases, a private forensic psychiatrist will have assessed the person and prepared a report for the Court.

A court can order that a forensic patient must be detained in a mental health facility. Forensic patients are reviewed periodically by the Mental Health Review Tribunal, which can make recommendations to the prescribed authority regarding the treatment and placement of the person.

## Transfers from correctional centres or detention centres

Potential correctional patients are those inmates who are identified as being possibly mentally ill and in need of specialist assessment. Potential correctional patients must be referred to the Justice Health ambulatory mental health service for a specialist mental health assessment before a decision to admit a person to the Forensic Hospital can be made. Generally, patients are transferred to one of the Mental Health Screening Units to be further assessed and then, if involuntary treatment is required, admitted to the Forensic Hospital. Potential correctional patients may be referred from:

- NSW correctional centres
- Periodic detention centres
- Juvenile Justice detention centres.

Potential correctional patients may be identified by Justice Health clinical staff either during the Reception Triage Process or during a regular review of an inmate's health status.

## Admission pathway for high-risk civil patients

The term civil patient, in this context, refers to patients who are not in custody or detention within the criminal justice system.

The Forensic Hospital is a tertiary service providing specialist interventions for a select group of civil patients who pose a high to extreme risk of serious harm to other patients, staff or the community and who cannot be managed safely in conditions of lower security.

Admission of high-risk civil patients to the Forensic Hospital can only be considered when intensive clinical interventions at Area Health Service facilities have not been successful in reducing a high level of risk to the patient, staff or the community. If admission to the Forensic Hospital is necessary then it can only be as part of a planned package of care, whereby the relevant Area Health Service temporarily delegates its ongoing responsibility to provide mental health services for the patient to the Forensic Hospital. The management plan for the patient must incorporate a planned pathway for 'step down' from the Forensic Hospital to either a medium secure unit or direct return to the referring hospital.

Priority for admission of civil patients is reviewed weekly by the Bed Demand Committee in conjunction with the treating team from the referring hospital.

## Discharge planning and pathways

This section considers both transfer within the Forensic Hospital and discharge from the Forensic Hospital to other hospitals or community facilities. Discharge planning in the forensic setting takes place in tandem with the processes of review by the Mental Health Review Tribunal and that process is summarised here.

Discharge planning begins at the time the patient is first admitted into the service, which is often well before the patient is admitted into the Forensic Hospital. Discharge planning for forensic patients, by its nature however, is not dependent solely on clinical factors for its progression. The planning process is overlaid by

a potentially complex quasi-judicial review process and approval by the Executive arm of Government. As a result of differences in the review processes, correctional patients and the various types of forensic patients (persons unfit to be tried, not guilty by reason of mental illness or subject to a limiting term) can have very different journeys through the forensic mental health system.

Good discharge planning is dependent on timely communication to produce a seamless transition between hospital and community-based services. For all patients, but particularly so in the forensic mental health area, discharge planning is dependent on an ongoing process of comprehensive risk assessment that informs all stages of the discharge planning process. The safety of the community is a paramount consideration in discharge and leave planning.

NSW Health Policy Directives *Discharge Planning: Responsive Standards* (PD2007\_034) and *Discharge Planning for Adult Mental Health Inpatient Services* (PD2008\_005) create a framework for effective discharge planning in NSW based on the following underlying principles:

- Admission and discharge are part of a continuum
- The patient and their family/carer/legal guardian are at the centre of care and are partners in care
- Provision of patient and primary carer information and education is essential prior to discharge
- Responsive, effective discharge planning starts before the patient is admitted to hospital

- Decisions regarding discharge are based on comprehensive assessment of a patient's medical, psycho-social needs and risk
- Comprehensive discharge care plans are developed prior to discharge
- Clear and timely communication between the patient, primary carer and all clinicians and other health professionals is essential
- Efficient use of information technology (IT) supports effective communication practice
- Effective discharge practice incorporates monitoring and evaluation components
- Standardised and monitored discharge processes support continuous system-wide improvement.

## Transfer within the Hospital

Decisions regarding transfer through the various units with the Hospital are similar to discharge planning in that, all decisions relating to the placement of a patient are based on a thorough assessment of a patient's needs and risk. Clinical decision-making is informed by a comprehensive risk assessment protocol.

Most new patients are admitted initially to a High Dependency Unit for an assessment period before a decision is made by the treating team to transfer the patient to an Acute Unit. Non-urgent intra-hospital transfers are reviewed weekly by the Bed Demand Committee. Urgent transfers to a more intensive level of treatment may be considered at any time by the Nurse Manager, the treating psychiatrist or Clinical Director.

## Mental Health Review Tribunal

There is a process of external review by the Mental Health Review Tribunal (the Tribunal) for all forensic patients. The MHCP Act makes provisions for the review of forensic patients by the Tribunal. Generally, the Tribunal must review all forensic patients as soon as practicable after a Court has made an order making the person a forensic patient or, in the case of correctional patients, as soon as possible after the person has been transferred to hospital. Thereafter, the Tribunal may review patients at anytime and must review them at least every six months. The Tribunal can make recommendations to the Minister for Health regarding the patient's continued detention, care or treatment in a hospital, prison or other place, or the patient's release (either unconditionally or subject to conditions).

The Tribunal, in making its decisions, takes into account information provided to it by the treating team in the Hospital. The provision of high quality reports from Justice Health staff to the Tribunal is essential in the interests of the patient and for the protection of the public.

# Clinical Services

# 4

## Psychiatric Services

Psychiatric services are provided by a team of psychiatrists who are Fellows of the Royal Australian and New Zealand College of Psychiatrists or hold equivalent qualifications. Psychiatrists within Justice Health have expertise in forensic, general and drug and alcohol psychiatry. Clinical leadership is provided by the Clinical and Deputy Clinical Directors of the two Hospitals who are supported by the Statewide Director, Forensic Mental Health. The Clinical Directors also have statutory functions under the provisions of the Mental Health Act.

Each unit within the Long Bay and Forensic Hospitals is staffed by consultant forensic psychiatrists and psychiatry registrars some of whom are engaged in Advanced Training in Forensic Psychiatry. The medical staff work as part of a coordinated, multi-disciplinary team in the provision of clinical care.

Psychiatrists and registrars are actively encouraged to participate in clinical research, quality assurance activities and continuing medical education activities including peer review and the formal academic teaching program.

## Forensic Mental Health Nursing

Forensic mental health nursing is a relatively new subspecialty within the speciality of mental health nursing. The forensic mental health nurse works as a member of a multi-disciplinary team, at the interface of the criminal justice and health systems, to meet the needs of the mentally disordered offender. Forensic mental health nursing presents many challenges. The forensic mental health nurse must integrate high level security with therapeutic goals to balance the inherent tension in the therapeutic relationship with mentally disordered offenders. That tension is generated by the pull between the intrusiveness demanded by the security needs and the trust required in a therapeutic relationship.

Forensic mental health nurses work across the spectrum of care from acute in-patient to community services. In the Forensic Hospital nurses have the opportunity to work in high dependency, acute, continuing care and long stay/rehabilitation settings with male and female adults and adolescents.

## Primary Health

The primary health needs of forensic mental health patients are significantly higher than non-mental health patients in the community.

The Justice Health Primary Health Directorate provides a primary and women's health sessional in-reach service to meet the needs of Forensic Hospital patients, particularly those with chronic and complex conditions. When required, the consulting primary health medical clinicians can refer patients to tertiary specialists, allied health or oral health services.

## Drug and Alcohol

The Justice Health Drug and Alcohol Service provides further assessment and management of patients with drug and alcohol problems identified at reception.

The assessment and management includes:

- Intoxication and overdose states.
- Withdrawal states
- Maintenance pharmacotherapies such as methadone, naltrexone and buprenorphine.

The Justice Health Drug and Alcohol services are integrated with the forensic mental health care provided to achieve the best patient outcomes possible.

## Population Health

Patients entering the Forensic Hospital have access to Population Health clinical services. Patients who require urgent services can be

referred to Population Health for additional support.

Population Health services include:

- Prevention, screening, early detection and management of blood borne viruses.
- Prevention, screening and management of sexually transmissible infections.
- Harm minimisation.
- Sexual Assault Services.
- Infection control.
- Outbreak prevention and management.
- Immunisation and vaccination programs and health promotion planning.
- Tobacco control and smoking cessation.

## Women's Health

The Women's Health Directorate of Justice Health incorporates the activities of all Justice Health clinical programs, including Mental Health, Drug and Alcohol, Primary Health and Population Health. Services are also provided which relate directly to women's health issues, including gender-specific programs in sexual and reproductive health.

Women's Health services provide specific planning and coordination of general health services for women inpatients of the Forensic Hospital, NSW correctional centres and for facilitating community health care for transitional centre residents. Services include cervical screening and investigation, breast health and sexually transmitted diseases screening programs. Women's Health service is a state wide directorate, thus ensuring that a

continuum of care is provided after admission through discharge and beyond.

## Aboriginal Health

Justice Health is committed to improving the health and cultural wellbeing of Aboriginal people in custody in NSW Correctional Centres and Juvenile Justice Centres, and all Justice Health inpatient facilities. This commitment is made possible through a partnership agreement between Justice Health and the NSW Aboriginal Health and Medical Research Council (AH&MRC) that fosters working partnerships between Justice Health and Aboriginal Community Controlled Health Services (ACCHSs). Aboriginal and Torres Strait Islander inpatients are provided with culturally appropriate care and interventions.

Justice Health provides a number of health programs that target the primary health needs of Aboriginal and or Torres Strait Islander people. In addition, the Chronic Conditions Clinical Nurse Consultant provides specialty services for chronic conditions that are commonly diagnosed in the Aboriginal and Torres Strait Islander population.

## Allied Health Services

Inpatients of the Forensic Hospital are provided with allied health programs that include Psychology, Social Work, Occupational Therapy, Diversional Therapy, Art Therapy, Pharmacy and other Allied Health services as may be required on an individualised basis.

All Allied Health programs in the Forensic Hospital are delivered by a multidisciplinary

team including nursing and medical staff and are fully integrated with mental health rehabilitation and patient recovery goals.

All services are overseen, managed and coordinated by the Allied Health Services Manager.

## Pharmacy

The Pharmacy service provided for the Forensic Hospital is a clinically based service facilitating the most effective, safe and economical use of medication with the aim of optimising patient care.

The clinical pharmacist contributes to the health team meetings, reviews medications and treatments of patients on an individual basis in consultation with the Psychiatrists. Patients with chronic conditions are provided information and counselling about their medication needs. Pharmacy also contributes to discharge planning and discharge counselling, clinical trials and new clinical projects.

The Justice Health Pharmacy services the Forensic Hospital, Long Bay Hospital and Health Centres in correctional centres (except Junee), Juvenile Justice centres and Police cells. Pharmacists are employed at the Long Bay and Silverwater complexes and are responsible for in-patient services including individual patient dispensing for inpatients, pharmacy representation in multi-disciplinary forums, monitoring of drug interactions, educating patients on medication use, providing drug information support for health staff, discharge release medication review services and National In-patient Medication Chart auditing.

## Spiritual Care

In partnership with the Civil Chaplaincies Advisory Committee NSW (CCAC), spiritual services will be provided to Forensic Hospital patients. The CCAC provides chaplaincy services in health, DCS and Department of Juvenile Justice facilities. The CCAC is an inter-faith venture with its membership comprising the major Christian denominations, the Jewish, Muslim and Buddhist faiths.

## Telehealth

The NSW Government's Telehealth Initiative program has provided funding for the expansion of existing telehealth clinical services, development of new telehealth services and the trial of innovative telehealth services.

The Telehealth network in NSW comprises 160 health facilities including public hospitals, community health centres, Aboriginal Medical Services, Justice Health facilities and the Mental Health Review Tribunal.

Telehealth facilities in the Forensic Hospital enable specialist consultations and training to be delivered cost effectively to remote locations.

# Quality Framework and Accreditation

# 5

## Quality and Mental Health Care

Forensic mental health services must provide quality and effective mental health services, while balancing the need for safety and security of both patients and staff, as well as of the wider community. Justice Health, in line with international best practice, acknowledges the primacy of mental health care in a forensic service. This approach places the service formally outside the management of the custodial system, but does not reduce the level or need for security for this specific patient group. It places an emphasis upon health care and rehabilitation, but does not diminish the legal or custodial requirements as determined by law.

The NSW Patient Safety and Clinical Quality Program (NSW Health Policy Directive PD2005\_608) provides the framework for significant improvements to clinical quality in the public health system. *A Framework for Managing the Quality of Health Services in NSW* (1999) describes the system for managing and improving health care quality in the public health system in NSW.

The conceptual basis for the framework has the patient as the focus and the providers of health care services are responsible to the patient for treatment, education, health promotion and other health-related services. The framework identifies six dimensions of quality and five cross-dimensional issues.

The six dimensions of quality are:

- safety
- patient participation
- effectiveness
- access
- appropriateness
- efficiency.

The five cross-dimensional issues are:

- competence of health care providers
- continuity of care
- information management to support effective decision-making
- education and training for quality
- accreditation of health services.

## Risk Management

Justice Health takes a systematic approach to the management of incidents and risks. The Incident Information Management System (IIMS) is a key component of the risk management program. IIMS enables the timely notification of incidents, tracks the investigation and analysis of health care incidents, enables reporting about incidents, particularly the provision of trended information by incident type, and helps clinicians to understand the lessons learned.

## Effectiveness of mental health care

- Clinical practice is guided through the development and use of clinical practice guidelines.
- There is a focus on best practice in mental health care, which includes the monitoring of clinical outcomes, conduct of research and conduct of education and training regarding mental illness.
- The service uses and promotes the development and measurement of key performance indicators.

## Efficiency of mental health care provision

- The service collects relevant clinical and other data and uses these data to monitor the efficiency of the service.
- There is an emphasis on rehabilitation to reduce the effects of potential institutionalisation.
- The provision of a seamless model of care enables the patient to efficiently move within the Hospital from intensive care to rehabilitation and, ultimately to care in the community.
- The service utilises a coordinated approach to discharge planning, including liaison with medium secure units and relevant community care providers.

## Safety of mental health care

- Patient care is provided in accordance with clinical practice guidelines developed by the service.

- Risk management is a priority issue for the service with the use of a comprehensive risk assessment protocol.
- Medical, Nursing and Allied Health staffing levels and expertise are sufficient to maintain safety in the management of forensic and correctional patients.

## Accreditation

- Evaluation of clinical and management performance is a critical element in the provision of quality care by the Forensic Hospital.
- Justice Health demonstrates the commitment to quality and continuous improvement, through the attainment of accreditation by the Australian Council on Health Care Standards in accordance with the NSW Health Quality Framework.

# Partner Agencies

# 6

## Area Health Services

Justice Health works in partnership with the eight Area Health Services (AHS) to provide a continuum of mental health service delivery for persons with mental health needs. Justice Health is responsible for the provision of state-wide specialist mental health services for persons in contact with the criminal justice system. Most of those persons will eventually return to the community and many will require ongoing care in community ambulatory or inpatient settings. Good communication and coordination between Justice Health and AHS mental health facilities are vital to ensure the safe transition of forensic and civil patients from high secure care to medium secure or local units.

Justice Health psychiatrists are available to provide advice on the management of high risk patients in AHS mental health facilities even though admission may not be considered appropriate.

## Department of Corrective Services

The Department of Corrective Services (DCS) operates the male and female Mental Health Screening Units at the Metropolitan Reception and Remand Centre and Silverwater Women's Correctional Centre respectively and the Long Bay Hospital. Clinical services in those units are provided by Justice Health. The majority of correctional patients admitted to the Forensic

Hospital will come from one of the Screening Units and be discharged to the Mental Health Unit in the Long Bay Hospital. The clinical, security and administrative aspects of correctional patient management requires close collaboration with DCS to achieve seamless care.

## Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) supervises and cares for young offenders in the community and in detention centres. As with DCS, Justice Health collaborates closely with DJJ to achieve optimal health outcomes for young persons in detention who have mental health problems. Adolescent Health Services, within Justice Health, operates the Adolescent Unit in the Forensic Hospital.

## Department of Education & Training

Justice Health is currently in negotiation with the Department regarding the provision of educational services to young persons in the Adolescent Unit.

## Emergency Services

Police, Ambulance & Fire Brigades Memoranda of Understanding are being developed to mutually define the roles, responsibilities and contingency plans for all emergency services to the Forensic Hospital.

# Education and Recreation

# 7

## Education Centre

Computers and other learning facilities are provided for the use of patients. A range of educational resources and groups are being developed.

## Recreation Centre

A variety of fitness classes, games and therapeutic activities are on offer in the Recreation Centre.

## Kiosk

A well stocked kiosk is situated in the grounds of the Hospital for the use of patients, visitors and staff. The kiosk is operated by a private sector provider.

## Family Visits

For patients who may spend significant periods of time in a high secure environment, the opportunity to maintain and strengthen links with families and carers is both a right and an essential part of the rehabilitative endeavour. The Forensic Hospital welcomes visitors. To maintain the high-secure environment, visits must be booked in advance and visitors must provide appropriate identification. Visitors to the Hospital, like patients and staff, are subject to restrictions on the items they may bring into the Hospital. Visitors are advised to check with nursing staff regarding the visiting arrangements for each Unit and the items they are allowed to bring into the Hospital.

An information brochure is provided to all visitors outlining the processes and restrictions to be aware of when visiting a patient in the Forensic Hospital.

# Contact Information

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## Forensic Hospital

Address: 1300 Anzac Parade  
Malabar  
NSW 2036

Postal address: PO Box 150  
Matraville  
NSW 2036

Telephone: +61 2 9700 3700

Fax: +61 2 9700 3529

# Recruitment Enquiries

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Justice Health invites Medical, Nursing and Allied Health professionals to contact us to discuss employment opportunities in the Forensic Hospital.

Please contact the Workforce Planning Unit:

Telephone: +61 2 9700 3000

+61 1300 734 842

Facsimile: + 61 2 9700 3494

Email: [careers@justicehealth.nsw.gov.au](mailto:careers@justicehealth.nsw.gov.au)

[www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

[www.jobsatjusticehealth.com.au](http://www.jobsatjusticehealth.com.au)

JUSTICE HEALTH  
Forensic Hospital  
1300 Anzac Parade  
Malabar NSW 2036  
PO Box 150  
Matrville NSW 2036  
Phone: + 61 2 9700 3700  
Fax: + 61 2 9700 3529  
[www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)  
[www.jobsatjusticehealth.com.au](http://www.jobsatjusticehealth.com.au)