Youth health care inspection report 2023

Office of the Custodial Inspector
Tasmania

Inspection of youth custodial services in Tasmania

The Office of the Custodial Inspector acknowledges Tasmanian Aboriginal people as the Traditional Custodians of lutruwita/Tasmania. We recognise their continuing connection to Land, Sea, Waterways, Sky, and Culture and pay our respects to Elders, past and present.

Office of the Custodial Inspector Tasmania

Produced by the Tasmanian Custodial Inspector

About this report

This report describes the findings and recommendations from the Custodial Inspector resulting from inspections conducted June 2022 and January-February 2023.

It is available in print or electronic viewing format to optimise accessibility and ease of navigation. It can also be made available in alternative formats to meet the needs of people with a disability.

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Health and young people

The health needs of all young people are important and ensuring that young people receive the healthcare they need should be a priority, particularly when viewed as an investment in the future generation of adults.[1]

When compared with young people in the community, young people in custody generally have poorer physical and mental health, and higher levels of drug and alcohol use.[2] In addition, underutilisation of primary health care in the community by young people may mean that the healthcare provided in a youth detention setting is often the first opportunity to identify mental or physical health needs and initiate care.[3]

The inspections

This is the second round of inspections relating to the Mental Health Care, Physical Health Care and Substance Use Management standards. The first Mental Health Care inspection was undertaken in July 2017, and the first Physical Health Care and Substance Use Management inspection was undertaken in May 2017.

An inspection against the Mental Health Care, Physical Health Care and Substance Use Management standards was originally planned to commence in March 2020. Due to the outbreak of COVID-19 and the public health measures that were undertaken immediately after, the inspection was postponed.

The rescheduled inspections were undertaken in June 2022 for the Mental Health Care standards, and February 2023 for the Physical Health Care and Substance Use Management standards. As highlighted in the below excerpts from the physical health care and substance use management consultant

[1] World Health Organization Regional Office for Europe (2003), *Promoting the health of young people in custody*, World Health Organization, Geneva, p.7, https://apps.who.int/iris/bitstream/handle/10665/107532/e81703.pdf accessed 28 August 2023.

[2] Ibid;

Borschmann R, Janca E, Carter A, Willoughby M, Hughes N, Snow K, Stockings E, Hill NTM, Hocking J, Love A, Patton GC, Sawyer SM, Fazel S, Puljevic C, Robinson J & Kinner SA (2020), *The health of adolescents in detention: a global scoping review*, Lancet Public Health, vol. 5, no. 2, pp. e114-26, DOI: 10.1016/S2468-2667(19)30217-8.

[3] Ibid.

report, the majority of youth health needs are psychiatric and psychosocial. The mental health consultant's report is attached as Appendix 2.

Key observations

Health care provision at Ashley Youth Detention Centre (AYDC) is predominantly provided by Correctional Primary Health Services (CPHS) nurses located in an onsite medical clinic. Other healthcare services, including General Practitioners (GPs), dentistry, optometry, allied health, and mental health care, are provided by external providers.

AYDC generally houses between 10 and 20 young people at any given time. This small number of young people positively affects the provision of health as CPHS staff are familiar with each young person and can provide individually targeted health care in a timely manner.

The state of physical health care at AYDC was positive. There have been two positive changes since the previous healthcare inspection.

The first change follows a recommendation from the previous physical healthcare inspection to include condoms in the exit packs. This recommendation has been actioned, and condoms continue to be included in exit packs. A global review found that young people who had ready access to condoms had increased condom use, which translated to lower rates of sexually transmitted infections (STIs) and unintended pregnancy. It also showed that there is no evidence supporting concerns about ready access to condoms leading to an increase in "promiscuity".[4] Providing condoms in exit packs supports the physical health of young people leaving AYDC.

The second change has been the provision of GP services to young people at AYDC. Previously, GP care had been provided by CPHS doctors based at Risdon Prison Complex by way of both telehealth and in-person visits, every two to three weeks. There was no provision for a young person to be able to request a GP of the same gender. A local female GP now provides a weekly clinic, and young people are able to access a male GP from a local practice if they request it.

The substance use management inspection noted that most young people in AYDC are in the pre-contemplative phase of behavioural change when it comes to their substance use. In the pre-contemplative phase, young people are unaware that their behaviour is problematic; they are not worried about their

[4] Algur E, Wang E, Friedman HS & Deperthes B (2019). *A systemic global review of condom availability programs in high schools*, Journal of Adolescent Health, vol. 64, no. 3, pp. 292-304, DOI: 10.1016/j.jadohealth.2018.11.013.

substance use and do not want to change it.[5] This can be for a number of reasons, including not caring about the consequences of substance use, being ill-informed about the consequences of substance use, or not yet having developed the capacity to understand the link between actions and consequences. Primary intentions of Alcohol and Other Drug (AOD) services at this stage include engagement and building awareness of the impact of AOD use.[6] At AYDC, AOD services are available weekly, however they are not always used by young people due to the pre-contemplative phase many are in.

The 2017 inspection found that the mental health services provided for young people at AYDC were provided by a visiting psychologist and a visiting psychiatrist. The 2017 inspection report recommended an increase in the dedicated psychology and psychiatry time for young people. These recommendations were supported in principle at the time but were subject to new funding being made available.

Disappointingly, this inspection has found the situation to be largely unchanged. I made similar recommendations to the 2017 inspection regarding increasing the dedicated psychology and psychiatry time for young people. There are some mental health services provided for young people by mental health nurses, two psychologists and a psychiatrist. Dedicated psychology and psychiatry time for young people has not been increased and AYDC staff highlighted to my inspection team that the current psychology and psychiatry services are not sufficient to meet the needs of the young people at AYDC. The psychiatrist visits AYDC once a month, and AYDC staff indicated to my team that this could be doubled to cover the rise in frequency and acuity of young people with mental health issues. At the time of the inspection, psychologist appointments were by way of telehealth, as there has been no onsite psychologist since November 2021. This situation is not ideal for young people to build a rapport with the psychologist or for cognitive assessments to be conducted. A therapeutic specialist from the Australian Childhood Foundation has been onsite at AYDC since September 2022, providing therapeutic services to young people. This service is now available three days a week.

The health of AYDC staff also requires support. AYDC can be a stressful working environment. This, along with ongoing short staffing, ongoing media reports about AYDC and limited counselling providers with a specific knowledge of custodial settings, affects the physical and mental health of AYDC staff. The stress felt by some AYDC staff is shown in a piece of graffiti my team saw in a

[5] Mattoo SK, Prasad S & Ghosh, A (2018), *Brief intervention in substance use disorders*, Indian Journal of Psychiatry, vol. 60, suppl. 4, pp.S466-S472, DOI: 10.4103/0019-5545.224352.

[6] Bruun A & Mitchell P (2013), *Youth AOD Toolbox*, Youth Support + Advocacy Service (YSAS) Melbourne, https://www.youthaodtoolbox.org.au/1-interventions-young-people-pre-contemplation-stage accessed 28 August 2023,

staff only area at AYDC (Appendix 3, photo 7)

On 9 September 2021 the then Premier of Tasmania, Peter Gutwein, announced the planned closure of AYDC.[7] This announcement, coupled with the lack of detailed plans for the replacement of AYDC, has impacted on the mental health of both young people and staff. The Mental Health inspection consultant's report details this impact on pages 64-66. The sooner certainty can be provided as to the closure of AYDC the better, but this needs to be balanced against the need to ensure changes to youth detention in Tasmania are well designed, evidence based and in line with best practice to avoid future problems.

In the five years between the first and second round of inspections three recommendations out of the eight relating to healthcare have been completed or require no further action. This represents a missed opportunity to support young people before and after their release from AYDC.

Arising from these more recent inspections, I make a total of 25 recommendations, outlined below. They are all made with the view to improving conditions for young people in detention.

Richard Connock

Custodial Inspector

December 2023

[7] Premier of Tasmania (2021), *Ashley Youth Detention Centre to close*, Tasmanian Government, Hobart, https://www.premier.tas.gov.au/site_resources_2015/additional_releases/ashley_youth_detention_centre_to_close accessed 17 November 2022.

Acknowledgements

I would like to acknowledge the contribution of the consultants involved in the two inspections. Dr Kimberley Norris is a Professor of Psychological Sciences and a Clinical Psychologist at the School of Psychological Sciences, College of Health and Medicine, at the University of Tasmania, who consulted on the Mental Health Care inspection. Dr Edward Petch is a Consultant Forensic Psychiatrist to Hakea Prison (Western Australia) and a Clinical Associate Professor at the University of Western Australia who consulted on the Physical Health Care and Substance Use Management inspection.

I sincerely thank Professor Norris and Dr Petch for their professional advice and assistance, which ensured my office had access to expertise on issues relevant to the Mental Health Care, Physical Health Care, and Substance Use Management inspection standards.

Acknowledgment and appreciation is also extended to all staff who engaged with the inspection team at:

- the Department of Communities Tasmania (DCT) and later the Department for Education, Children and Young People (DECYP), which includes AYDC; and
- the Department of Health (DoH), which includes Correctional Primary Health Services (CPHS).

Whilst they are legislatively obliged to assist, their cooperation with the process is very positive.

As part of these announced inspections, management from DCT, DECYP, AYDC and DoH were invited to provide briefings to the inspection team. These briefings, with respect to mental health care, physical health care, and substance use management outlined in the various operational areas of youth custodial centre:

- recent achievements, current challenges and future perspectives; and
- an assessment of the strengths, weaknesses and opportunities.

I wish to thank the Departments for their submissions as they provided the inspection team with a sound understanding of the strategic direction being taken with regard to health care at the AYDC site.

I would like to thank the young people who shared their experiences of mental health care, physical health care, and substance use management in the youth correctional environment with my team. I greatly value their contributions.

About Ashley Youth Detention Centre

AYDC is Tasmania's only youth detention facility[8] and is located near Deloraine in northern Tasmania, approximately 230 kilometres from Hobart. The Centre is situated on approximately 36.5 hectares of land, some of which is run as a small farm.

At the time of the inspection, AYDC could accommodate up to 40 young people of all genders from the age of ten and older, spread across multiple accommodation units. The Centre is staffed 24 hours per day.

The *Youth Justice Act 1997* (Tas) s. 4-5 requires AYDC to rehabilitate young people in conflict with the law, and to protect the community from illegal behaviour whilst providing secure care for young people detained or remanded by the courts. Rehabilitation outcomes may be improved through the provision of programs in accordance with the principles contained in the Act.

To meet the needs of young people at AYDC, they are provided with education through Ashley School (for which the Department of Education was responsible, now DECYP), and healthcare through CPHS. There are also a variety of recreational facilities for young people at AYDC including an indoor gym with basketball court and fitness area, an outdoor swimming pool, an outdoor basketball court, cricket nets and a barbeque area.

Young people at AYDC come from various backgrounds and generally face major social and developmental challenges. Young people involved in the youth justice system are at increased risk of developing serious and chronic mental illness; commonly demonstrate risky behaviour; have poorer health and increased mortality related to poor health and risk-taking behaviours; and lower intellectual and cognitive functioning.[9]

In Tasmania, the number of young people in youth detention is small compared to other Australian states and territories. In the most recent data available, the number of young people in youth detention in the June quarter 2022 was down

[8] The *Youth Justice Act 1997* provides that by notice published in the Gazette, the Minister may establish or abolish detention centres, or declare premises to be or not be detention centres. In addition to AYDC, the minister has declared the Hobart and Launceston Reception Prisons, Risdon Prison and the Ron Barwick Prison to be detention centres for young people. In practice, it would be rare for a young person to be detained for any significant length of time in an adult custodial centre.

[9] Australian Institute of Health and Welfare (2018), *National data on the health of justice-involved young people: a feasibility study 2016-17*, Cat. No. JUV 125, Australian Government, Canberra, https://aihw.gov.au/getmedia/4d24014b-dc78-4948-a9c4-6a80a91a3134/aihw-juv-125.pdf.aspx?inline=true accessed 16 January 2023.

slightly compared to the June quarter 2018 as seen in Table 1.[10]

Table 1. Young people in detention in Tasmania on an average night, June quarter 2017 and 2022

	Sentenced[11] detention	Unsentenced[12] detention	Total detention
June quarter 2018	4.8	7.9	12.7
June quarter 2022	2.8	7.2	10.0

[10] Australian Institute of Health and Welfare (2022), *Youth detention population in Australia 2022*, Australian Government, Canberra https://aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2022/contents/state-and-territory-trends/numbers accessed 16 January 2023.

[11] Sentenced is when a young person has been found guilty in court and has received a legal order to serve a period of detention.

[12] Unsentenced is when a young person is held on remand awaiting the outcome of their court matter, or while awaiting sentencing after being found or pleading guilty.

About the Department of Health

The DoH delivers health services to young people in AYDC custody through two service arms: CPHS and Forensic Mental Health Service (FMHS). Both of these service arms are under the governance of Statewide Mental Health Services.

CPHS provides primary health services and some mental health services to young people at AYDC, primarily through registered nurses (RNs) onsite, with support from Medical Officers as required.

FMHS provides specialist mental health services to young people including specialist psychiatric assessment and treatment services. In certain circumstances, a young person who appears to be suffering from a mental illness may be transferred to the Wilfred Lopes Centre if it is necessary for their care and treatment.[13] The Custodial Inspector has no jurisdiction to visit the Wilfred Lopes Centre.

The Australian Government funds several outreach services that aim to increase access to services that more remote communities would not normally have.[14] One of these funds, the Rural Health Outreach Fund (RHOF), provides a Forensic Psychiatrist to AYDC once a month. The current funding agreement for this service finishes on 30 June 2024.[15]

Other health services provided at AYDC, including the general practitioner (GP) and two psychologists, do not come under the responsibility of DoH.

[13] The Wilfred Lopes Centre is Tasmania's only secure mental health unit. See s134A of the *Youth Justice Act 1997* for more detail about the requirements to remove a young person to a secure mental health unit.

[14] Department of Health (2021), *TAZREACH services (outreach),* Tasmanian Government, Hobart, https://www.health.tas.gov.au/professionals/tazreach-services-outreach accessed 14 February 2023.

[15] Department of Health (2021), *Rural Health Outreach Fund (RHOF) services,* Tasmanian Government, Hobart, https://www.health.tas.gov.au/professionals/tazreach-services-outreach/outreach-funding-programs#rural-health-outreach-fund-rhof-services accessed 14 February 2023.

List of recommendations

The following 25 recommendations are made to the Department for Education, Children and Young People and/or Department of Health:

Recommendation A	The Incident Review Committee Terms of Reference provide for up to two community members, including a Tasmanian Aboriginal community member, to be appointed to the Committee. The Committee should ensure that the perspective of young people involved in use of force incidents are sought as part of its review.	Page 24
Recommendation B	The Department for Education, Children and Young People seek external advice from a strategic human resources management consultant regarding the development of an effective staff recruitment and retention strategy or review of its current strategy.	Page 28
Recommendation C	An appropriate provision be inserted in the *Youth Justice Act 1997* to provide for special remission that goes beyond s87 of the *Corrections Act 1997*. It should recognise that if a child is locked down, contrary to their human rights, DECYP should consider appropriate reductions to their term of detention.	Page 29
Recommendation D	The Department for Education, Children and Young People lobby for time out of room data to form an indicator in the Report on Government Services.	Page 29

Note: numbering of recommendations reflects the numbering used in the consultant's reports.

Mental health care inspection

Professor Norris' report can be found at Appendix 2. It relates to both youth and adult custodial centres. Pages 64-88 relate to AYDC but Professor Norris notes that her recommendations pertain to all custodial settings unless otherwise specified which is why recommendations 26, 27, 31, 32 and 37 have been adopted below.

Recommendation 1	Develop and implement change management processes to support staff and residents until the proposed closure/redevelopment of Ashley Youth Detention Centre	Appendix 2 Page 65
Recommendation 2	Employee Assistance Program (EAP) providers are specifically trained to understand and support staff working within custodial contexts	Appendix 2 Page 67
Recommendation 3	The Ashley Youth Detention Centre EAP provider or another mental health professional provide a framework regarding the organisational responses to the current media focus and associated allegations of abuse perpetrated towards residents	Appendix 2 Page 67
Recommendation 4	As an interim measure, information be sought from other jurisdictions regarding their EAP providers and their organisational fit	Appendix 2 Page 68
Recommendation 5	Urgently increase Ashley Youth Detention Centre staffing resources to protect residents and staff	Appendix 2 Page 70
Recommendation 6	Review the Award Wages to ensure that these are competitive to the external market	Appendix 2 Page 71
Recommendation 7	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	Appendix 2 Page 72

Recommendation 8	Increased access to trained mental health professionals to support resident and staff wellbeing	Appendix 2 Page 74
Recommendation 9	Review policies and procedures employed by external contractors providing transport for Ashley Youth Detention Centre residents with a specific focus on protecting basic physiological needs (food, hydration, toileting) and psychological safety (supported by prioritised transport between Reception Prisons and Ashley Youth Detention Centre)	Appendix 2 Page 76
Recommendation 10	Implement a formal professional development framework in Ashley Youth Detention Centre to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence	Appendix 2 Page 79
Recommendation 11	Ashley Youth Detention Centre staff be provided training in neurodivergence and neuro-affirmative practice	Appendix 2 Page 80
Recommendation 12	Installation of shade cloths or other structures to encourage Ashley Youth Detention Centre residents to spend time outside in nature	Appendix 2 Page 84
Recommendation 13	Review the range and implementation processes of Memorandum of Understanding (MOU) with external service providers to ensure access to appropriate and timely mental health care	Appendix 2 Page 86
Recommendation 14	A representative from health be present at Ashley Youth Detention Centre multidisciplinary team meetings to ensure that health is a core consideration in all decisions	Appendix 2 Page 87

Recommendation 15	Review of governance structure and planned reviews of action plans, policies and communication processes	Appendix 2 Page 87
Recommendation 26	Staff mental health training be embedded into onboarding and ongoing professional development frameworks	Appendix 2 Page 110
Recommendation 27	Reflective practice and other forms of peer supervision be integrated into workload for all staff	Appendix 2 Page 111
Recommendation 31	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	Appendix 2 Page 116
Recommendation 32	Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context	Appendix 2 Page 119
Recommendation 37	Adopt early intervention models of mental health care	Appendix 2 Page 124

Physical health care and substance use management inspection

Recommendation 67	Ashley Youth Detention Centre engage an acoustic consultant to review the acoustic conditions in units and other areas, such as the gym, and implement the advice as appropriate to improve and create more calming acoustic conditions	Page 22

Inspections, standards and methodology

Inspections

The purpose of the Custodial Inspector is to provide independent, proactive, preventative and systemic oversight of custodial centres. A custodial centre is defined as a prison within the meaning of the *Corrections Act 1997*, and a detention centre within the meaning of the *Youth Justice Act 1997*.

Section 13 of the *Custodial Inspector Act 2016* requires me to carry out a mandatory inspection of each custodial centre at least once every three years. Section 15 of the *Custodial Inspector Act 2016* requires me to prepare a report to the responsible Minister outlining my findings and recommendations in relation to each mandatory inspection. I report directly to the Minister responsible for the custodial centre and the Minister is required to table a copy of my report in each House of Parliament. In this way, inspection findings and recommendations become a public record. After tabling, all inspection reports are published on my website[16]

To meet my legislative obligations using the limited resources available, my office undertakes themed inspections of custodial centres focussing on particular inspection standards. At the end of a three year cycle, all aspects of custodial centres will have been inspected against the entire set of inspection standards. Due to the outbreak of COVID-19 and the public health measures that were undertaken immediately after, planned inspections were postponed. Unfortunately this has meant we are currently behind schedule on inspecting all of the standards within the three year cycle.

The Mental Health Care inspection was undertaken while AYDC was part of the DCT. On the 24 February 2022, the then Premier of Tasmania Peter Gutwein, announced changes to departmental structures, including that DCT would cease to exist on the 30 September 2022. The major functions supporting children and young people from within DCT formed part of the new DECYP.[17] The Physical Health Care and Substance Use Management inspection was undertaken after AYDC became part of DECYP.

Prior to publication of this report, DECYP and DoH were consulted and invited

[16] Office of the Custodial Inspector Tasmania (2023), *Office of the Custodial Inspector*, Hobart, https://www.custodialinspector.tas.gov.au/ accessed 17 November 2023.

[17] Premier of Tasmania (2022), *Department structures to strengthen Tasmanian outcomes*, Tasmanian Government, Hobart, https://premier.tas.gov.au/site_resources_2015/additional_releases/department_structures_to_strengthen_tasmanian_outcomes accessed 17 November 2022.

to correct any factual inaccuracies and to provide a written response to the recommendations included in this report. Appendices 4 and 5 detail those responses.

Standards

The *Inspection Standards for Youth Custodial Centres in Tasmania* provide the structure for reviewing and assessing the performance of custodial centres in relation to the treatment of, and conditions for, young people in Tasmania.

The inspection standards are publicly available on the Custodial Inspector's website.[18] The inspection standards relevant to this report are located in Appendix 1.

Inspection provides independent, external evaluation of custodial centres against the Youth Inspection Standards. An independent perspective can identify issues – both shortcomings requiring improvement and strengths that can be better utilised – that may not be immediately apparent to the custodial centre, thereby providing a continuous improvement framework.

Methodology

During the inspection, a number of evidence sources were used to assess AYDC against the inspection standards. These included:

- onsite visits;
- meetings with senior management;
- individual interviews carried out with staff;
- conversations with young people at subsequent visits following the Mental Health Care inspection and during the Physical Health Care and Substance Use Management inspection;
- review of documentation; and
- observation by the inspection team and the expert consultants.

[18] Office of the Custodial Inspector Tasmania (2018), *Standards and guidelines*, Office of the Custodial Inspector, Hobart, https://www.custodialinspector.tas.gov.au/standards_And_guidelines accessed 17 November 2023.

Physical health care and substance use management

The significant majority of Dr Petch's report on physical health care and substance use management in Tasmanian custodial centres related to adult custodial centres. Of the 127 page report, three pages related specifically to youth. The limited commentary reflected that the state of physical health care in AYDC is positive. I have extracted the relevant pages below, however a full copy Dr Petch's report can be found in appendix 3 of the Adult Health Care Report 2023.

> The Ashley Youth Detention Centre (AYDC) was visited. On the day of inspection it had nine detainees with capacity for 52. Aboriginal and Torres Strait Islander people are significantly over-represented in the population of detainees. Most detainees are troubled and have numerous complex psychosocial issues. Often these include traumatic histories, and AOD issues. ADHD and eating disorders are common in this population. The majority of health needs therefore fall into the psychiatric and psychosocial sphere rather than physical healthcare, and this was addressed in detail during the recent inspection of mental health services [Norris 2022].
>
> The mental health input comes from a visiting child psychiatrist who attends one day a month (0.05 FTE) and from a visiting Australian Childhood Foundation therapeutic services support worker who attends once a week (0.2 FTE). Services from headspace have been requested but seem to be unavailable. A number of programs are offered. The care model is trauma informed and it is an individual needs-based service. A consistent approach is provided. We were told that a conflict resolution program was not available. A welfare check is undertaken on every detainee every 20 minutes. We were informed that the centre was trying to develop a therapeutic collaborative care team approach that involves cross agency support and planning for residents.
>
> Drugs enter the unit occasionally. There is significant methamphetamine use in the community. There is little AOD work undertaken in the centre for the principal reason that most detainees are in the pre-contemplative phase of use and most reject any offer of services. Services however are available once per week. Many detainees request treatment from the psychiatrist with quetiapine, a sedative and anti-psychotic drug, and we were told that detainees are known to tell each other what to say to the

doctor in order to maximise the possibility of it being prescribed.

Confidentiality is important but given the number of agencies involved, in any one case it can be a challenge to maintain. Discharge planning involving many agencies is usually required. Healthcare identifies the treatment needs and provides support. We were informed that the treating psychiatrist also provides psychiatric reports to courts due to a shortage of psychiatrists in Tasmania with equivalent forensic experience. We were advised that they are required to provide court reports under their TAZREACH contract, a program funded by the federal government to provide health services to rural, remote and regional areas that otherwise wouldn't be available. This is an acceptable practice, but care needs to be taken lest any information obtained through a therapeutic encounter which might be deemed confidential is later disclosed without informed consent to third parties such as the court.

From a physical health perspective, a nurse is in attendance every day, and it is considered to be a nurse led service. A GP visits once per week. New detainees are screened by the doctor during the doctor's next visit. This includes a risk assessment of suicide and self-harm. We were assured, however, that if a doctor was required prior to the scheduled visit this would be arranged. There are weekly observations made, including STI tests where required. Routine blood tests are undertaken annually. The service prided itself on a superior level of healthcare input than is commonly provided in the community. This includes dentistry. If referrals to hospital are required these are made, or can be made earlier than the initial screen if urgently required. The service has a close working relationship with Launceston General Hospital (LGH).

Like the Tasmanian Prison Service, AYDC is suffering from the effects of low staffing levels. This recently prompted recruitment from other states, and several youth workers joined the service from the Northern Territory.

It was noted throughout our visit that the acoustic conditions in some of the units and in the gym made hearing difficult. Studies in school environments have found that high levels of background noise have a negative effect on staff wellbeing and that young people find it difficult to understand staff and feel more anxious and depressed [Recalde 2021]. High levels of background noise also make communication difficult, and this can lead to increased frustration in both staff and young people [Karthous 2017]. Stress and frustration can lead to heightened behaviour from young

people, such as refusing to attend education or programs, property damage or violence. Sound-absorbing materials can create calming acoustics in youth correctional facilities, and therefore reduce the effects of high levels of background noise.

Recommendation 67

Ashley Youth Detention Centre engage an acoustic consultant to review the acoustic conditions in units and other areas, such as the gym, and implement the advice as appropriate to improve and create more calming acoustic conditions.

References

Karthaus, R, Bernheimer, L, O'Brien, R, Barnes, R (2017), Wellbeing in prison design version A.12/17, Matter Architecture, p.56

Norris K (2022), Evaluation of mental health services in Tasmanian custodial contexts, Office of the Custodial Inspector Tasmania, Hobart

Recalde, JM, Palau, R, Marquez, M (2021) 'How classroom acoustics influence students and teachers: a systemic literature review', Journal of Technology and Science Education, vol. 11, no. 2, pp. 245-259, http://dx.doi.org/10.3926/jotse.1098

My inspection team also noted that health care related standard operating procedures and Secretary's Instructions had not been reviewed regularly and were out of date. DECYP is currently undertaking a large review of AYDC policies and procedures, which should address this issue and ensure they are up to date.

Use of force and the Commission of Inquiry

Dr Petch's report briefly refers to responses to physical and sexual abuse at AYDC on pages 213-214:

Response to physical and sexual abuse

At the time of this inspection, the Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings had concluded their hearings. Part of the scope of this inquiry focused on the response by the Department of Communities Tasmania to allegations of child sexual abuse at AYDC.

> *Young people can report assaults to either AYDC staff or CPHS staff. They are also able to report assaults to the Commissioner for Children and Young People directly or through their advocate located at AYDC.*

The Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse (the Commission of Inquiry) report has now been published and Volume 5 of the report relates to children in detention.[19]

Dr Petch also noted the importance of reviewing use of force against young people in the context of healthcare. Use of force was also discussed in Volume 5 of the Commission of Inquiry report. Dr Petch made the following comment in relation to use of force at page 217 of his report, in the context of a wider discussion relating to use of force in adult custodial settings:

> *The use of force against juveniles needs particular scrutiny and care, and special training. Highly volatile situations can develop very quickly, and can be very dangerous. Several incidences in different jurisdictions have been shown publicly and caused state, national and international level shock, opprobrium and embarrassment. During our inspection an alleged unreasonable use of force incident against a young person at AYDC was brought to our attention. It was raised with management and positively, the response was immediate. The staff member involved was stood down, based on the CCTV footage, whilst the matter was investigated.*

Dr Petch made a number of recommendations in relation to adult custodial centres and use of force that are also applicable to youth custodial centres. Relevantly, that young people's perspectives should be sought after every use of force so they can be fed back into the review of use of force incidents. The panel that reviews use of force incidents should also ensure community input, including from the Tasmanian Aboriginal community. This could be achieved in AYDC through the appointment of one or more community members to AYDC's Incident Review Committee.

The Department for Education, Children and Young People (DECYP) Keeping Kids Safe report referred to the establishment of an Incident Review Committee,

[19] Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2023), *Who was looking after me? Prioritising the safety of Tasmanian Children, Volume 5: Children in youth detention,* Tasmanian Government, Hobart, https://www.commissionofinquiry.tas.gov.au/report/listing/volume-5/_nocache accessed 20 November 2023.

which will review use of force incidents.[20] Appointing a community member to this committee, as well as a Tasmanian Aboriginal community member, would be a positive way to increase accountability and transparency. Bringing non-custodial perspectives to these incidents may prompt different enquiries and responses to uses of force and improve practice.

Recommendation A

The Incident Review Committee Terms of Reference provide for up to two community members, including a Tasmanian Aboriginal community member, be appointed to the Committee. The Committee should ensure that the perspective of young people involved in use of force incidents are sought as part of its review.

Access to medication

Following the inspection, an issue relating to delays in some medications arriving at AYDC was raised with my inspection team. Pharmacy services for young people at AYDC are provided through the CPHS pharmacy at the Risdon Prison Complex in Hobart. A medical officer spoke about delays of up to five days between the prescribing of medication and the young person receiving it. DECYP should liaise with CPHS to ensure there are no barriers to young people receiving their medication in a timely manner.

[20] Department for Education, Children and Young People (2022), *Keeping Kids Safe: A plan for Ashley Youth Detention Centre until its intended closure*, Tasmanian Government Hobart, p.21, https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/Keeping-Kids-Safe.pdf accessed 15 November 2023.

Lockdowns

Professor Kimberley Norris wrote about the impact of lockdowns, which commenced not long after our mental health inspection. Professor Norris recommends that AYDC urgently increase staffing resources to protect residents and staff. Positively, staff numbers increased in December 2022 following the recruitment of a number of youth workers from the Northern Territory. The increase in staff had an immediate positive impact on young peoples' time out of their room.

Dr Petch also wrote in detail about the impact of lockdowns but in adult custodial centres. At the time of the Physical Health and Substance Use Management inspection in February 2023 the lockdown situation at AYDC had largely been addressed with an influx of new staff. Time out of bedroom, although not often the standard requirement of ten hours, appeared to remain relatively stable for some time. Unfortunately, the stability did not last.

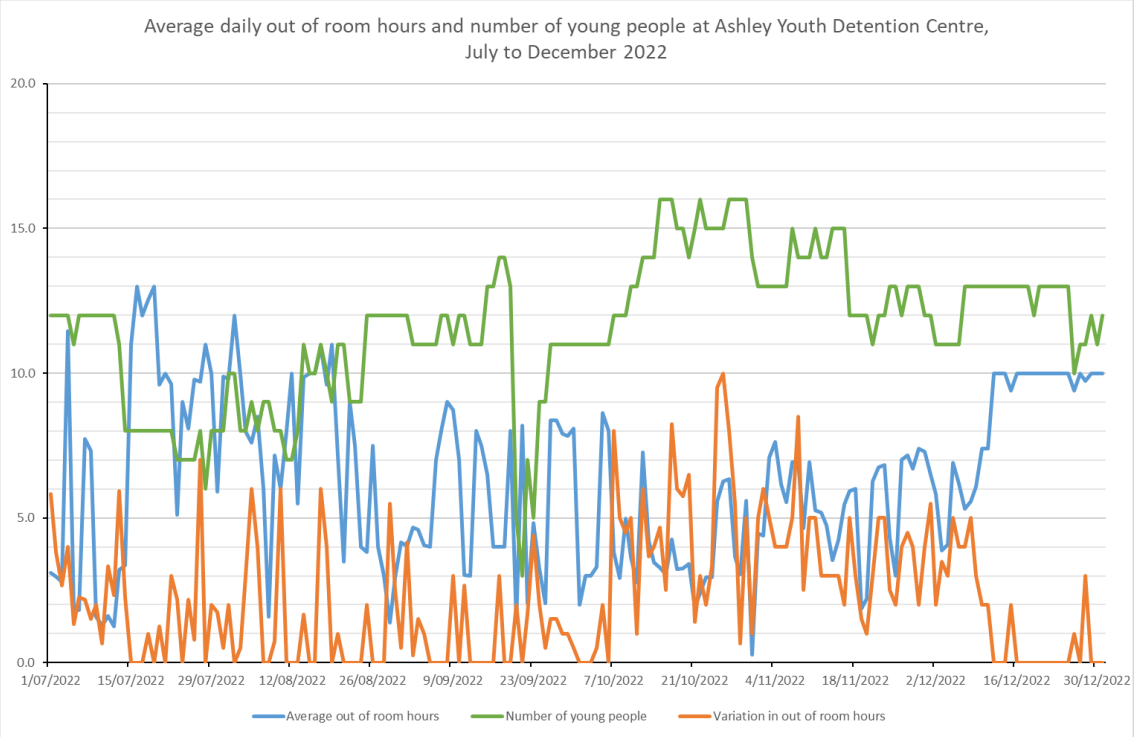
The graphs below highlight the time out of bedrooms for young people in the 2022-23 financial year.[21] This data was obtained from DECYP. The impact of additional staff in December can be seen with the increased stability of time out of room in December 2022 but various issues had a negative impact on hours out of room throughout the year, including an increase in the number of young people in detention.

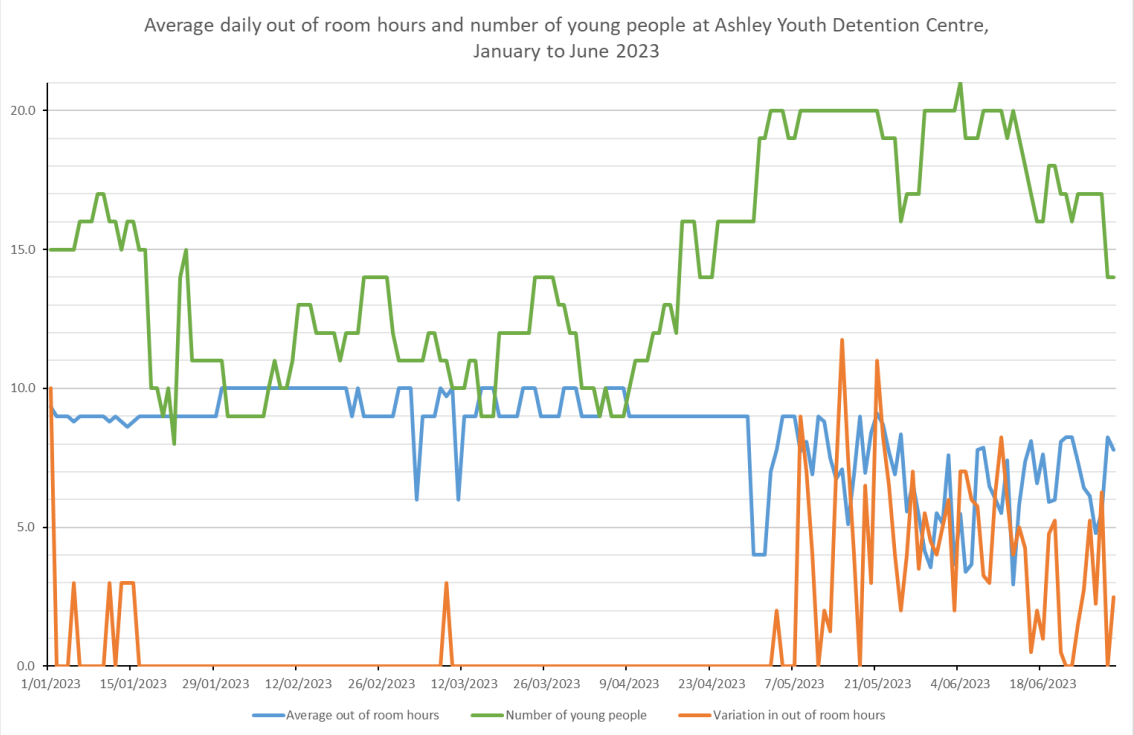
[21] **Note on the calculation of variation in out of room hours**

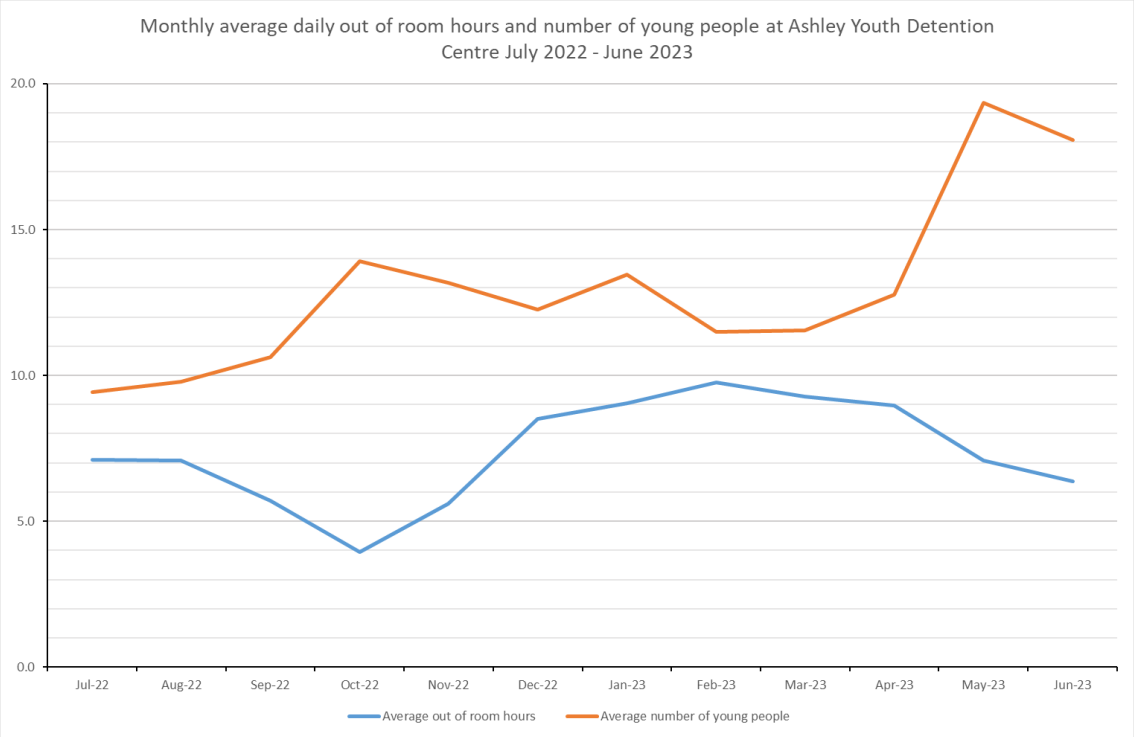
The variation in out of room hours is the difference between the most hours a young person (YP) spent out of their room and the least hours a young person spent out of their room. For example: If YP # 1 spent 10 hours out of their room, YP # 2 spent 9 hours out, and YP # 3 spent 2 hours out, then the variation in out of room hours = the most hours out (10) – the least hours out (2) = 8. Therefore, the larger the range, the less equitable the distribution of out of room hours between young people.

Note on the accuracy of the data

The data obtained from DECYP was manually entered by DECYP staff into Excel spreadsheets. Accuracy of data entry may have been affected by manual data entry methods, insufficient staffing resources and high staffing pressures. The Office of the Custodial Inspector manually manipulated the data further and cleaned it for the purposes of creating this graph. This involved merging weekly data tables into a single table. Data was then transposed and converted so that all out of room time was reported in the same units. Daily out of room time averages, variation in out of room time and number of young people present at the centre were then calculated. Although due care was taken during this process, the accuracy of this data may have been impacted.


Average daily out of room hours and number of young people at Ashley Youth Detention Centre, July to December 2022
20.0
15.0
10.0
5.0
0.0
1/07/2022
15/07/2022
29/07/2022
12/08/2022
26/08/2022
9/09/2022
23/09/2022
7/10/2022
21/10/2022
4/11/2022
18/11/2022
2/12/2022
16/12/2022
30/12/2022
Average out of room hours
Number of young people
Variation in out of room hours


Average daily out of room hours and number of young people at Ashley Youth Detention Centre, January to June 2023
20.0
15.0
10.0
5.0
0.0
1/01/2023
15/01/2023
29/01/2023
12/02/2023
26/02/2023
12/03/2023
26/03/2023
9/04/2023
23/04/2023
7/05/2023
21/05/2023
4/06/2023
18/06/2023
Average out of room hours
Number of young people
Variation in out of room hours



A young person at AYDC wrote a letter to the Premier in June 2023 in which they described the impact of lockdowns. My team obtained permission from this young person to publish their correspondence, including the following excerpt,

> *At the moment, they lock us down like dogs at the Dog's Home. We get excited when people come to our doors, just like the dogs get excited when someone goes to their cage just because we have someone to talk to. Even the cows in the paddocks next to Ashley have more freedom than us.*
>
> *I know it is hard to fix, but this has been going on for 12 months now and it's still the same. The lockdowns need to change and we need more clarity about the lockdowns and the situation here.*

A full copy of the letter can be found at Appendix 8.

There are significant challenges impacting on the rate of lockdowns, primarily relating to staff shortages. These include:

- staff stand downs whilst investigations are underway into allegations of improper conduct (some of which have been ongoing for years);
- a significant number of workplace injuries impacting on staff's ability to return to work;
- COVID-19 and staff illness;

- retention and instability of employment with the announcement of the closure of AYDC; and
- difficulties recruiting, influenced by public perceptions of the centre, a competitive job market and similar skilled shortages interstate.

It must be stressed that we regularly heard reports of staff at AYDC working very long hours, with increasingly large leave balances to minimise the impact on young people.

Dr Petch recommended that the Tasmania Prison Service seek external advice from a strategic human resources management consultant regarding the development of an effective staff recruitment and retention strategy. I make the same recommendation to DECYP to ensure it is doing everything it can to recruit and retain staff in what are difficult circumstances. Whilst I understand it has a strategy, obtaining an external expert advice may provide insights to better ensure DECYP is doing everything it can to properly staff AYDC.

Recommendation B

The Department for Education, Children and Young People seek external advice from a strategic human resources management consultant regarding the development of an effective staff recruitment and retention strategy or review of its current strategy.

Dr Petch also made a recommendation relating to remediation for adult prisoners as a result of the hardships arising from the systemic breaches of their human right to time out of their cell. Preventing lockdowns occurring must be the primary aim of DECYP but the recent lockdowns have highlighted that there is no provision in the *Youth Justice Act 1997* for remission, or 'special management days', as there is in s87 of the *Corrections Act 1997*. This section provides that the Director of Corrective Services can grant one or more special management days on account of good behaviour whilst suffering disruption or deprivation in the event of industrial disputes, emergency situations or other circumstances of an unforeseen or special nature.

Young people are sent to detention as a punishment, not for punishment, and they ought to be receiving access to education and rehabilitation services. If a young person is locked in their room, they are not receiving these services; they are instead being harmed.

Recommendation C

An appropriate provision be inserted in the *Youth Justice Act 1997* to provide for special remission that goes beyond s87 of the *Corrections Act 1997*. It should recognise that if a child is locked down, contrary to their human rights, DECYP should consider appropriate reductions to their term of detention

There is currently no publicly available data on lock downs in youth detention in Tasmania. The Commission of Inquiry has recommended that isolation data be published[22] but DECYP should go further. The Report on Government Services (RoGS) reports on time out of cells in adult corrective services for all states and territories in Australia but there is no equivalent for young people in detention. There should be as it fits within the RoGS objectives of publishing data on the efficiency of government services and facilitating improvements in service delivery and accountability to the public.

Recommendation D

I recommend that DECYP lobby for time out of room data to form an indicator in the Report on Government Services.

Having this information publicly available and comparable to data interstate can only be a positive. It would increase transparency and accountability, which in a closed environment should be embraced wherever possible.

An increase in reporting requires systems in place to reliably collect the data. The current systems employed at AYDC are largely manual and open to human error. Work would need to be done to streamline data collection.

Lockdown Terminology

We have used the term lockdowns when a young person is locked in their room or unit. DECYP uses the term restrictive practices.

[22] See recommendation 12.32 at page 224 in Volume 5 (Book 3): Chapter 12 — The way forward: Children in youth detention.

The term restrictive practice is also used in disability care[23] and aged care.[24] Restrictive practice in those settings specifically relates to the use of interventions and practices that have the effect of restricting rights and the freedom of movement of people with a disability or older people. There are five types of restrictive practices: chemical restraint, environmental restraint, mechanical restraint, physical restraint and seclusion.

The closest definition to the restrictive practice AYDC is using would be environmental restraint. Environmental restraint in the aged care setting has been defined as "a practice or intervention that involves restricting a consumer's free access to all parts of their environment (including items and activities) for the primary purpose of influencing their behaviour".[25]

Restrictive practice at AYDC is not being used for the primary purpose of influencing behaviour, but due to reduced staffing and the inherent security risk this creates. The dictionary definition of lockdown specific to custodial settings is "the confining of prisoners to the cells, usually as a security measure".[26] Young people in detention are not prisoners but given this definition better reflects the actual situation at AYDC, the use of the term lockdown seems more appropriate.

[23] Australian Law Reform Commission (2014), *Restrictive practices in Australia*, Australian Government, Canberra, https://www.alrc.gov.au/publication/equality-capacity-and-disability-in-commonwealth-laws-dp-81/8-restrictive-practices/restrictive-practices-in-australia/ accessed 17 November 2023.

[24] Aged Care Quality and Safety Commission (n.d.), *Minimising the use of restrictive practices*, Australian Government, Canberra, https://www.agedcarequality.gov.au/consumers/minimising-restrictive-practices accessed 17 November 2023.

[25] Ibid.

[26] Macquarie Dictionary (2023), *Lockdown (prison) definition*, Macmillan Publishers, NSW, https://www.macquariedictionary.com.au/features/word/search/?search_word_type=Dictionary&word=lockdown accessed 17 November 2023.

Conclusion

Our inspections demonstrated that the state of physical health care in AYDC is positive, but more work needs to be done in relation to mental health care. Professor Norris' detailed report, attached as Appendix 2, highlights a number of areas for improvement to ensure that young people are receiving appropriate care. This includes improvements for staff working at AYDC, as the lockdowns have demonstrated that without a strong cohort of staff the wellbeing of young people suffer.

List of appendices

Youth health care inspection 2023

Appendix 1

Inspection standards

Office of the Custodial Inspector
Tasmania

Mental health care inspection standards

The Inspection Standards for Young People in Detention in Tasmania can be viewed in their entirety on the Office of the Custodial Inspector website[1].The following standards were inspected during the mental health care inspection.

1. Governance and procedural fairness

…

1.4 The distinct needs of young people with disabilities, with a high level of vulnerability, and those with mental health issues should be assessed and they should have equitable access to services, activities and amenities, including specific assistance relating to their needs.

1.4.1 There are appropriate assessments conducted to identify the needs of young people with disabilities, including young people presenting with potentially undiagnosed conditions. This could involve expertise on-site or appropriate referrals to specialist facilities for assessment and setting up a management plan.

1.4.2 All staff receive basic disability awareness training. Staff working closely with young people with disabilities also receive ongoing training in managing specific disabilities.

1.4.3 Staff are alert to and quickly address any bullying, verbal or physical abuse or other negative actions towards highly vulnerable or immature young people and young people with disabilities.

1.4.4 Highly vulnerable or immature young people, those with newly-diagnosed mental health issues and those with an existing diagnosis have a management plan specifying special needs to be addressed. This plan should include all areas of centre life and all staff involved in the young person's management should be aware of the plan. Young people with disabilities should be referred to relevant services to ensure they receive the appropriate assistance, assistive technology and other services.

1.4.5 Young people with disabilities are managed according to their individual needs. This may involve additional services, equipment, time and other resources to ensure they have equitable access to the services, activities and amenities needed to progress through detention and out of detention at the earliest suitable time.

1.4.6 Young people with physical disabilities are able to access all areas of the detention centre in order to engage fully with centre activities. Young people with non-physical disabilities also should have appropriate

[1] Office of the Custodial Inspector Tasmania 2018, *Standards & guidelines – Inspection Standards for Youth Custodial Centres in Tasmania*, Hobart, available: https://www.custodialinspector.tas.gov.au/standards_And_guidelines

assistance to ensure they can fully engage with centre activities in meaningful ways.

3. Service delivery

3.1 The treatment of young people and the conditions in which they are held must meet contemporary community standards of decency and humanity.

…

3.1.2 Detention conditions take into account the individual needs of young people – their status, developmental stage, special requirements, physical and mental health issues to ensure their protection from harmful influences and risk factors.

…

3.3 Within two hours of admission to a detention centre, each young person should undergo a rigorous assessment to ensure that their risks and needs are identified and they are placed appropriately in the detention centre.

…

3.3.4 Upon admission, at risk young people are identified and strategies developed to ensure their safety.

3.3.5 Young people are examined by a medical professional within two hours of admission to identify any conditions that require attention.

3.3.6 All assessment instruments are appropriate to determine the needs and risks of young people entering detention.

3.3.7 Until they are assessed, all young people are treated as being high risk and are subject to closer and more frequent checking than standard.

…

3.6 Arrangements for the young person's accommodation and access to relevant education, health, work, and social services must be finalised before the young person is released from the detention centre.

…

3.6.5 Young people should leave detention with their immediate needs met, including having education arrangements, accommodation, transitional support structures and contacts in place.

3.6.6 Preparation for young people with serious and enduring mental health problems should ensure that they continue to be managed appropriately on release.

…

3.8 A range of evidence-based treatment programs to address the identified risks and needs of young people in detention should be made available.

…

3.8.4 Psychosocial interventions are integrated with clinical treatment.

…

9. Health and wellbeing

9.1 Young people in custody should have their health needs addressed by appropriate health and ancillary services.

9.1.1 The detention centre has child and adolescent focused health services available to meet the needs of the population that is of a standard at least equal to that available in the community.

9.1.2 This may involve a mix of on-site, visiting and external services but must include nursing, medical, dental, mental health, drug and alcohol, and sexual health services.

9.1.3 Health services are tailored to meet the needs of individuals as well as specific groups which have identified needs.

9.1.4 When appropriate health services are not available, young people are to be transferred to local health district emergency departments for evaluation and assessment.

9.1.5 Record keeping systems enable health trends and needs within the population to be monitored.

9.2 Young people in custody with actual or suspected mental health issues should have access to age and culturally appropriate mental health services in a timely manner.

9.2.1 There are suitably-trained mental health professionals onsite such as a mental health nurse, visiting specialist GP, psychologist, or psychiatrist to conduct mental health assessments and monitor progress.

9.2.2 Responsive arrangements exist with suitable services to refer young people with mental health problems.

9.2.3 Services are also sought to meet the needs of non-English-speaking-background young people and other different cultural groups (interpreters, gender-specific specialists, refugee/migrant services etc.) – whether onsite, contracted or sought on a case-by-case basis according to individual need.

9.2.4 Many young people may have experienced trauma (whether recent or in their past), so specific services should be available to deal with this, such as grief counselling or sexual assault counselling services.

9.2.5 There are strong links to services in the community for support and treatment during detention and upon release, including family services and family groups.

9.3 Young people at risk of self-harm or suicide are promptly identified and a support plan is created.

9.3.1 Young people at risk of self-harm or suicide are identified as early as possible; staff remain vigilant to changes in behaviour and attitudes of young people throughout their time in detention.

9.3.2 Young people identified as at risk of self-harm and or suicide are referred to Correctional Health Services staff immediately for early intervention management. If the situation arises after hours, the on-call Correctional Health Services Nurse is contacted for advice.

9.3.3 A detailed care and support plan for the young person is devised and details the individual staff members responsible for supporting the young person.

9.3.4 Young people are encouraged to contribute to developing their care plan and identify their own support needs.

9.3.5 Families are also involved in the development and review of care plans where this is appropriate.

9.3.6 Arrangements are in place for following up after a care and support plan has been closed; this includes a follow-up assessment of the young person.

9.3.7 Young people at high risk of suicide or self-harm are subject to closer and more frequent observation, the details of which are documented.

9.3.8 All incidents of self-harm or attempted self-harm and attempted suicide are investigated and have an incident report prepared and forwarded to the appropriate agencies and officers.

9.3.9 All detention centres must have an observation room where young people at high risk can be placed and monitored; this facility should not cause further psychological or physical harm to the young person.

9.3.10 All young people have access to confidential telephone help lines.

9.3.11 Where a young person is considered to be an extreme suicide risk, they are not forced to wear non-rip clothing and instead are placed under constant surveillance.

9.3.12 All staff members are trained in suicide awareness and first response to a self-harm or suicide incident; this training is updated regularly.

9.3.13 Debriefs are held following any significant incident to discuss the operational procedures and outcomes and identify any areas for improvement.

9.3.14 In addition to an operational debrief following an incident, staff have access to counselling services.

9.3.15 All bedrooms have a serviceable alarm or intercom system which gives direct communication to youth workers.

9.3.16 There is a documented system in place which ensures that recommendations from incident investigations are followed through to implementation.

9.4 An initial medical and psychological assessment of each young person must be conducted within 48 hours of their admittance to the detention centre.

9.4.1 Correctional Health Services staff are to complete an initial health assessment within 48 hours of arrival in custody.

9.4.2 The need for referrals to appropriate health services such as medical, drug and alcohol or mental health are made during the initial assessment.

9.4.3 The initial health care assessment identifies any special needs of the young person and is shared with their caseworker.

9.4.4 Where possible, young people can be examined by a doctor of the same gender.

9.4.5 Every young person has access to remedial and preventative medical care and pharmaceutical products and special diets as indicated on their medical record.

9.4.6 Medical care and medicine is only administered when necessary and with the consent of the young person or their carer/guardian. In the absence of a guardian, the Centre Manager, as delegated by the Secretary, may authorise the treatment in cases where it would be detrimental to delay it.

9.5 Young people are aware of the health services available and how to access them.

9.5.1 Information on available services is given to young people during their medical assessment in a way they can understand.

9.5.2 Information about the health services available is updated as necessary and all young people are informed of any changes.

9.5.3 In all dealings with medical staff, care must be taken to ensure that young people understand the processes that involve them.

9.5.4 Young people know how to comment or complain about their health care and treatment and are not discriminated against if they do so.

9.5.5 Responses to any such comments or complaints are timely, easy to understand and so far as possible resolve the young person’s concerns.

…

Physical health care and substance use management inspection standards

The following standards were inspected during the physical health care and substance use management inspection.

3. Service delivery

3.1 The treatment of young people and the conditions in which they are held must meet contemporary community standards of decency and humanity.

…

3.1.2 Detention conditions take into account the individual needs of young people – their status, developmental stage, special requirements, physical and mental health issues to ensure their protection from harmful influences and risk factors.

…

3.3 Within two hours of admission to a detention centre, each young person should undergo a rigorous assessment to ensure that their risks and needs are identified and they are placed appropriately in the detention centre.

…

3.3.5 Young people are examined by a medical professional within two hours of admission to identify any conditions that require attention.

3.3.6 All assessment instruments are appropriate to determine the needs and risks of young people entering detention.

…

3.6 Arrangements for the young person's accommodation and access to relevant education, health, work, and social services must be finalised before the young person is released from the detention centre.

…

3.6.5 Young people should leave detention with their immediate needs met, including having education arrangements, accommodation, transitional support structures and contacts in place.

…

3.8 A range of evidence-based treatment programs to address the identified risks and needs of young people in detention should be made available.

…

3.8.2 Drug and alcohol awareness programs are available for at risk young people.

3.8.3 Drug and alcohol dependent young people have a suitable program drawn up based on a thorough assessment.

3.8.4 Psychosocial interventions are integrated with clinical treatment.

3.8.5 In addition to treatment programs, targeted interventions may include personal development and life skills programs, or personalised programs such as counselling or 'buddy' programs

…

4. Family and community

…

4.6 Special considerations should be made for young people who are parents or who have parental responsibilities.

…

4.6.3 Specific services should be available for pregnant young women and new mothers in addition to youth health services – this may include appropriate food and nutrition, maternal health services, and flexible visiting arrangements.

…

7. Workforce

…

7.3 All staff must be appropriately trained and receive ongoing development, and reaccreditation where necessary.

…

7.3.3 All staff should undertake training concerning human rights, Aboriginal issues and cultural awareness, child and adolescent development (including gender-specific information), emergency management, drug and alcohol awareness, disability awareness and other relevant areas.

…

9. Health and wellbeing

9.1 Young people in custody should have their health needs addressed by appropriate health and ancillary services.

9.1.1 The detention centre has child and adolescent focused health services available to meet the needs of the population that is of a standard at least equal to that available in the community.

9.1.2 This may involve a mix of on-site, visiting and external services but must include nursing, medical, dental, mental health, drug and alcohol, and sexual health services.

9.1.3 Health services are tailored to meet the needs of individuals as well as specific groups which have identified needs.

9.1.4 When appropriate health services are not available, young people are to be transferred to local health district emergency departments for evaluation and assessment.

9.1.5 Record keeping systems enable health trends and needs within the population to be monitored.

…

9.4 An initial medical and psychological assessment of each young person must be conducted within 48 hours of their admittance to the detention centre.

9.4.1 Correctional Health Services staff are to complete an initial health assessment within 48 hours of arrival in custody.

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9.4.3 The initial health care assessment identifies any special needs of the young person and is shared with their caseworker.

9.4.4 Where possible, young people can be examined by a doctor of the same gender.

9.4.5 Every young person has access to remedial and preventative medical care and pharmaceutical products and special diets as indicated on their medical record.

9.4.6 Medical care and medicine is only administered when necessary and with the consent of the young person or their carer/guardian. In the absence of a guardian, the Centre Manager, as delegated by the Secretary, may authorise the treatment in cases where it would be detrimental to delay it.

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9.5.3 In all dealings with medical staff, care must be taken to ensure that young people understand the processes that involve them.

9.5.4 Young people know how to comment or complain about their health care and treatment and are not discriminated against if they do so.

9.5.5 Responses to any such comments or complaints are timely, easy to understand and so far as possible resolve the young person’s concerns.

9.6 Healthy lifestyles should be supported through the provision of extensive health promotion and education, nutritious food and drink, and encouragement of exercise and personal hygiene.

…

9.6.2 Health promotions cover a range of issues linked to lifestyle: alcohol, smoking, drug education, hygiene, sleep, nutrition, fitness, sex education, positive relationships and family and domestic violence issues.

…

9.7 The detention centre uses specialised drug abuse prevention and rehabilitation programs administered by qualified professionals.

9.7.1 These programs are adapted to the participants' profiles, risks and needs to ensure that they promote the best chance of rehabilitation.

9.7.2 Various programs are available and target different areas and levels of substance abuse.

…

Youth health care inspection 2023

Appendix 2

Report by Professor Kimberly Norris – mental health care

Office of the Custodial Inspector
Tasmania

UNIVERSITY
OF TASMANIA

School of Psychological Sciences

Evaluation of Mental Health Services in Tasmanian Custodial Contexts

Final Report

August 2022

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Table of Contents

List of Key Terms, Acronyms and Abbreviations

Key Terms

Mental Health

Mental health is a broad term referring to a person's capacity to successfully manage the everyday stressors and challenges of life, engage in meaningful personal/ social relationships, experience satisfaction and productivity across multiple life domains (including work and non-work roles) and experience a sense of meaning and purpose[1]. Mental health fluctuates over time in response to internal and external challenges.

Mental Illness

As per the Mental Health Act (2013) Tasmania[2], mental illness refers to temporary, repeated or chronic experiences of serious impairment in thoughts, mood, cognition, perception or decision making.

Wellbeing

Wellbeing refers to a complex combination of factors across a person's physical, mental, emotional and social life domains. In this way, wellbeing is distinct from, but related to, mental health. Some researchers have conceptualised wellbeing as how and individual feels about themselves, and their life[3].

Therapeutic Climate and Therapeutic Culture

Although the terms therapeutic culture and therapeutic climate are terms that are frequently used interchangeably[4], there are differences between these constructs. Therapeutic culture can be understood as an overall organisational philosophy that influences attitudes, perceptions, motivations, goals and behaviours[5] as they relate to offender rehabilitation and mental health treatment. In contrast, therapeutic climate refers to perceptions of an organisation at the operational level and is perceived to be

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[1] Department of Health and Aged Care 2022, *About Mental Health.* Australian Government, <https://www.health.gov.au/health-topics/mental-health-and-suicide-prevention/about-mental-health>.
[2] Mental Health Act 2013 (Tas). <https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-2013-002>.
[3] Better Health Channel n.d, *Wellbeing*, Department of Health, Victoria State Government, <https://www.betterhealth.vic.gov.au/health/healthyliving/wellbeing>.
[4] Parker, CP, Baltes, BB, Young, SA, Huff, JW, Altmann, RA, Lacost, HA & Roberts, JE 2003, 'Relationships between psychological climate perceptions and work outcomes: A meta-analytic review', *Journal of Organizational Behavior*, vol. 24, no. 4, pp. 389-416. DOI: 10.1002/job.198
[5] Melnick, G, Ulaszek, WR, Lin, H-J & Wexler, HK 2009, 'When goals diverge: Staff consensus and the organizational climate', *Drug and Alcohol Dependence*, vol. 103, suppl. 1, pp. S17-S22. DOI: 10.1016/j.drugalcdep.2008.10.023

more malleable than culture and can serve as a precursor or “ground up” approach for cultural change[6].

Therapeutic Jurisprudence

Therapeutic jurisprudence refers to the "study of the role of the law as a therapeutic agent"[7], both acknowledging and focusing on the impact of legal processes on mental health and psychological wellbeing. In doing so, this approach recognises the law and legal proceedings as a ‘social force’ that influences thinking, feeling, and behaviour and encourages a ‘therapeutic’ approach to the law and legal proceedings that recognises the role of psychological factors whilst protective justice and due process. In practical terms, this indicates that a person’s psychological presentation and needs are considered in the application of the law, including sentencing and rehabilitation decisions.

Mental Health Literacy

Mental health literacy is a term that refers to an individual’s understanding of how to obtain and maintain positive mental health; understanding of mental disorders and their treatments; engage in active non-stigmatisation of mental disorders; skills in improving their own mental health; and knowing when and where to seek help[8].

Evidence Informed and Evidence Based Interventions

All mental health interventions should be based on available evidence to maximise efficacy and ensure fitness for purpose[9]. Evidence-based practice/interventions refers to a highly structured approach to decision making using the best available evidence to guide treatment decision making, taking into account the client’s individual needs. Evidence-informed practice/interventions integrate professional judgement with available research evidence regarding treatment efficacy, and is a less objective and structured approach to clinical treatment decision making.

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[6] Taxman, FS, Cropsey, KL, Melnick, G & Perdoni, ML 2008, ‘COD services in community correctional settings: An examination of organizational factors that affect service delivery’, *Behavioral Sciences and the Law*, vol. 26, no. 4, pp. 435-455. DOI: 10.1002/bsl.830

[7] Wexler, DB & Winick, BJ 1996, ‘Law in therapeutic key: Developments in therapeutic jurisprudence’. *Current Issues in Criminal Justice,* vol. 8, no. 3, pp.337-340.

[8] Kutcher, S, Wei, Y & Coniglio, C 2016, ‘Mental Health Literacy: Past, Present, and Future’, *Canadian Journal of Psychiatry*, vol. 61, no. 3, pp. 154-158. DOI: 10.1177/0706743715616609

[9] Melnyk, BM & Newhouse, R 2014, ‘Evidence-based practice versus evidence-informed practice: a debate that could stall forward momentum in improving healthcare quality, safety, patient outcomes, and costs’, *Worldviews on Evidence-Based Nursing*, vol. 11, no. 6, pp. 347-349. DOI: 10.1111/wvn.12070

Acronyms

AYDC	Ashley Youth Detention Centre
BDP	Behavioural Development Program
CPHS	Correctional Primary Health Services
CSU	Crisis Support Unit
EAP	Employee Assistance Program
EUE	Extreme and Unusual Environment(s)
HRP	Hobart Reception Prison
HRAT	High Risk Assessment Team
LRP	Launceston Reception Prison
MATES	Peer support program for Tasmania Prison Service Staff; Affiliated with Frontline Mind
MDT	Multidisciplinary Team
MHWP	Mary Hutchinson Women's Prison
MOU	Memorandum of Understanding
RPC	Risdon Prison Complex
SASH	Suicide and Self-Harm
SRC	Southern Remand Centre
TPS	Tasmania Prison Service
TSU	Therapeutic Services Unit

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I further acknowledge the traditional owners of the lands on which this evaluation took place, paying respect to elders past, present and emerging and recognising the importance of Aboriginal and Torres Strait Islander knowledge in supporting the health and wellbeing of all Aboriginal and Torres Strait Islander people.

The Author

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Executive Summary

Background

This report is designed to be read in conjunction with the report of assessment (2022) completed by the Custodial Inspectorate against each of the mental health standards required of Custodial settings in Tasmania.

An important consideration that underpins all data and interpretations contained within this report regards the unique circumstances that custodial contexts place on prisoners and staff. The nature of the physical, social and psychological environment within these contexts increases the risk of exposure to a range of situations - including potentially traumatic events - that substantially differ from routine environments in which most people live, recreate and work. For these reasons, custodial contexts are inherently challenging and can be categorised as extreme and unusual environments.

Extreme and unusual environments (EUES) are defined along four key parameters - physical, social, technological and psychological. An overview of the relevance of each of the four parameters within custodial contexts is detailed below:

Physical environment: Prisoners (in most instances) are physically separated from friends and family. They are also isolated from non-incarcerated community members. They have limited influence over the physical environment as a result of their incarceration. Further, by definition prisoners are confined within a limited geographical area.

Social environment: Prisoners are removed from pre-existing sources of social support as a result of their incarceration and have very limited control over their social interactions. They are housed with individuals not of their own choosing and have an overarching daily structure/routine imposed as a result of their incarceration. When visited by family and friends all interactions are overseen by custodial staff.

Technological environment: Unlike experiences of non-incarcerated individuals in Tasmania, prisoners in custodial contexts have limited control over access to communication technologies. Access to these technologies is restricted to certain times of each day, and with limited privacy.

Psychological environment: Prisoners are residing in an environment in which they exercise limited control and freedoms. The cumulation of physical, social and

technological impacts increase the likelihood of negative psychological health and wellbeing[10].

Despite a predominant focus on the negative impacts of EUES within the research literature, it is also recognised that positive outcomes are also associated with experiencing EUES. These positive outcomes include, but are not limited to, increased awareness of personal values; greater interpersonal tolerance; identity exploration; and development of new perspectives[11]. It was evident within the context of this evaluation that there are positive experiences pertaining to mental health within custodial contexts, and commendations have been made in this regard.

Although an environment does not need to meet all four parameters to be categorised as an EUE, the domains do interact to influence each other. Importantly, researchers have consistently demonstrated that the psychological parameters of an EUE have a disproportionate impact on the mental health and wellbeing of individuals and groups living and working within them - hence the need for focused attention on mental health within custodial contexts in Tasmania.

The Current Mental Health Evaluation

In June 2022, the Custodial Inspectorate undertook an evaluation of mental health services within Custodial contexts in Tasmania. Professor Norris attended these inspections as an independent expert in mental health.

The objectives of this report are to:

1. Identify instances of best practice in supporting the mental health needs of those living and working within custodial contexts in Tasmania
2. Identify opportunities to further enhance mental health services offered within Tasmanian custodial contexts
3. Inform recommendations based on the above

[10] Norris, K 2010, *Breaking the ice: Developing a model of expeditioner and partner adaptation to Antarctic employment,* PhD thesis (unpublished), University of Tasmania.
[11] Norris, K 2010, *Breaking the ice: Developing a model of expeditioner and partner adaptation to Antarctic employment,* PhD thesis (unpublished), University of Tasmania.

To achieve these objectives, the author attended each custodial site with the Custodial Inspectorate and obtained information regarding mental health needs and services from the following sources:

- Written submission tendered by each custodial site in response to the mental health standards
- Interviews with correctional staff at each custodial setting
- Interviews with health/mental health/therapeutic staff at each custodial setting
- Interviews with residents/offenders in adult custodial settings
- Previous reports of mental health services provided in Tasmanian custodial settings

Custodial Settings in Tasmania

As listed below, there are a number of custodial contexts located in Tasmania that were the focus of this evaluation.

1. Ashley Youth Detention Centre
2. Launceston Reception Prison
3. Hobart Reception Prison
4. Risdon Prison Complex (includes a medium and a maximum security precinct)
5. Ron Barwick Prison
6. Mary Hutchinson Women's Prison

A brief overview of the nature of each facility prefaces the related commendations and recommendations contained within this report. Note that as the Wilfred Lopes Centre is operated by the Tasmanian Health Service, rather than the Tasmanian Prison Service, it was outside scope of the current evaluation[12].

Sources of Data

A range of data was obtained in the process of constructing this report and associated commendations and recommendations. These data included publicly available reports, the previous inspectorate report, data from the Australian Institute of Health and Welfare, empirical research, interviews with residents at each adult custodial site, and staff (correctional and non-correctional) at each custodial site. To provide an environment in which those interviewed were able to speak openly about their

[12] ***Note:*** the Wilfred Lopes Centre is operated by the Tasmanian Health Service, rather than the Tasmanian Prison Service. As such it was outside scope of the current evaluation.

experiences, a decision was made to anonymise participation for the purposes of the report. For this reason, information is not attributed to any individual staff member or resident, and no direct quotes have been included in this report unless this was already a matter of public record.

Limitations of the Evaluation

Importantly, the data and resultant analyses that have informed commendations and recommendations have some inherent limitations. These limitations should be considered in the context of interpreting data and recommendations.

An important consideration is that no child/adolescent residents of Ashley Youth Detention Centre (AYDC) participated in the interviews. This increases the likelihood that data derived from this process may not accurately reflect the lived experience of residents at AYDC and may be more strongly influenced by non-generalisable results - i.e., reflect the experience of individuals, and not the cohort of interest. It is also noted that at the time of the evaluation there was focused media attention on historical and ongoing allegations of abuse perpetrated towards AYDC residents, and that this was negatively impacting residents and staff alike in this custodial setting. It is therefore possible that data may have differed if obtained at a different point in time.

A further limitation relates to the period in which this evaluation occurred. A majority of custodial sites were anticipating relocation, redevelopments, and were experiencing substantial change when visited. As such, it is plausible that some of the recommendations contained within the current report may already be a focus of future developments for the relevant site or may change once these planned redevelopments/relocations have occurred. As such, the author reserves the right to reconsider their opinions should new information or data become available.

Report Findings

Detailed consideration of the data obtained in the course of this evaluation led to a series of findings, a brief summary of which is detailed below.

All participants involved in this evaluation were highly collegial and collaborative toward the Custodial Inspectorate process and are thanked for their time and efforts in this regard. I also extend praise towards the observed knowledge and commitment to maximising mental health in custodial contexts.

Overarchingly, all obtained data indicated improvements in, or plans towards improving, mental health service standards since the last mental health evaluation conducted by the Custodial Inspectorate. A primary inhibitor in making needed progress regarding mental health service provision within custodial settings in Tasmania pertains to resourcing. Across all settings there was awareness of needed changes, and in most contexts plans to achieve these changes, however all sites were constrained by insufficient staffing and infrastructure. Insufficient resourcing poses multiple risks to supporting the mental health needs of residents and staff within custodial contexts, pertaining to both the identified shortcomings as well as the negative impacts of perceived hopelessness and helplessness that can emerge when identified limitations remain unaddressed. It is recognised that some efforts to addressing these resourcing issues have been attempted, however given the ongoing difficulties with recruitment and retention of staff - alongside infrastructure constraints - it is evident that new, innovative and fit-for-purpose strategies need to be engaged.

In collation and interpretation of data for this report, a series of commendations and recommendations have been identified. The commendations identify areas of strength that can be consolidated and built upon to further enhance mental health service provision in custodial contexts in Tasmania. The recommendations provide strategies to further enhance the provision of services that address mental health needs within custodial settings in Tasmania. These commendations and recommendations pertain to all custodial contexts in Tasmania unless otherwise specified.

Commendations

Commendation 1	All staff engaged in this evaluation process reported and were observed to provide high levels of collegial support to one another, which creates an environment of psychological safety to protect the mental health of staff.	
Commendation 2	AYDC staff are highly engaged and resident focused	Page 64
Commendation 3	AYDC staff are engaging in practices designed to provide a more therapeutic and rehabilitative context for residents	Page 77
Commendation 4	Decisions regarding SASH accommodations are made collaboratively between correctional staff, health staff, and prisoners (where appropriate)	Page 93
Commendation 5	Increasing access to fit-for-purpose mental health supports	Page 98
Commendation 6	Prioritisation of proactive mental health initiatives to support the mental health needs of staff have been implemented with evidence of uptake by staff	Page 99
Commendation 7	Improved staff rostering to support positive mental health	Page 100
Commendation 8	TPS staff involved in this evaluation demonstrated a high level of commitment to supporting the mental health needs of	Page 101

	offenders currently housed in custodial settings in Tasmania	
Commendation 9	The level of enthusiasm, passion, knowledge of criminogenic needs and commitment of all staff to addressing the mental health needs of prisoners housed within RPC	Page 105
Commendation 10	Staff are commended on their efforts to develop a more therapeutic climate to support prisoner recovery	Page 105

Recommendations

Ashley Youth Detention Centre

Recommendation 31	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	Page 116
Recommendation 32	Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context	Page 119
Recommendation 33	Develop and review governance structures to better account for mental health and wellbeing needs of staff and prisoners as a matter of priority, ensuring these reviews are workloaded appropriately to ensure meaningful engagement and associated outcomes	Page 119
Recommendation 34	Implement a formal professional development framework in RPC to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence	Page 121
Recommendation 35	Health staff liaise with correctional staff to ensure that mental health screening and monitoring is considered as part of the dry cell management procedure	Page 123
Recommendation 36	As a matter of priority, develop policy or documentation regarding the management of the mental health needs of older and very old prisoners	Page 124

Ashley Youth Detention Centre

The Ashley Youth Detention Centre (AYDC; formerly known [1926-1999] as the Ashley Home for Boys) is focused on delivery of custodial services for children aged 10-18 years who are on remand or subject to custodial sentence in Tasmania. It is the sole provider of these services in Tasmania. At the time of evaluation, AYDC was providing accommodation for 10 adolescents. Prior to the redevelopments underway at the time of evaluation, AYDC provided accommodation for up to 51 young people in four different units, Bronte, Huon, Franklin, and Liffey. Ashley School, run by the Education Department, opened on the site of the Detention Centre in 2003 and continues to offer educational services to residents within AYDC.

Detailed below are a range of recommendations to address a number of existing limitations relating to mental health within the AYDC context. However, prior to presenting these recommendations it is important to acknowledge and commend the dedication of staff within this setting. All staff within AYDC who participated in this evaluation demonstrated a high level of knowledge, engagement and desire to support the mental health and psychosocial needs of young people residing in AYDC.

Commendation 2

AYDC staff are highly engaged and resident focused

Change Management Processes

In 2021 the then Premier of Tasmania, Peter Gutwein, advised that AYDC would be closed[13]. This decision was based on evaluations which determined the existing service model and its resources to be inadequate in meeting the needs of residents. At the time of this report, a date for this closure had not been confirmed nor had a plan for alternative accommodation for children and young people on remand or subject to custodial sentences been made publicly available. In the Premier's statement released about the closure of AYDC it is stated that "Importantly we will consult with the Custodial Inspector and the Commissioner for Children and Young People on the best

[13]Gutwein, P, Premier, Minister for Children and Youth 2021, *Ashley Youth Detention Centre to Close, media release,* Department of Premier and Cabinet, 9 September, <https://www.premier.tas.gov.au/site_resources_2015/additional_releases/ashley_youth_detention_centre_to_close>.

model and approach to support those most at risk during the transition period"[14]. At this time the affected residents and staff of AYDC have not been provided support relating to this issue, and mental health is suffering as a result. The reported absence of support at this time may be due to the transition period being narrowly defined as the physical transition between locations. However, as evidenced by statements from AYDC staff, it appears that the time leading up to this transition will exceed the physical transition itself and as such needs to be a focus of proactive prevention and intervention to support the mental health needs of residents and staff.

This ongoing ambiguity regarding the future of the service is having a substantial negative impact on the mental health and wellbeing of residents and staff alike with evidence of anxiety, feelings of hopelessness and helplessness. The impacts of intolerance of uncertainty were also evident through these discussions[15]. Prolonged experiences of the above symptoms can increase the likelihood of developing burnout and compassion fatigue[16], as well as clinically diagnosable anxiety and depressive disorders, along with adjustment disorder[17].

The above noted uncertainty regarding the future of the AYDC leads to the first of a series of recommendations specific to this custodial setting.

Recommendation 1

Develop and implement change management processes to support staff and residents until the proposed closure/redevelopment of Ashley Youth Detention Centre

[14] Commissioner for Children and Young People Tasmania 2021, *Ashley Youth Detention Centre*, media release, Commissioner for Children and Young People Tasmania, September, <https://www.childcomm.tas.gov.au/wp-content/uploads/CCYP-Media-AYDC-091021.pdf >.
[15] Dugas, MJ, Buhr, K & Ladouceur, R 2004, 'The role of intolerance of uncertainty in etiology and maintenance', in RG Heimberg, CL Turk, & DS Mennin (eds), *Generalized anxiety disorder: Advances in research and practice*, The Guilford Press, pp. 143-163.
[16] Bell, S, Hopkin, G & Forrester, A 2019, 'Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey', *Issues in Mental Health Nursing*, vol. 40, No. 4, pp. 304-309. DOI: 10.1080/01612840.2018.1534911
[17] American Psychiatric Association 2022, *Diagnostic and statistical manual of mental disorders*, 5th edn, text revision, American Psychiatric Association.

The importance of appropriate change management processes in supporting staff and residents through the transition period as the AYDC service delivery framework and location cannot be underestimated. There is an extensive body of literature that provides guidance on how to effectively support stakeholders through periods of organisational change[18]. Of particular relevance to the AYDC context is that change management must span the entire change process from preparation (pre-change) through the transitional period to the post-change phase. Specifically, a framework and transitional supports need to be implemented now to provide stability, psychological safety, and a level of certainty until plans regarding the future of AYDC have been finalised. In the absence of these transitional supports the mental health and wellbeing of residents and staff will continue to be negatively impacted and exacerbated. In turn, these declines in mental health will require greater levels of intervention and may reduce the capacity of staff to provide for the mental health needs of residents as burnout reduces the emotional availability that can be directed towards others[19]. Ultimately, this results in a cycle of mental ill health for staff and residents alike.

Impacts of Abuse Allegations on Staff and Residents

In tandem with the negative impacts of uncertainty regarding future operations are the impacts of negative media attention and ongoing investigations into allegations of historical and contemporary abuse towards residents. Investigations into these allegations were ongoing at the time this report was submitted, the negative impacts of which were reported by all individuals who participated in interviews for this setting. It was reported that staff were able to access an Employee Assistance Program (EAP) or private practitioners for support if they were being impacted by the current media focus. The EAP services were reported to be lacking a specific knowledge of working in custodial settings (particularly child and adolescent custodial settings), and as such perceived to be less able to provide the support desired by AYDC staff. This feedback regarding the need for organisational specificity/knowledge, of EAP providers is not

[18] For example, see:
Kennett-Hansel, PA & Payne, DM 2018, 'Guiding principles for ethical change management', *Journal of Business and Management*, vol. 24, no. 2, pp. 19-45. DOI: 10.6347/JBM.201809_24(2).0002
Heckelman, W 2017, 'Five critical principles to guide organisational change', *OD Practitioner*, vol. 49, no. 4, pp.13-21.

[19] Samra, R 2018, 'Empathy and burnout in medicine - acknowledging risks and opportunities', *Journal of General Internal Medicine*, vol. 33, no. 7, pp. 991-993. DOI: 10.1007/s11606-018-4443-5

unique to custodial contexts. However, at this time it comprises the utility of supports available to staff and is therefore being underutilised.

Recommendation 2

Employee Assistance Program (EAP) providers are specifically trained to understand and support staff working within custodial contexts

As an extension of this recommendation, it is a requirement that the EAP provider or another mental health professional provide a framework regarding the organisational responses to the current media focus and associated allegations of abuse perpetrated towards residents. This is a complex and multifaceted situation in which the importance of ensuring a thorough and objective investigation into allegations occurs whilst validating and supporting all staff. At present staff report feelings of invalidation, and a lack of support due to a perceived absence of an organisational response to these accusations that recognises and addresses the psychological impacts on staff and residents.

Recommendation 3

The Ashley Youth Detention Centre EAP provider or another mental health professional provide a framework regarding the organisational responses to the current media focus and associated allegations of abuse perpetrated towards residents

Given the existing staffing shortages (detailed further below) there is likely limited scope for AYDC staff to provide extensive input into the training needs of the EAP provider. The gold-standard approach to addressing the identified training needs would involve a mixed-methods approach in which an extensive review of existing research literature, stakeholder interviews, and psychological assessments are integrated to identify a framework to guide evidence-based practice for provision of mental health support to AYDC/custodial staff. Access to the research units within the broader

Tasmanian custodial context (such as that within the Risdon Prison Complex (RPC)) may be of assistance in this regard, although it is noted that this unit is currently under-resourced and likely would not have capacity to assist. As such, it is recommended that as an interim measure information be sought from other jurisdictions regarding their EAP providers and their organisational fit.

Recommendation 4

As an interim measure, information be sought from other jurisdictions regarding their EAP providers and their organisational fit

A further consideration are the impacts of allegations on youth residents. It was reported that residents were aware of the allegations and reported feeling unsafe due to a perceived risk of abuse which can elicit fear-based affective and behavioural responses, which may further compound existing anxiety conditions or trauma histories. It was also reported that some residents alleged that friends and family had been subject to abuse whilst incarcerated within AYDC, increasing the risk of intergenerational trauma responses. In either context - either fear or trauma - a young person's capacity to engage with adaptive behaviour can be reduced, increasing risk of maladaptive behaviour and associated consequences within the custodial context[20]. Given the current staffing issues (detailed later in this report), it appears that AYDC are not well placed to address the increased distress and fear/trauma responses that residents may experience.

Staffing

The present staffing levels at AYDC pose a significant risk to the mental health and wellbeing of residents and staff. A specific example of the staffing shortages that was noted by multiple staff (although emphasised by all that this is not the only example of such shortages) is that at present there is one youth worker who is tasked with managing exit planning requirements for all residents.

[20] Moreland-Capuia, A 2019. 'Trauma Informed: The Intersection of Fear, Trauma, Aggression, and a Path to Healing', in Moreland-Capuia, A, *Training for Change,* Springer Cham, New York City, pp. 59-84. DOI:10.1007/978-3-030-19208-2_3

It is acknowledged that some staff are currently on a mandated leave of absence due to ongoing investigations into allegations of misconduct in their role. However, at present these roles have not been backfilled and cannot be readvertised as the roles themselves remain occupied. As a result, remaining staff are working large amounts of overtime to try and limit flow-on effects to residents. Despite these efforts it is noted that there are rarely sufficient staff to support residents when attending court proceedings, and that excursions outside the facility have been restricted due to limited staffing. These opportunities to engage in activities outside AYDC are an important aspect of mental health as well as a motivator for positive behaviour within AYDC that can support the development of new neural networks that underpin further prosocial and adaptive behaviour following release[21]. These staffing shortages have also led to repeated instances of lockdowns and long periods of isolation for residents (discussed in greater detail later in this report).

However, the increased work hours increase the risk of burnout to staff and reportedly has resulted in increased stress leave, workers compensation claims, and sick leave (in addition to leave required due to COVID-19 isolation requirements). In turn, decreased staffing has resulted in lockdowns for residents in which they are confined to their rooms for large periods of each day unable to interact with others, be they peers or staff. The impacts of isolation and confinement on mental health have been well documented in both custodial [22] and non-custodial [23] contexts, including specific impacts for children and adolescents. The impacts of isolation and confinement differ to some degree across the lifespan, due to differing developmental processes at the cognitive, affective and behavioural levels. Relevant to the AYDC context is evidence that psychosocial development, including key components of identity development, is impaired when children and adolescents experience social isolation[24]. Further, social isolation at AYDC limits the opportunity of residents to practice more adaptive

[21] Jetha, MK & Segalowitz, SJ 2012. *Adolescent brain development: Implications for behaviour*. 1st edn, Academic Press, Amsterdam.
[22] Kupers, TA 2008, 'What to do with the survivors? Coping with the long-term effects of isolated confinement', *Criminal Justice and Behaviour*, vol. 35, no. 8, pp. 1005-1016. DOI: 10.1177/009385480831859
[23] Bartone, PT, Krueger, GP & Bartone, JV 2018, 'Individual differences in adaptability to isolated, confined and extreme environments', *Aerospace Medicine and Human Performance*, vol. 89, no. 6, pp. 536-546. DOI: 10.3357/AMHP.4951.2018
[24] Imran, N, Zeshan, M & Pervaiz, Z 2020, 'Mental health considerations for children and adolescents in COVID-19 pandemic', *Pakistan Journal of Medical Sciences*, vol. 36, COVID19-S4, pp. S67-S72. DOI: 10.12669/pjms.36.COVID19-S4.2759

behaviours that are required to facilitate long-term positive behaviour change that can support their success following release.

Recommendation 5

Urgently increase Ashley Youth Detention Centre staffing resources to protect residents and staff

It is acknowledged that outside the context of staffing shortages AYDC residents can be confined to their room in isolation due to behavioural concerns that pose a risk of harm to themselves or others. The current policy stipulates that Operational Coordinators can isolate a resident for up to 30 minutes; the AYDC Manager can impose isolation of a resident for up to three (3) hours; the AYDC Director can authorise a further three (3) hours if they deem this to be appropriate. Periods of isolation that extend beyond six (6) hours need to be approved by the Departmental Secretary. The existing policy makes clear that the use of isolation and confinement in these instances is solely for the protection of the self and others. There was no documentation to indicate that isolation and confinement was being used regularly for this purpose. However, as noted above, due to staffing shortages it was reported through email correspondence to the Inspectorate by senior AYDC management that residents were being isolated within their rooms for up to 21 hours each day which poses significant risk to the mental health and wellbeing of residents, as well as limiting their opportunity to develop adaptive prosocial behaviours. In doing so, the risk of reoffending for those currently residing at AYDC is increased.

It is evident from discussions with staff that difficulties recruiting to AYDC positions is due, at least in part, to the impending closure and lack of information regarding whether existing positions will continue in the new model. This lack of employment stability reduces the appeal of working in this context and is also undermining existing staff intentions to remain working at AYDC. This further emphasises the recommendation that transition planning be expanded to provide clear pathways of employment and to encompass the entire transition process from preparation (pre-transitional) through transition to the post-transitional phase. Further, given the reported difficulties in recruiting to positions in AYDC, it may be prudent to consider alternative employment models such as conjoint appointments with Child and Adolescent Mental Health

Services, headspace, or as an interim measure engage graduate internships and collaborations with training providers such as Social Work, Nursing, Medicine, Counselling, and Psychology at the University of Tasmania.

A further recommendation relating to staffing recruitment and retention is to review the Award Wages to ensure that these are competitive to the external market, as multiple staff commented on the low wages afforded to AYDC staff - particularly those with mental health training - which leads to a loss of both high-quality applicants and retention of existing staff. Further, engaging strategies and incentives to make AYDC an employer of choice is also warranted, particularly given the wide-scale negative media coverage which may be undermining recruitment efforts. These efforts will need to persist beyond the relocation and new operating model for provision of custodial services to children and youth in Tasmania, as the stigma associated with the existing model will not resolve through applying the new model alone.

Recommendation 6

Review Award Wages to ensure that these are competitive to the external market

Another staffing component that needs consideration is that at present there are insufficient staff to actively engage in contingency and succession planning. The difficulty in attracting new staff to the facility largely prohibits a formalised handover process between incoming and outgoing staff, as well as limits opportunities for robust formalised onboarding and outboarding procedures. As a result, large amounts of organisational knowledge are lost with each employee leaving AYDC. Given that this knowledge also extends to relationships with external service providers, the implications extend beyond the immediate short-term impacts associated with onboarding of new staff to longer-term capacity to engage required supports for residents. The absence of succession planning and capacity for formalised onboarding and outboarding processes have been reported to impact resident experiences, particularly as they relate to exit planning and ensuring that residents are going to be

well supported as they re-engage with the broader community - factors that are demonstrated to impact risk of recidivism[25].

Mental Health Professionals

Staff within AYDC were not aware of a mechanism for recording deidentified mental health presentations and needs of AYDC residents to allow for evidence-based planning of mental health intervention needs. Access to these types of records would not require sharing of confidential information but instead serve as a high-level database to inform mental health training and resourcing. Access to a centralised data repository with stratified levels of access depending on staff role would allow for better ability to coordinate resident mental health needs, as well as facilitate communication regarding through care and prepare for situations in which young people with pre-existing mental health needs re-engage with AYDC.

Recommendation 7

Development of a structured, standardised and integrated system to assist in record management for offender mental health data.

At present a majority of formalised mental health interventions are engaged through external services providers. It was reported that AYDC has been operating without an onsite psychologist since November 2021. The psychologist ceased their employment following the announcement of the closure of AYDC and perceived loss of career stability, again emphasising the importance of recommendations regarding organisational change processes. Staff identified a need for an onsite psychologist to facilitate ease of access for residents (particularly for cognitive and other forms of assessment that cannot be conducted via telehealth, as well as for those residents with substantial trauma backgrounds who heavily rely on body language and nonverbal cues to assess for safety), as well as provide professional insights into risk management, assessment, therapeutic programs and therapeutic climate. A further

[25] Andrews, DA, Bonta, J & Wormith, JS 2011, 'The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention?', *Criminal Justice and Behaviour*, vol. 38, no. 7, pp. 735-755. DOI: 10.1177/0093854811406356

identified limitation of current telehealth provision of psychological services is that residents can only access this via the iPad within the family room, which creates a tension between demands for use of the family room to interact with family members versus use for psychological services via telehealth. Additional infrastructure is required to support residents to engage with both formal (e.g., mental health professional) and informal (i.e., family) support networks, rather than AYDC staff needing to negotiate tensions between these presently competing demands which should instead be operating in tandem to support resident wellbeing and rehabilitation.

The tensions between benefits and limitations of onsite versus offsite psychological services were recognised by staff. Cited limitations regarding onsite psychological service provision included a risk of perceived alignment with AYDC staff rather than residents, which could lead to reduced engagement by residents. Multiple staff suggested a hybrid model of psychological service delivery to meet organisational and resident needs, with a psychologist onsite 2-3 days per week alongside provision of telehealth services. This proposed model certainly has merit and is one that should be considered for implementation, particularly as the remote service provision appears more readily staffed than a full-time psychologist onsite.

At present residents are able to access telehealth psychological services provided by a clinic based in Melbourne, Australia. There are a minimum of three hours of telehealth appointments available to be booked by residents each week, with additional appointments able to be organised on demand. This telehealth psychological service had only commenced in the weeks prior to the Inspectorate site visit at AYDC and as such limited information regarding its efficacy and acceptability by residents could be provided. Staff reported hope that telehealth services may afford a method of through-care psychological support for residents upon exiting AYDC, although it was not clear how these individuals would pay for private psychological services once they left AYDC. When queried about processes and policies regarding management of referrals should demand exceed availability of psychological services, staff indicated that to date this had not occurred however if it did in the future staff would triage access based on immediacy and nature of need. Given that a majority of offenders present with pre-existing (and often untreated) mental health issues, a formal documented process for ensuring ready access to required supports is required.

A child and adolescent psychiatrist attends onsite at AYDC once per month, in addition to telehealth consultations as required by staff and residents during the interim between onsite visits. The psychiatrist was clearly well respected and valued by AYDC staff, with a desire for more frequent onsite presence due to the positive impacts her skills have for residents and staff alike. Staff also reported that increased onsite presence by the psychiatrist would assist in managing perceived risks of potential malingering or intentional misrepresentation of symptoms by residents to gain access to medications or resources. The desire for additional psychiatric intervention is likely also related to the absence of a designated paediatrician, although it is acknowledged that in-reach services are provided by a paediatrician in Hobart and another in the North West, as well as other paediatricians as required.

It was evident in discussions with AYDC staff that despite the respect and regard they have for mental health professionals affiliated with the AYDC, they perceive the current mental health services as insufficient to meet resident needs. Given that staff are witness to the needs and experiences of residents, they are well placed to comment on the efficacy of existing approaches to support the mental health and wellbeing of residents. It was also evident that there is an expectation of increased psychological safety for staff and residents with increased access to mental health services.

Recommendation 8

Increased access to trained mental health professionals to support resident and staff wellbeing

Staff reported that a high proportion of residents present to AYDC with pre-existing substance (alcohol, licit and illicit substance) use issues. Substance use is a complex and multifaceted problem that can undermine rehabilitative efforts and increase risk of recidivism following release[26]. Further, substance use problems cause significant burden in the broader community, accounting for 1.8% of the total disease burden in

[26] Stoolmiller, M, Blechman, EA 2005, 'Substance use is a robust predictor of adolescent recidivism', *Criminal Justice and Behavior*, vol. 32, no. 3, pp. 302-328. DOI: 10.1177/0093854804274372

Tasmania in 2016[27]. Young people and those experiencing mental illness, as well as gender diverse individuals, are at greater risk of experiencing disproportionate harms associated with illicit substance use[28]. This is an important consideration given that research published by the Australian Institute for Health and Welfare reported that in 2019, 16% of young people aged 14-19 years had used an illicit substance in the 12 months previous to being surveyed[29]. For this reason, access to drug and alcohol specific counselling with trained mental health professionals is a vital resource for protecting the mental health and wellbeing of residents in both the short and long term and needs to be catered for within the AYDC mental health framework.

Transport Arrangements

Following sentencing, children and young people are temporarily housed in either the Launceston or Hobart Reception Prison until they can be transported to AYDC. It was reported that although policy mandates that children and young people be housed at Reception Prisons for a maximum of two-three hours, times often exceed that expectation. The primary reason for this delay was reported to be difficulties in arranging appropriate transport. It was reported that a private security company currently holds the tender for transport of children and young people between Reception Prisons and AYDC and that there are regularly delays of hours in notifying the private security company of the need for transportation, and resultant provision of this service. It has been reported that in some instances young people are arriving at AYDC at 2am or 3am due to the extensive delays in sourcing and providing transport from Reception Prisons. Delays in being relocated out of Reception Prisons negatively impacts the mental health and wellbeing of children and young people due to exposure to adult offenders, accommodations that were not designed to house children and young people, and prolonged anxiety and worry associated with the unknowns of custodial sentencing. As a result, children and young people in these circumstances are likely to experience increased emotional dysregulation and have reduced psychological resources to manage their behavioural responses to these challenges.

[27] Drug Education Network 2018, *Tasmanian alcohol, tobacco and other drug (ATOD) brief intervention framework,* Drug Education Network, Hobart, <https://interactive.den.org.au/toolbox/TasmanianATODBriefInterventionFramework_2018.pdf>

[28] Department of Health and Aged Care 2017, *National Drug Strategy 2017-2026,* Australian Government, Canberra, <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>

[29] Australian Institute of Health and Welfare 2020, 'National Drug Strategy Household Survey 2019', *Drug statistics series no. 32*, Cat. no. PHE 270, Australian Government, Canberra, viewed 5 April 2022 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>.

In turn, these negative experiences can influence interactions and experiences upon arrival at AYDC and detract resources from pre-existing mental health needs in an already limited mental health framework.

Further, it was reported that when being transported by the private security company children and young people are not afforded comfort breaks to hydrate, eat or use bathroom facilities. It was reported that this was due to perceived security risks for the security company's staff (noting that the private security company was not part of this review and therefore unable to provide a response or rationale to the reported transport conditions). When basic needs are not being met, it poses a threat to an individual's sense of psychological safety. When experiencing perceived threat, individuals experience negative affect and are more likely to respond with anger, hostility and impulsiveness. If AYDC residents arrive at court experiencing this affective profile there is an increased risk of negative interactions in the judicial process, potentially reinforcing stereotypes held by the young person that can shape engagement in rehabilitative efforts as has been demonstrated in other offender contexts[30].

Recommendation 9

Review policies and procedures employed by external contractors providing transport for Ashley Youth Detention Centre residents with a specific focus on protecting basic physiological needs (food, hydration, toileting) and psychological safety (supported by prioritised transport between Reception Prisons and Ashley Youth Detention Centre)

Evidence Based Practice

It is evident when reviewing previous custodial inspectorate reports, publicly available statements from the Commissioner for Children and Young People (Tasmania)[31], and interviews conducted as part of this evaluation that AYDC staff are working to engage a more therapeutic and rehabilitative context for residents. The implementation of a

[30] Moore, KE, Stuewig, JB & Tangney, JP 2016, 'The effect of stigma on criminal offenders functioning: A longitudinal mediational model', *Deviant Behavior*, vol. 37, no. 2, pp. 196-218. DOI: 10.1080/01639625.2014.1004035

[31] Commissioner for Children and Young People Tasmania 2021, *Ashley Youth Detention Centre*, media release, Commissioner for Children and Young People Tasmania, September, <https://www.childcomm.tas.gov.au/wp-content/uploads/CCYP-Media-AYDC-091021.pdf >.

revised Behavioural Support Program (the Behavioural Development Program; BDP) that addressed the punitive component evident in earlier iterations is evidence of this increased focus on therapeutic rehabilitation. The BDP is based on a trauma informed Practice Principles and Learning Development Framework which also incorporates cognitive-behavioural principles and in this way reflects evidence-based practice regarding behaviour change.

Commendation 3

AYDC staff are engaging in practices designed to provide a more therapeutic and rehabilitative context for residents

However, AYDC staff reported that evidence-based practices are not always engaged or underpin decision making or program development. Further, it was reported that some staff interpret BDP differently, resulting in inconsistencies in its implementation and adherence. These inconsistencies can undermine resident adherence and progress as consistency in expectations and consequences underpins effective behavioural change strategies[32].

The reported inconsistency in implementation/adherence to the revised BDP may be due in part to the absence of formalised professional supervision frameworks that underpin and support the implementation of evidence-based practices. It was also suggested by those interviewed in the context of this evaluation that current staff resourcing limits the capacity of staff to invest time and resources to engage with existing literature or research to inform a fit-for-purpose evidence-based practice approach. Despite these constraints, it was detailed AYDC staff developed the current BDP in 2020 by reviewing existing literature and making adaptations based on the needs of AYDC[33]. The current BDP was reportedly implemented in September 2021. There have been no formal evaluations or reviews of the BDP to date (see recommendation regarding governance).

[32] Van Kampen, HS 2019, 'The principle of consistency and the cause and function of behaviour', *Behavioural Processes*, vol. 159, pp. 42-54. DOI: 10.1016/j.beproc.2018.12.013

[33] The nature of this research and adaptations were not able to be expanded upon by those who provided information about the BDP.

Current practice for mental health intervention involves a stepped-care model that varies in intensity and delivery format dependent on client needs[34]. Although it is recognised that a majority of AYDC residents will require more intensive intervention needs than other young people in the community and that their mental health needs may have precipitated or maintained their offending behaviours, their readiness for change (Figure 1) may influence their capacity to engage with treatment.

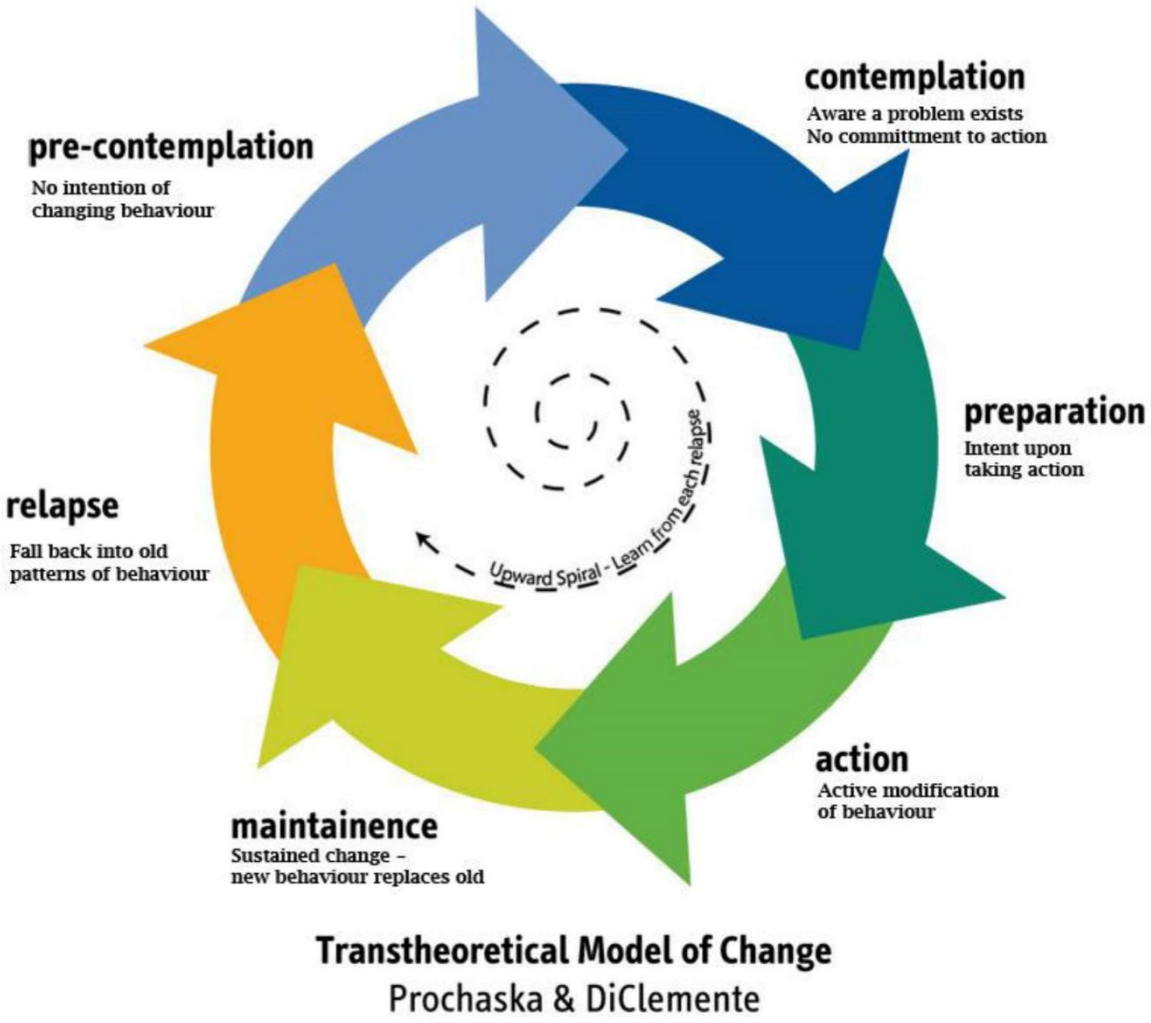

Figure 1. Transtheoretical Model of Change as proposed by Prochaska and DiClemente [35]

[34] Berger, M, Fernando, S, Churchill, AM, Cornish, P, Henderson, J, Shah, J, Tee, K & Salmon A 2021, 'Scoping review of stepped care interventions for mental health and substance use service delivery to youth and young adults;, *Early Intervention in Psychiatry*, vol. 16, no. 4, pp. 327-341. DOI: 10.1111/eip.13180

[35] Shtull, S n.d., *The five stages of change,* The Relationship Blog, Seattle, <https://www.therelationshipblog.net/wp-content/uploads/2016/06/change_l.jpg>.

In such instances, stepped care models may be beneficial in that they offer a range of entry points (online self-directed; online therapist assisted; therapist facilitated, etc.; see Figure 2) for such individuals to better align with their readiness to change. In doing so, progression through stages of change can be facilitated to a point where the resident can engage in treatment intensity matched to their needs. It is however recognised that there remains a paucity of robust research investigating the efficacy of stepped-care approaches specifically as they relate to mental health outcomes for children and adolescents[36].

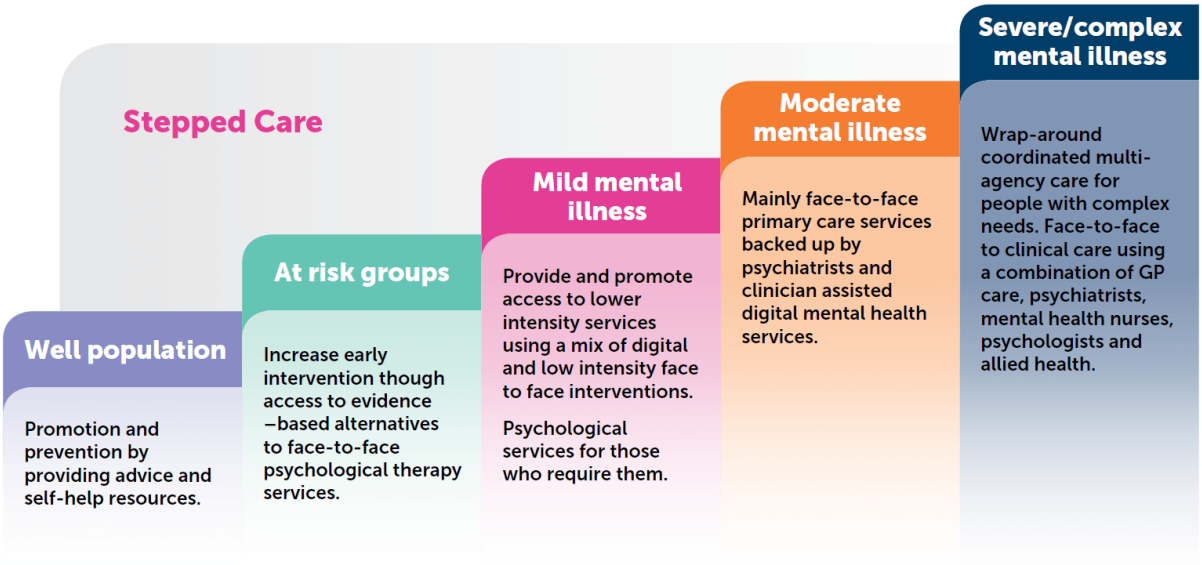

Figure 2. Stepped Care Approach to Mental Health Intervention [37]

> ***Recommendation 10***
>
> ***Implement a formal professional development framework in AYDC to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence***

[36] Berger, M, Fernando, S, Churchill, AM, Cornish, P, Henderson, J, Shah, J, Tee, K & Salmon A 2021, 'Scoping review of stepped care interventions for mental health and substance use service delivery to youth and young adults;, *Early Intervention in Psychiatry*, vol. 16, no. 4, pp. 327-341. DOI: 10.1111/eip.13180

[37] Murray PHN n.d., *A stepped care approach to mental health,* Australian Government, Canberra, <https://i0.wp.com/www.murrayphn.org.au/wp-content/uploads/2018/11/Stepped-Carediagram.png?ssl=1>

AYDC staff advised that staff training needs including, but not limited to, mental health were not being met due to staff resourcing shortages. Thus, despite budget allocation to employ subject matter experts to deliver such training it has not progressed as staff are unable to be released from existing activities to attend. In addition to the content areas regarding trauma-informed practice as identified as desirable by AYDC staff[38], it is also recommended that training in neurodivergence and neuro-affirmative practice be engaged given the diversity of resident needs. Further training on disability awareness (including, but not limited to, cognitive disability) would also be of benefit in increasing staff self-efficacy as well as service provision to residents. Staff key performance indicators should also be mapped to competency development associated with these training opportunities.

Recommendation 11

Ashley Youth Detention Centre staff be provided training in neurodivergence and neuro-affirmative practice

A number of staff expressed concern regarding the expectations regarding provision of trauma therapy to residents staying at AYDC. The prevailing staff opinion is that while trauma-informed approaches are vital to working with residents, trauma therapy is beyond the scope of their skills sets and there were concerns about the possible risks of commencing trauma therapy with young people who may not complete this intervention prior to exiting AYDC. The research evidence aligns with the staff perspectives. Whilst trauma-informed practice needs to underpin all interactions with residents given the correlation between trauma and offending behaviours[39], it is important to note that it will not always be appropriate to engage a resident in trauma therapy during their sentence. Trauma therapy requires stability in the therapeutic relationship which may not be readily facilitated either within (due to difficulties recruiting to mental health positions within the organisation) or following release (due

[38] A majority of staff noted that they have had the opportunity to engage in professional development regarding trauma-informed practice. However, they acknowledged that they would benefit from ongoing training in this regard. This is evidence of their commitment to ensuring contemporary practice is engaged to support the mental health needs of AYDC residents.

[39] Vitopoulos, NA, Peterson-Badali, M, Brown, S & Skilling, TA 2019, 'The relationship between trauma, recidivism risk, and reoffending in male and female juvenile offenders', *Journal of Child & Adolescent Trauma*, vol. 12, no. 3, pp. 351 364. DOI: 10.1007/s40653-018-0238-4

to disengagement or difficulty with access) from AYDC. Even with stability in this relationship, trauma therapy is generally considered a medium-to-long term intervention framework that is not ideally suited for short-term intervention frameworks which may not be readily accommodated within the custodial sentence. There is also some evidence that under certain circumstances trauma therapy may result in increased distress[40]. For this reason, trauma-informed approaches to mental health are vital in the AYDC context, however trauma therapy may not be appropriate for all residents. Determining a young person's readiness for, and capacity to benefit from, trauma therapy can only be determined by a trained mental health professional on a case-by-case basis.

The recommended professional development framework as detailed on page 79 of this report also needs to include access to professional supervision for all staff. Professional supervision is an overarching term that may include clinical supervision, discipline specific supervision, peer supervision, and mentorship (Table 1). The overarching purpose of professional supervision is to provide a quality assurance framework for professional practice, as well as an opportunity for professionals to proactively and retrospectively reflect on challenging work-related experiences in a psychologically safe environment designed to validate, problem-solve and support best practice.

[40] Pitman, RK, Altman, B, Greenwald, E, Longpre, RE, Macklin, ML, Poiré & Steketee, GS 1991, 'Psychiatric complications during flooding therapy for post-traumatic stress disorder', *Journal of Clinical Psychiatry*, vol. 52, no. 1, pp. 17-20.

Table 1. Professional Supervision Components

	Clinical Supervision	***Discipline Specific Supervision***	***Peer Supervision***	***Mentorship***
Supervision focus	Clinical care provision Professional development Reflective practice	Service provision Professional development Reflective practice	Service provision Professional development Collegial support	Career planning Professional development
Supervision provider	Senior professional within the same discipline working with the same population	Senior professional within the same discipline	Peers with whom an individual works Supervision may occur with people who are at the same of different levels of appointment and experience	Line manager Senior professional within the same profession/discipline

It is noted that health staff within AYDC are provided access to professional supervision as it is a requirement of their professional registration. However, at the time of this report this framework had not been extended to all AYDC staff. As with other components of the required mental health practice framework, this professional supervision needs to be work-loaded to ensure that it is able to be engaged in and benefited from (noting the benefits to staff and residents). Access to high quality professional supervision has been demonstrated to enhance the effectiveness of provided care and in doing so improve the mental health outcomes of people for whom they are providing care[41]. The benefits of professional supervision are best achieved when the supervision is delivered by experienced professionals, which further reinforces the need to recruit and retain experienced staff to the AYDC staffing profile.

A further consideration as it relates to evidence-based practice is the documented relationship between mental health and exposure to nature/natural environments[42], specifically the benefits that exposure to nature has on mental health. At present there are some outdoor basketball systems provided for AYDC residents; however, beyond this there is no access to seating or provision of shade structures that would encourage residents to spend time outside. Where appropriate, educational classes may also be conducted outside. Opportunities to engage in outdoor activities as a reward for positive behaviour currently exist, although opportunities to expand these programs should also be explored.

In addition to the documented links between nature exposure and mental health, increased time spent outside will increase sun exposure that can support Vitamin D production. Vitamin D deficiencies are well documented in Tasmanian adolescent and adult populations[43]. In addition to the risks to bone density and multiple sclerosis,

[41] Snowdon, DA, Leggat, SG, & Taylor, NF 2017, 'Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review', *BMC Health Services Research*, vol. 17, no. 1, pp. 786-796. DOI: 10.1186/s12913-017-2739-5

[42] Twohig-Bennett, C & Jones, A 2018, 'The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes', *Environmental Research*, vol. 166, pp. 628-637. DOI: 10.1016/j.envres.2018.06.030

[43] van der Mei, IAF, Dore, D, Winzenberg, T, Blizzard, L & Jones, G 2012, 'Vitamin D deficiency in Tasmania: a whole of life perspective', *Internal Medicine Journal*, vol. 42, no.10, pp. 1137-44. DOI: 10.1111/j.1445-5994.2012.02788.x

vitamin D deficiencies have been linked to increased risk of negative mental health including depressive symptoms, sleep disturbances, and cognitive decline[44].

Recommendation 12

Installation of shade cloths or other structures to encourage Ashley Youth Detention Centre residents to spend time outside in nature

Governance

AYDC staff reported that existing Memoranda of Understanding (MOUs) have not been consistently adhered to by external service providers, and that at times the services provided have been insufficient to their needs. These shortfalls result in increased pressure on AYDC staff who report insufficient training and expertise to provide the needed care. As a result, resident needs are going unmet and this can increase the risk of further deterioration in mental health and increase risk of future reoffending behaviours, given the documented link between mental ill-health and offending behaviours[45].

These MOUs are also vital to provide through-care for mental health needs once residents are released into the community. In addition to the services of psychologists and psychiatrists, the services identified as vital to providing mental health care needs of AYDC residents include (but may not be limited to):

- Sexual Assault Support Service (SASS),
- headspace,
- the Link,
- Head to Health,
- Strong Families Safe Kids,
- Youth Justice

[44] Huiberts, LM & Smolders, KCHJ 2021, 'Effects of vitamin D on mood and sleep in the healthy population: Interpretations from the serotonergic pathway', *Sleep Medicine Reviews*, vol. 55, 101379. DOI: 10.1016/j.smrv.2020.101379

[45] Brennan, PA, Mednick, SA & Hodgins, S 2000, 'Major mental disorders and criminal violence in a Danish birth cohort', *Archives of General Psychiatry*, vol. 57, no. 5, pp. 494 500. DOI: 10.1001/archpsyc.57.5.494

Additionally, the vital role of speech pathologists, occupational therapists, nutritionists [46] and other professionals (e.g., cultural elders, personal trainers) in identifying and responding to the needs of AYDC residents was further highlighted. At the time of assessment, access to these professionals was limited despite a widely acknowledged role for them in addressing the needs of AYDC residents. Addressing foundational physical and mental health needs of AYDC residents provides a foundation on which higher order psychological needs can be addressed (Figure 3)[47], in turn reducing risks of recidivism following release into the community.

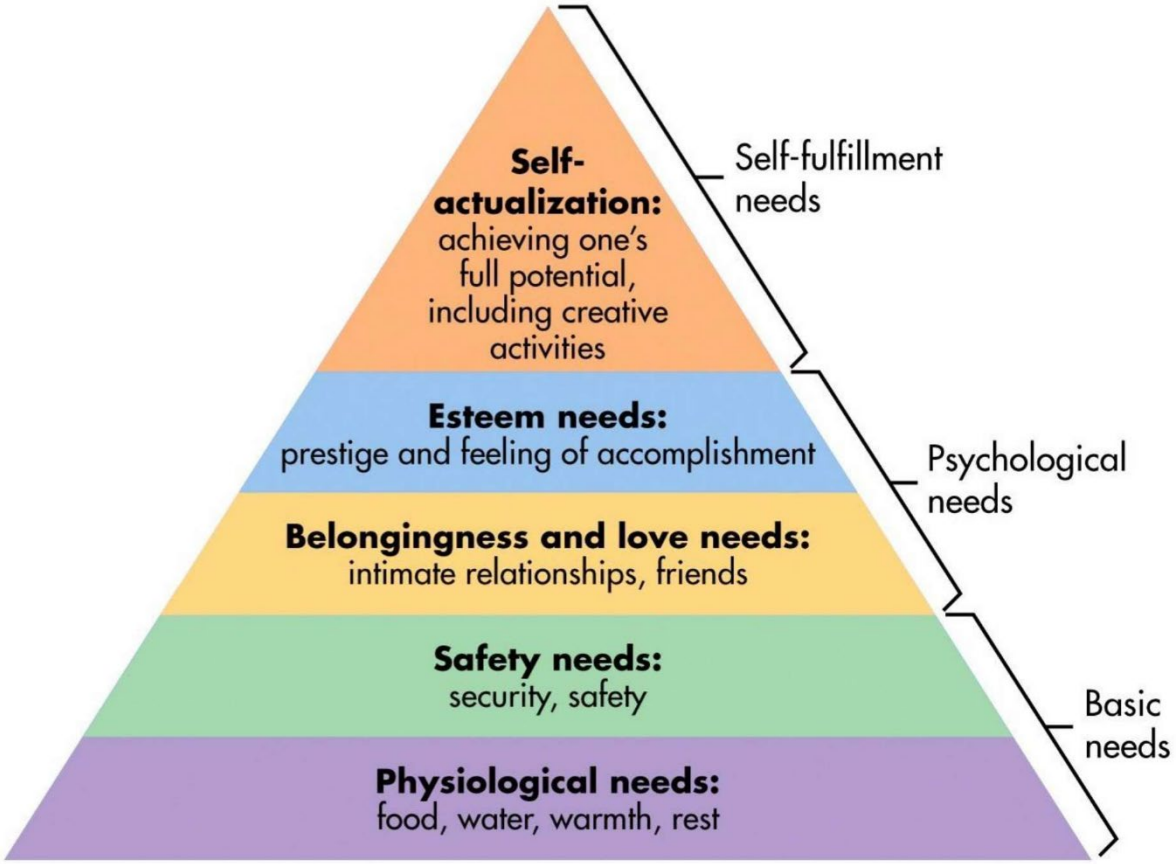

Figure 3. Hierarchy of Needs Underpinning Psychological Safety Facilitating Achievement of Higher Order Psychological/Mental Health Needs

[46] It was noted by multiple staff that many children and young people enter AYDC in a state of malnutrition. Malnutrition impacts brain development and function, limiting capacity for optimal mental health (e.g., Chertoff, M 2015, 'Protein malnutrition and brain development', *Brain Disorders and Therapy*, vol. 4, no. 3, 168.)
[47] Maslow, AH 1954, *Motivation and Personality,* Harper & Row, New York City.

Recommendation 13

Review the range and implementation processes of Memorandum of Understanding (MOU) with external service providers to ensure access to appropriate and timely mental health care

At present there are no formal planned reviews of existing processes relating to mental health and behavioural intervention programs. There are documented processes regarding reviews and evaluations[48], however no formalised governance structures in this regard to ensure their occurrence. Evaluation of programs, incentives and other interventions are required to ensure they are meeting objectives and supporting positive behavioural change for residents and enhancing staff professional skills. It was reported by staff that there is a planned annual review of the BDP, including reinforcements (rewards) employed to support positive behaviour, however there were no firm timelines for this review. The major inhibiting factor is around staff resourcing. There was clear awareness of the need to develop these frameworks and evaluation processes, however insufficient resourcing to do so. This is a further example of the importance of ensuring adequate staffing of the facility, as until this is remedied many of the recommendations contained within this report cannot be actioned.

It is also recommended that a representative from health be present at multidisciplinary team (MDT) meetings to ensure that health is a core consideration in all decisions and there is increased consistency in experiences for residents as all departments are regularly communicating regarding their needs. It is acknowledged that health staff previously attended these meetings although discontinued this action due to perceived limited scope for input and advice. Developing a clear governance structure that details

[48] E.g. Department of Communities 2020, *AYDC Practice Framework Poster*, Tasmanian Government, Hobart, <www.communities.tas.gov.au/__data/assets/pdf_file/0035/174599/AYDC-Practice-Framework-Poster-FINAL-202012.pdf>;
Department of Communities 2020, *AYDC Practice Framework*, Tasmanian Government, Hobart, <www.communities.tas.gov.au/__data/assets/pdf_file/0034/174598/AYDC-Practice-Framework-FINAL-202012.pdf>;
Department of Communities 2021, *Reforming Tasmania's Youth Justice System,* Tasmanian Government, Hobart, <www.communities.tas.gov.au/__data/assets/pdf_file/0031/196447/Reforming-Tasmanias-Youth-Justice-System-Final-Web-1-Dec_wcag.pdf>.

the scope, purpose, and professional contributions will ensure the best use of multidisciplinary knowledge base to maximise resident outcomes.

Recommendation 14

A representative from health be present at AYDC multidisciplinary team (MDT) meetings to ensure that health is a core consideration in all decisions

This governance structure also needs to include resident representation processes to ensure that lived experience is integrated into decision making. It is evident that residents have valuable insights to share with AYDC staff, for example, it was reported that residents had emphasised a desire to move away from food-based incentives within the BDP to other incentives including additional gaming time, gym time, and outdoor activities. The effectiveness of behavioural support programs is contingent on the reinforcements being relevant, achievable, and valuable. As such, the success of the BDP is contingent on resident input regarding the process, particularly reinforcers being used as a motivator for positive behaviour. It is acknowledged that ad-hoc opportunities exist for residents to provide feedback regarding their needs and experiences, however a formalised process enshrines and protects the value of these resident contributions.

Further, there were reported inconsistencies in the nature and effectiveness of communication between different areas of work within AYDC, as well as with external stakeholders and service providers. Although this situation may again be in part due to staffing shortages, it is important to recognise that inconsistent or communication failures can undermine the consistency of resident experiences, as well as undermine staff cohesion and associated psychological safety.

Recommendation 15

Review of governance structure and planned reviews of action plans, policies and communication processes

It is acknowledged that the need for a clear, understood, shared and trauma-informed governance structure was recommended within the Noetic report[49] however this has yet to be implemented. Again, this may be due to the intention to implement a new governance structure as part of the new model of youth detention in Tasmania. However, as previously indicated in the current report, there are continued delays in the release of this framework as well as appropriate change management processes. The existing governance structures must be addressed even if this precedes implementation of the new model of care for children and young people subject to custodial sentences in Tasmania.

[49] Department of Communities 2016, *Custodial Youth Justice Options Paper,* Tasmanian Government, Hobart, <www.communities.tas.gov.au/__data/assets/pdf_file/0025/36394/99010_Custodial_Youth_Justice_Opt ions_Paper_October_2016_-_Report_for_the_Tasmanian_Government.pdf>

Reception Prisons

There are currently two Reception Prisons in Tasmania - Hobart and Launceston. The facilities provide accommodation for individuals charged under Tasmanian and/or Commonwealth legislation pending legal proceedings; and also detain convicted offenders, pending their classification and placement at other correctional facilities in Tasmania.

At the time the current evaluation was undertaken the Southern Remand Centre (SRC) had not yet been opened, and beyond a limited tour of the facilities within the SRC no specific information was provided regarding the SRC. As such, evaluation of the SRC is beyond the scope of the current evaluation and associated report.

Within this section of the report, information - including that pertaining to commendations and recommendations - pertain to both the Hobart and Launceston Reception Prisons, unless otherwise stated.

Launceston Reception Prison

The Launceston Reception Prison (LRP), formerly the Launceston Remand Centre, is a prison primarily for individuals newly remanded to custody in Launceston, Tasmania. Its main use is for watch house accommodation, short stay accommodation on reception for induction purposes and to facilitate in person court appearances. It is located in the main police building in Launceston.. At the time of inspection, there were a number of inmates serving medium to long-term sentences permanently residing at the LRP due to safety and related concerns, or negative impacts of geographic dislocation from family, if they were to be housed within the Risdon Prison Complex. The LRP is scheduled for a range of renovations and upgrades to its resources and services to better accommodate inmate and staff needs, including increased security screening. These renovations had yet to commence at the time of inspection.

Hobart Reception Prison

The Hobart Reception Prison (HRP), formerly the Hobart Remand Centre, is a prison primarily for individuals newly remanded to custody in Hobart, Tasmania. Its main use is for watch house accommodation, short stay accommodation on reception for induction purposes and to facilitate in person court appearances. Opened in January 1999, the centre was built over five floors and accommodates 36 single-occupancy cells for persons awaiting trial, plus 10 watch house cells. At the time of inspection,

there were a number of inmates serving medium to long-term sentences permanently residing at the Hobart Reception Prison due to safety and related concerns if they were to be housed within the Risdon Prison Complex.

Overarchingly, through inspection of the Reception Prison facilities and interactions with correctional and health staff it is evident that there are insufficient infrastructure and staffing resources to adequately support the mental health needs of prisoners located in these venues, particularly those presenting with chronic, high intensity or acute intervention needs.

Physical Environment

It is recognised that staff are aware of the limitations of the existing physical environment on their ability to provide for the mental health needs of residents, and constraints imposed by the existing physical location and structure in meeting these needs. Irrespective of these limitations, it is important to identify key issues that relate to the mental health and wellbeing of staff and residents located in Reception Prisons in Tasmania.

In both Reception Prisons staff noted that the environment is not adequate to support the needs of longer-term residents, however, are currently used for this purpose. There was considerable hope that the opening of the SRC would decrease the reliance on Reception Prisons to house longer-term residents, although staff acknowledged that ongoing concerns for safety of given prisoners may mean longer term residents remain. Correctional staff on both sites identified a need for individuals who are residing in Reception Prisons for longer terms to have access to meaningful activities and opportunities for self-development. Correctional staff believed that there were discussions occurring to introduce access to online training courses for prisoners, however, were not aware of specific details or timeframes regarding these opportunities. The importance of meaningful activities and opportunities for self-development in promoting and sustaining positive mental health are discussed in further detail later in this report.

There is minimal access to natural light and external fresh air (including within the exercise yard in the LRP). The importance of exposure to natural light (i.e., optical radiation) on mental health and wellbeing has recently been summarised in a review

published by Bertani et al. [50]. In addition to helping to regulate circadian rhythms (which influence the sleep-wake cycle, which influences mood and cognitive function), natural light exposure can also assist in managing seasonal affective disorder symptoms[51]. In contrast, chronic exposure to artificial light such as that found in LRP has been associated with neurotransmitter dysregulation associated with depressive symptoms in some populations. Further, limited exposure to natural light can limit Vitamin D production. As detailed earlier in this report when considering AYDC residents, Vitamin D deficiencies are well documented in Tasmanian adolescent and adult populations[52]. In addition to the risks to bone density and multiple sclerosis, vitamin D deficiencies have been linked to increased risk of negative mental health including depressive symptoms, sleep disturbances, and cognitive decline[53]. The above detailed impacts are most relevant to the residents of LRP, but also impact staff who work long and repeated shifts in this environment and those within HRP with limited access to the enclosed outdoor exercise yard.

Given the limited access to natural light sources, it is important to ensure that lighting of cells is appropriate. It was observed within LRP that there was a lack of consistency in the approach to lighting, with an extreme example being a pink-based light in cell 11 (a stepdown cell). Combined with a prominent bulkhead, cell 11 creates a perception of being a smaller room and may cause anxiety for individuals with claustrophobia. It may also lead to perceptual disturbances that may be experienced as distressing for some residents. Similarly, lighting in the videoconferencing level of HRP was this same, pink-based lighting. Although only two examples, these have been highlighted to demonstrate the opportunity to address the current lighting patterns which is relatively easy to address and readily achieves improvements in the physical environment.

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[50] Bertani, DE; De Novellis, AMP, Farina, R; Latella, E, Meloni, M, Scala, C, Valeo, L, Galeazzi, GM & Ferrari, S 2021, '"Shedding light on light". A review of the effects on mental health of exposure to optical radiation', *International Journal of Environmental. Research and Public Health*, vol. 18, no. 4, 1670. DOI: 10.3390/ijerph18041670

[51] Bertani, DE; De Novellis, AMP, Farina, R; Latella, E, Meloni, M, Scala, C, Valeo, L, Galeazzi, GM & Ferrari, S 2021, '"Shedding light on light". A review of the effects on mental health of exposure to optical radiation', *International Journal of Environmental. Research and Public Health*, vol. 18, no. 4, 1670. DOI: 10.3390/ijerph18041670

[52] van der Mei, IAF, Dore, D, Winzenberg, T, Blizzard, L & Jones, G 2012, 'Vitamin D deficiency in Tasmania: a whole of life perspective', *Internal Medicine Journal*, vol. 42, no.10, pp. 1137-44. DOI: 10.1111/j.1445-5994.2012.02788.x

[53] Huiberts, LM & Smolders, KCHJ 2021, 'Effects of vitamin D on mood and sleep in the healthy population: Interpretations from the serotonergic pathway', *Sleep Medicine Reviews*, vol. 55, 101379. DOI: 10.1016/j.smrv.2020.101379

Of the research that has specifically investigated the impacts of various artificial light exposures on mental health, it is well documented that exposure to artificial blue light increases alertness, and white light best replicates exposure to natural light[54]. Although recent research has indicated that in an isolated and confined environment (simulated space habitat), random changes to artificial light colour may have assisted in managing feelings of monotony within a seven-day period[55], this data has not been replicated nor is this a feasible strategy in the Reception Prisons given the need to prioritise other work activities.

Recommendation 16

Increased access to natural light and consideration of mental health needs in renovations and redevelopments of Reception Prison facilities

The observation room(s) within the LRP are located alongside standard holding cells. LRP staff identified that individuals under observation for mental health or other health reasons may be disturbed during standard watch-house checks due to their location. Strategies that have been implemented by staff to mitigate these disturbances include use of lower lighting (lighting is required for closed-circuit TV (CCTV) requirements), correctional officers turning off their lights when conducting checks if there are no other prisoners in the immediate vicinity, and correctional officers altering their walk patterns to avoid disturbing prisoners in observation rooms (as prisoners in these rooms can be observed through CCTV). These accommodations are evidence of both an awareness of the needs of prisoners presenting with mental health needs, as well as efforts to accommodate these needs within infrastructure constraints.

Social connectedness, and relatedly social support, has been strongly correlated with improved mental health outcomes across diverse populations[56]. Although most research investigating social support and mental health in prisoner populations has

[54] Bertani, DE; De Novellis, AMP, Farina, R; Latella, E, Meloni, M, Scala, C, Valeo, L, Galeazzi, GM & Ferrari, S 2021, '"Shedding light on light". A review of the effects on mental health of exposure to optical radiation', *International Journal of Environmental. Research and Public Health*, vol. 18, no. 4, 1670. DOI: 10.3390/ijerph18041670

[55] Jiang, A, Schlacht, IL, Yao, X, Foing, B, Fang, Z, Westland, S, Hemingray, C & Yao, W 2022, 'Space habitat astronautics: Multicolour lighting psychology in a 7-day simulated habitat', *Space: Science & Technology*, vol. 2020, article ID: 9782706. DOI: 10.34133/2022/9782706

[56] Fasihi Harandi, T, Mohammad Taghinasab, M, & Dehghan Nayeri, T 2017, 'The correlation of social support with mental health: A meta-analysis', *Electronic Physician*, vol. 9, no. 9, pp. 5212-5222. DOI: 10.19082/5212

focused on recently released inmates, there is evidence that for currently serving prisoners social support can reduce suicidal ideation and severity of mental health symptoms[57]. In the context of incarceration, social connectedness provides a sense of hope and can be a powerful motivator for positive behaviour change. Within the LRP there are two non-contact ("box") visiting resources (small, enclosed rooms in which prisoners and visitors are separated by a screen), as well as a single contact visit room. The contact visit room also served as a video-conferencing room. At the time of the evaluation the contact visit room was not available for use due to COVID-19 protocols. Correctional staff reported relatively low levels of use of non-contact visiting resources, although largely attributed the lower visiting levels to COVID-19 protocols and associated impacts. A review of staffing to facilitate full use of both contact and non-contact visiting rooms would assist in supporting social connectedness and social support for prisoners.

Within the "step-down" cells (i.e., those cells that are used to transition prisoners from observation to standard Reception Prison residence) standard bedding is provided to prisoners, although dependent on the prisoner presentation they may be provided Suicide and Self-Harm (SASH) bedding and gown. Staff advised that the decision regarding standard versus SASH accommodations is based on staff assessment, often undertaken as a collaborative decision between correctional and health staff. Staff also advised that on occasion prisoners have requested SASH accommodations, and when requested they are always provided for. It is recommended that decisions regarding SASH accommodations continue to be made collaboratively involving correctional staff, health staff, and prisoners (where appropriate). SASH gowns were observed to be a garment resistant to tearing or improvisation of self-harm activities and therefore fit for purpose. There were a variety of sizes available for use with prisoners of different physical statures.

Commendation 4

Decisions regarding SASH accommodations are made collaboratively between correctional staff, health staff, and prisoners (where appropriate)

[57] Richie, FJ, Bonner, J, Wittenborn, A, Weinstock, LM, Zlotnick, C & Johnson, JE 2021, 'Social support and suicidal ideation among prisoners with major depressive disorder', *Archives of Suicide Research*, vol. 25, no. 1, pp. 107-114. DOI: 10.1080/13811118.2019.1649773

Mental Health Resourcing

Correctional staff advised that although they are trained in basic medical first aid they are not provided specific mental health first aid training. However, due to the nature of their work and the needs of prisoners located within Reception Prisons, responding to mental health needs is a skill that needs to be rapidly learned by correctional officers. Mental Health First Aid (MHFA) training provides people with the skills to assist others presenting with mental health problems - whether the mental health problem is emerging, an existing mental health problem is being exacerbated by given circumstances, or someone is presenting in a mental health crisis[58].

Like physical first aid, mental health first aid is given until the person receives professional help or until the crisis resolves. Correctional staff demonstrated an openness to engaging in such training and recognised the benefit to their ability to support the needs of both prisoners as well as colleagues. Multiple correctional staff positively commented on the accessibility of nursing/health staff onsite to assist with addressing prisoner mental health needs as well as providing a resource for staff to debrief following challenging work-related events. Although there are a range of MHFA trainers available in Tasmania who could provide formalised MHFA training to correctional staff, health staff within custodial contexts are also well placed to develop and deliver purpose designed MHFA content to their colleagues. In addition to providing valuable and necessary professional development for correctional staff, development of a MHFA suite for custodial contexts is also an opportunity for the Tasmanian Prison Service to implement a nation-leading resource. Development of fit-for-purpose mental health resources and associated research evaluating such endeavours also creates a culture and reputation for innovative, context-specific mental health activities that can also serve as a recruitment incentive (further discussion of the role of innovation and research in custodial contexts is provided later in this report). It is however recognised that at this time health staff are under resourced and are unlikely to have capacity to both develop and deliver this content until staffing is increased. Despite these limitations it was identified that the Therapeutic Services Unit (TSU) were planning to develop a range of new training packages for correctional

[58] Australian Red Cross n.d., *MHFA - Mental Health First Aid*, Australian Red Cross, Melbourne, viewed August 2022, <https://firstaid.redcross.org.au/mental-health-first-aid/>.

staff regarding the needs of neurodivergent prisoners and deliver a revised SASH training process.

Both correctional and health staff reported concerns with the structural and staffing resources available to support prisoners presenting with mental health conditions. There was a pervasive belief from correctional staff that Risdon Prison is better equipped to support the needs of prisoners presenting with mental health concerns, particularly those requiring more intervention for chronic, high intensity, or acute presentations (including SASH) that necessitate resources commensurate with inpatient admissions. Correctional staff reported that they feel ill-equipped to appropriately support the mental health needs of prisoners and perceive that there are inequitable training opportunities for those in Reception Prisons compared to Risdon Prison.

Correctional staff within Reception Prisons detailed limited access to formal mental health training to support prisoner needs, and that when mental health needs are identified they liaise with health staff for support. Whilst this interdisciplinary collaboration promotes enhanced outcomes for prisoners and staff, it first relies on recognition by correctional staff that a prisoner is presenting with a mental health need. Additionally, the ability of correctional staff to proactively respond to mental health needs is emphasised by not having onsite access to health staff 24 hours. Given that correctional officers detailed high rates of prisoner processing outside hours, this poses a substantial risk to both prisoners and staff. Having said this, correctional staff are trained to identify key risk factors for mental health distress including first time in custody, serious crime, and family problems.

Recommendation 17

Mental Health training opportunities be provided to correctional staff in Reception Prisons

When queried regarding processing procedures for prisoners who present with lower levels of cognitive functioning or acquired brain injury, correctional staff detailed that their standard procedure is to seek advice from the onsite Health team for guidance on how to support the prisoner through this process whilst ensuring core intake/other

tasks are completed. More senior correctional staff detailed that through experience with such offenders they have learned to slow down the process of questioning to better aid prisoner understanding. Prisoners presenting with low functional literacy are supported to complete written forms by correctional staff and the prisoner will be relocated to a more private area away from other prisoners to protect their privacy and confidentiality. Interpreters are available by phone to assist prisoners with low English literacy skills and can also travel to court proceedings as required. Disclosures or assessments indicating that a prisoner is at risk of suicide or self-harm are immediately linked in with the Health team. All correctional officers within Reception Prisons who participated in the interview process of this evaluation were able to recount the process of processing a new prisoner and accommodations available to support their diverse mental health needs. Having said this there was limited awareness of neurodivergent practice.

From an infrastructure perspective, correctional staff detailed that they do not have sufficient rooms to accommodate the increasing mental health presentations of prisoners within Reception Prisons. This has resulted in occasions where prisoners under mental health observation are housed in standard watch house cells which are not designed for this purpose. Correctional staff detailed the risks this posed to prisoners, but also correctional staff who experience greater cognitive and psychological burden for the health and safety of prisoners in these situations. Health staff also reported concerns about access to appropriate mental health care in emergencies, particularly outside rostered health shifts explaining that there could be delays in external agencies providing support. Although staff acknowledged that these delays likely resulted in part from the reported under resourcing of the Tasmanian Health Service, there was also a concern that external agencies were reluctant to engage with prisoners for the purpose of healthcare provision. Although it was detailed that the SRC would better provide for the mental health needs of prisoners compared to the existing Reception Prisons, it was not clear what process would exist to facilitate transport of prisoners to this venue and such transport may not always be feasible from either Reception Prison - particularly Launceston - without extensive planning.

Correctional staff reported that there were repeated experiences where decisions made regarding prisoner mental health needs and staff safety were perceived to be undermined by those in more senior positions, particularly when recommendations were made to relocate prisoners to Risdon Prison due to SASH risk. When these decisions were disregarded or reversed staff reported feeling physically and psychologically unsafe, particularly in instances where prisoners focused dissatisfaction towards a particular correctional officer. Information provided suggested that these situations were more likely to occur for LRP staff and prisoners, which may be due in part to geographic dislocation from Risdon Prison creating additional barriers to ready transfer of prisoners requiring higher levels of support.

Recommendation 18

Appropriate resourcing and governance structures to support transfer of offenders with higher/more complex (mental health) needs

There is an existing MOU between Reception Prisons and the Tasmanian Police Service to provide support in a range of activities as required, including:

- Transportation of prisoners to hospital when there are insufficient correctional officers on duty to meet minimum operational requirements.
- Onsite support from female Tasmania Police staff if there are no female correctional staff available to conduct processing searches of female prisoners.

Correctional staff detailed a highly collegial and supportive relationship with members of the Tasmanian Police Service, although acknowledged delays in responding to some requests for support given the staffing challenges being experienced by the Police Service. These MOUs are an important resource to support the operational needs of Reception Prisons, however may also suggest an opportunity to review staffing and recruitment processes to ensure operational needs can be primarily met through Reception Prison staffing.

Correctional staff detailed that historically there had been shortcomings in the nature and availability of support services for staff following incidents that could potentially result in distress. However, they reported that this has perceptibly improved over the previous 12-month period due to increased engagement of staff with programs including Mates Are There *for* Encouragement & Support (MATES), the Wellbeing Hub, and Employee Assistance Program. This improvement in the nature and availability of supports has also reportedly occurred alongside with a cultural shift within the organisation in which mental health is now treated akin to physical health. It was evident that the MATES program has been a key facilitator in supporting this cultural shift insofar as normalising a range of psychological responses to work-related stressors and modelling proactive and adaptive help-seeking behaviours. It also appears that satisfaction with these services following a recent death in custody has enhanced trust in the process, particularly in regard to the Wellbeing Hub that commenced operations with correctional staff in January 2022.

Commendation 5

Increasing access to fit-for-purpose mental health supports

Correctional staff reported satisfaction regarding their EAP Provider, and that this service is openly accessed by staff as needed although remains less utilised that other available mental health service resources. The comparatively lower levels of engagement with the EAP was reportedly due to perceived lower levels of context specific knowledge compared to colleagues within the MATES program. Correctional staff detailed that as a collegial network Reception Prisons provide a psychologically/socially “close” facility and reported that the management team are proactive and effective in ensuring the psychological wellbeing of staff following incidents and ensure that they spend time with the impacted staff member(s) in close proximity to the event. Reports of these interactions indicate that the management team have a good understanding of how to engage with impacted correctional staff to facilitate the needed support. Correctional staff reported knowledge of workers compensation processes and some senior staff have openly discussed their experiences with this process with their colleagues. This pattern of open discussion of accessing supports for health needs creates an environment of psychological safety,

enhancing the likelihood of other staff accessing these supports in the future as needed[59].

Commendation 6

Prioritisation of proactive mental health initiatives to support the mental health needs of staff have been implemented with evidence of uptake by staff

Continuity of Care

Both correctional and health staff reported difficulties in providing continuity of care for the mental health needs of prisoners within Reception Prisons. These difficulties spanned lack of access to case files and treatment histories if the individual was treated within the private sector, inability to identify if/when prisoners are subject to treatment orders, inability to provide access to existing psychotropic medications, and difficulties in facilitating access to treatment by existing providers whilst incarcerated. In addition to the risks associated with changing medications[60] or cessation of psychological interventions, staff reported that prisoners often experienced distress about these changes and that this impacted prisoner wellbeing and often resulted in prisoner dissatisfaction (and any associated maladaptive behaviours) being directed towards staff.

At present there is no mechanism available for health staff to facilitate assessment for a treatment order for prisoners remanded or residing in Reception Prisons. Given that untreated mental health conditions can increase risks of reoffending[61], it is recommended that an MOU is entered into to facilitate assessments for treatment orders as required. Further, greater capacity to support through-care for mental health

[59] Hunt, DF, Bailey, J, Lennox, BR, Crofts, M & Vincent, C 2021, 'Enhancing psychological safety in mental health services', *International Journal of Mental Health Systems*, vol. 15, no. 33. DOI: 10.1186/s13033-021-00439-1

[60] Shelton, D, Ehret, MJ, Wakai, S, Kapetanovic, T & Moran, M 2010, 'Psychotropic medication adherence in correctional facilities: a review of the literature', *Journal of Psychiatric Mental Health Nursing,* vol.17, no. 7, pp.603-13. DOI: 10.1111/j.1365-2850.2010.01587.x

[61] Brennan, PA, Mednick, SA & Hodgins, S 2000, 'Major mental disorders and criminal violence in a Danish birth cohort', *Archives of General Psychiatry*, vol. 57, no. 5, pp. 494 500. DOI: 10.1001/archpsyc.57.5.494

service provision was identified by health staff as a key need for prisoners and should be a priority within governance structures.

Recommendation 19

An MOU is entered into to facilitate assessments for treatment orders as required

At the time of evaluation, a new roster for correctional staff had been approved which accommodated increased overnight staffing and designated break times (this was not previously accommodated within the roster, meaning staff were not guaranteed breaks nor breaks of sufficient duration to eat or hydrate). This change is important to supporting mental health as rostered breaks allow for a sense of predictability and control over the environment, and respite and recovery from challenging interactions[62].

Commendation 7

Improved staff rostering to support positive mental health

The importance of organisational knowledge was exemplified by correctional staff identifying the mental health needs of known offenders whom have come into Reception Prisons on previous occasions. Organisational knowledge means that correctional staff are more able to proactively manage these offender mental health needs, protecting both the prisoner and staff. Further, the ongoing collegial relationships between correctional staff facilitate a psychologically safe and supportive environment in which individuals are well placed to recognise early warning signs of psychological distress.

[62] Lyubykh, Z, Gulseren, D, Premji, Z, Wingate, TG, Deng, C, Bélanger, LJ, & Turner, N 2022, 'Role of work breaks in well-being and performance: A systematic review and future research agenda', *Journal of Occupational Health Psychology*, vol. 27, no. 5, pp. 470-487. DOI: 10.1037/ocp0000337

The staff are highly experienced in their roles and are familiar with the organisational and cultural challenges associated with their roles within the custodial context. Reception Prison correctional staff were observed to interact easily with onsite prisoners and be responsive to their needs, referring to all by name and demonstrating knowledge of their unique needs. Correctional staff who were interviewed as part of the current evaluation were also able to self-identify a range of opportunities to further enhance the mental health and wellbeing of prisoners housed within Reception Prisons, and I encourage these staff to progress the ideas discussed within the context of the interviews.

Commendation 8

TPS staff involved in this evaluation demonstrated a high level of commitment to supporting the mental health needs of offenders currently housed in custodial settings in Tasmania

Health and correctional staff reported that prisoners would benefit from greater service provision from mental health resources available at the Risdon Prison Complex, which at this time due to resourcing constraints is largely constrained to involvement with SASH assessments and interventions. Health staff reported examples in which TSU involvement beyond SASH situations has resulted in enhanced psychological (and therefore onsite behavioural) outcomes for prisoners presenting with long-term psychological conditions (including anxiety and depressive disorders, sometimes related to childhood exposure to trauma) and emphasised the positive impacts that could be made if mental health outreach occurred more often. The health staff also detailed the strong links they have made with community health providers including General Practitioners and Pharmacists to support prisoners to retain engagement with needed health services upon release.

Recommendation 20

Increased provision of mental health supports and services for prisoners in Reception Prisons

Health staff also detailed the difficulties experienced by themselves and prisoners when prisoners are unable to continue with existing pharmacological prescriptions when incarcerated due to policies governing medication decisions. The Correctional Primary Health Services (CPHS) framework prohibits off-label prescriptions (i.e., situations in which a medication is prescribed in a manner inconsistent with the intended use within a given jurisdiction)[63], and similarly does not support prescriptions which do not meet threshold for therapeutic dosage, i.e., the amount of a given medication required to produce the desired or required symptom relief[64]. Prisoners who are unable to access their existing medications can quickly become distressed and their behaviour decline as a result of this. In addition to issues of medication titration, there are psychological sequelae of medication changes that impact the individual, other prisoners, and staff through increased exposure to distress and other associated behaviours. Additionally, it is often onsite health staff who are required to advise prisoners that their medications can no longer be accessed, and this can negatively impact the therapeutic relationship as responsibility for these decisions is often misplaced to the onsite health team. When therapeutic relationships are impaired, a prisoner's likelihood of engaging with the health team when needed is reduced, which in turn increases the risk of escalation of symptoms due to an inability to provide early intervention. Given that health staff are the primary conduit for mental health service provision, it is imperative that they are supported in their role to retain prisoner engagement with health services. The importance of health staff retaining prisoner engagement is recognised across a range of isolated and confined environments and an identified priority in these contexts.

Prisoner peer-support programs were identified by correctional staff as an important mental health resource for prisoners housed in Reception Prisons, however due to the high turnover of prisoners onsite the sustainability of the program can be challenging. There is a Red Cross peer mentorship training program being offered to prisoners at Risdon Prison Complex (RPC), and it is hoped that prisoners trained in that framework may be able to provide support to those in the Reception Prisons. Peer engagement

[63] Lücke, C, Gschossmann, JM, Grömer, TW, Moeller, S, Schneider, CE, Zikidi, A, Philipsen, A & Müller, HHO 2018, 'Off-label prescription of psychiatric drugs by non-psychiatrist physicians in three general hospitals in Germany', *Annals of General Psychiatry,* vol.17, no. 7. DOI: 10.1186/s12991-018-0176-4

[64] Hiemke, C, Baumann, P, Bergemann, N, Conca, A, Dietmaier, O, Egberts, K, Fric, M, Gerlach, M, Greiner, C, Gründer, G, Haen, E, Havemann-Reinecke, U, Jaquenoud Sirot, E, Kirchherr, H, Laux, G, Lutz, UC, Messer, T, Müller, MJ, Pfuhlmann, B, Rambeck, B, Riederer, P, Schoppek, B, Stingl, J, Uhr, M, Ulrich, S, Waschgler, R, & Zernig, G 2011, 'AGNP consensus guidelines for therapeutic drug monitoring in psychiatry: Update 2011', *Pharmacopsychiatry*, vol. 44, no. 6, pp. 195-235. DOI: 10.1055/s-0031-1286287

through these mentorship programs would facilitate an important source of social support[65] and pursuing the proposed engagement with RPC to facilitate this program within Reception Prisons is encouraged.

The demand for mental health services in Reception Prisons fluctuates depending on prisoner numbers and needs. However, it is not unusual for Therapeutic Services Unit (TSU) staff to be seeing in excess of 8 people in a single day. TSU staff report the most commonly presenting mental health needs of prisoners within Reception Prisons pertain to sleep difficulties (often associated with symptoms of substance withdrawals) and the impacts of isolation and confinement with limited access to fresh air and natural light (the impacts of which were detailed earlier in this report). There were concerns reported by staff that criminogenic needs are not being addressed for the medium-long term residents in reception prisons, increasing risks of reoffending in the future. A related concern was that life skills were not being addressed as they were not classified as criminogenic needs and therefore not being incorporated into therapeutic planning for this prisoner population. These reported conditions suggest an increased risk of recidivism may occur due to limited access to required mental health support services[66].

Health staff detailed that onsite roles are typically undertaken by experienced nursing staff who may hold a Registered Nurse qualification or Psychiatric Nurse qualification. Registered Nurses occupying these roles are not required to hold specialist training in mental health presentations. Although experienced registered nurses have a wealth of experience and skills to support the needs of prisoners housed in Reception Prisons, it is recommended that they be supported in their work through access to specific mental health training and continuing professional development to maximise their professional self-efficacy and provide for the complexity of mental health presentations and needs of prisoners. Health staff have developed processes to expedite medication needs for prisoners including obtaining dispensary histories from pharmacies to assist the prescribing doctors in expediting prescriptions, demonstrating commitment to prioritising prisoner medication and health needs. Overarchingly, health staff within the

[65] Fasihi Harandi, T, Mohammad Taghinasab, M, & Dehghan Nayeri, T 2017, 'The correlation of social support with mental health: A meta-analysis', *Electronic Physician*, vol. 9, no. 9, pp. 5212-5222. DOI: 10.19082/5212

[66] Skeem, JL, Winter, E, Kennealy, PJ, Louden, J & Tatar II, JR 2014, 'Offenders with mental illness have criminogenic needs, too: Towards recidivism reduction', *Law and Human Behaviour*, vol. 38, no. 3, pp. 212-224. DOI: 10.1037/lhb0000054

Reception Prisons are very highly valued, respected and regarded by correctional staff and prisoners; however, there is a perceived shortage of nursing staff rostered to support the growing mental health needs of a complex and diverse prison population.

Recommendation 21

Increased health staffing/resourcing for adult prisoners

Risdon Prison Complex

Risdon Prison Complex is the sole purpose-built custodial setting for medium-to-long term prisoners in Tasmania. The facility accepts offenders convicted under Tasmanian and/or Commonwealth legislation and provides services for prisoners classified across the spectrum from minimum to maximum security needs. A separate women's prison, the Mary Hutchinson Women's Prison is located adjacent to the RPC and for the purpose of this report will be considered as part of the RPC. Unless otherwise specified, information contained in this section of the report is relevant to all facilities within the RPC.

Commendation 9

The level of enthusiasm, passion, knowledge of criminogenic needs and commitment of all staff to addressing the mental health needs of prisoners housed within RPC

The level of enthusiasm, passion, knowledge of criminogenic needs and commitment to addressing the mental health needs of prisoners housed within RPC by all staff involved in this evaluation is highly commended. Multiple health, correctional and non-correctional staff were identified by name for their expertise and contributions to the mental health and wellbeing of both prisoners and colleagues.

An overarching limitation reported by correctional staff, health staff and prisoners housed within the Risdon Prison Complex related to insufficient infrastructure and resourcing to adequately support recovery and rehabilitation, particularly as it relates to psychosocial and mental health supports. Correctional staff, health staff and prisoners commented on the increased demand for mental health services available to prisoners within the Risdon Prison Complex. It was reported that common mental health presentations include trauma (often repeated), anxiety, depressive disorders, personality disorders, and substance use issues - with limited capacity and resourcing to manage or intervene in these contexts. Specific examples are detailed within this report, however do not provide an exhaustive list of these existing shortcomings.

Physical Environment

Correctional staff and prisoners reported that there is insufficient safe cell access within the Mary Hutchinson Women's Prison (MHWP), with one cell specifically designed for this purpose and any prisoner presenting with Level 1 or 2 SASH risk or acute mental health needs requiring transfer to the Crisis Support Unit (CSU) where they are housed alongside male offenders. At present, when there are multiple prisoners presenting with SASH risk (which is reportedly not an uncommon occurrence within the MHWP) correctional staff triage need for the safe cell and house other prisoners in one of three camera cells (7, 8, 9) in the same cell block (Wellington block). Cell 9 is equipped with two cameras and is preferred for SASH risk management when the single safe cell is unavailable. Cells 7 and 8 have single cameras which do not cover the shower area and are generally used as step-down cells as SASH risk reduces. When subject to SASH risk mitigation procedures in the safe cell, MHWP prisoners are afforded one hour outside the cell each day once the remainder of prisoners in the cell block have been locked down for the evening. Correctional officers detailed that introduction of the new High Risk Assessment Team (HRAT) process to the MHWP has increased capacity to manage SASH risk and potentially mitigate the need for transfer to CSU. In contrast, prisoners within the MHWP indicated ongoing dissatisfaction with the SASH risk management procedure. Given that prisoners involved in the SASH process are experiencing high levels of psychological distress this is not unexpected, however is worthy of further consideration in ongoing refinements to SASH risk management processes. It should also be noted that the MHWP prisoners who participated in the interviews associated with this evaluation had not engaged with the SASH process since the HRAT process had been implemented.

Given the reportedly increasing number, and complexity, of mental health presentations within the MHWP it is noteworthy that there is only one correctional officer assigned to the Wellington cell block to undertake duties associated with SASH, discipline, and the general population needs. Although it was reported that one further correctional officer will unofficially support the work undertaken in this cell block, official staffing plans stipulate the single officer appointment model. Related to this, there is a single correctional officer assigned to undertake HRAT activities. Single point dependencies create situations of risk regarding organisational knowledge and continuity of care processes, both of which are essential to adopting a consistent and sustainable best practice approach to support mental health needs of prisoners. There is one cell within the Wellington cell block that caters for prisoners of differing physical

abilities. It is recommended that staffing of the Wellington Unit be increased and additional staff trained in SASH and HRAT management processes to ensure provision of safe and sustainable services in this context. This need for additional staff resourcing spans all facilities and employment categories within the RPC and will be returned to within this section of the report. As such, the below recommendation should be considered relevant to all discussions regarding staffing within the RPC.

Recommendation 22

Urgently increase TPS staffing resources to protect prisoners and staff

A further recommendation regarding the physical environment within the RPC is to develop a designated inpatient unit for mental health presentations. Whilst it is recognised that this recommendation may be beyond scope given the current infrastructure constraints, provision of a purpose-built/designated inpatient facility within the RPC would better support the acute mental health needs of prisoners, and also assist in diverting prisoners identifying as female from needing to be collocated with prisoners identifying as male, particularly given that many prisoners identifying as female will be presenting with complex trauma histories that may include perpetration by male offenders.

Recommendation 23

TPS and CPHS develop a designated inpatient unit for mental health presentations

More broadly, staff within the health team and those within the therapeutic services unit are working towards providing a more therapeutic physical environment and are reviewing efforts in other jurisdictions such as the PIPES (psychologically informed planned environments) pilot in the United Kingdom[67]. Staff are commended on these

[67] Kuester, L, Freestone, M, Seewald, K, Rathbone, R & Bhui, K 2022, 'Evaluation of psychologically informed planned environments (PIPES): assessing the first five years', *Ministry of Justice Analytical Series,* London, <https://www.gov.uk/government/publications/evaluation-of-psychologically-informed-planned-environments>.

efforts to develop a more therapeutic climate to support prisoner recovery, and adopting this type of approach will further support meeting prisoner mental health needs.

Commendation 10

Staff are commended on their efforts to develop a more therapeutic climate to support prisoner recovery

Mental Health Training

Correctional staff reported actively seeking out professional development opportunities offered by the Tasmania Prison Service (TPS), as well as external training providers. Examples of this training have focused on understanding and responding to the needs of people presenting with Borderline Personality Disorder, vicarious trauma support skills and adopting trauma informed care practices into the prison setting.

There appeared to be awareness of the unique criminogenic needs of various prisoner profiles (e.g., women; those with cognitive deficits) by correctional staff working within the RPC setting. However, there was an expressed concern that many of the existing policies relating to behavioural classifications and processes have been designed for cis-gender male criminogenic needs and adopted, and in some cases adapted, for use with female prison populations. To provide a truly criminogenic approach to rehabilitation and mental health needs policies for diverse prisoner needs (e.g., women) should be developed rather than adapted. Related to this, consideration of neurodivergent and gender diverse presentations are not well accommodated within existing frameworks. Development of, and engagement with, best practice models catering to the needs of the Tasmanian adult prison population is recommended. This will require resources to be directed to the relevant operational units within the TPS to ensure the optimal model is implemented. Of importance is that the model is fit-for-purpose given the small jurisdiction and demographic needs within Tasmania which

means that any existing models employed in other jurisdictions/custodial contexts are less likely to meet requirements and necessitates development of a bespoke approach.

Recommendation 24

Develop and engage with, best practice models which cater to the needs of the Tasmanian adult prison population

Consistent with information provided by correctional staff within the Reception Prisons, staff within the RPC expressed a desire for increased training and support in identifying behavioural triggers and appropriate staff responses when dealing with prisoners. A primary focus of these discussions was on early identification and effective de-escalation techniques for prisoners. Although there is mixed evidence on the effectiveness of de-escalation training in isolation[68], there is sound evidence for the effectiveness of early intervention in managing mental health and behavioural distress in prison contexts and the role that this can play in both the short term as well as reducing recidivism risk[69].

There was reportedly minimal mental health specific training as part of the onboarding or continuing professional development of correctional staff, although correctional staff were able to identify the value of the training that is offered; there is also an existing relationship with Frontline Mind for the training of staff participating in the MATES program. Although there was no formally recorded data available, there was information to suggest that earlier career correctional officers may be at greater risk of mental health distress due to insufficient preparation and training, with more experienced staff indicating that at present the majority of skills relating to mental health (both the needs of staff, and those of prisoners) are learned 'on the job'. For this reason, the role of peer mentoring - in addition to formalised mental health training by

[68] Engel, RS, Mcmanus, HD & Herold, TD 2020, 'Does de-escalation training work?' *Criminology & Public Policy,* vol. 19, no. 3, pp. 721-759. DOI:10.1111/1745-9133.12467

[69] Evans, C, Forrester, A, Jarrett, M, Huddy, V, Campbell, CA, Byrne, M, Craig, T & Valmaggia, L 2017, 'Early detection and early intervention in prison: improving outcomes and reducing prison returns', *The Journal of Forensic Psychiatry & Psychology*, vol. 28, no. 1, pp. 91-107. DOI:10.1080/14789949.2016.1261174

mental health professionals - should be encouraged and supported, with recognition of its importance through formal workloading.

Recommendation 25

TPS encourage and support peer mentoring and embed in formal workloads.

Recommendation 26

Staff mental health training be embedded into onboarding and ongoing professional development frameworks

It is also recommended that reflective practice and other forms of peer supervision be integrated into workload for all staff, particularly those working specifically to support the mental health needs of prisoners residing within custodial contexts. As detailed when discussing the role of professional supervision within the AYDC context the overarching purpose of reflective practice is to provide a quality assurance framework for professional practice, as well as an opportunity for professionals to proactively and retrospectively reflect on challenging work-related experiences in a psychologically safe environment designed to validate, problem-solve and support best practice. As with other components of the required mental health practice framework, this reflective practice needs to be work-loaded to ensure that it is able to be engaged in and benefited from (noting the benefits to staff and residents). Access to high quality professional supervision that facilitates reflective practice has been demonstrated to enhance the effectiveness of provided care and in doing so improve the mental health outcomes of people for whom they are providing care[70]. The benefits of professional supervision are best achieved when the supervision is delivered by experienced professionals, which further reinforces the need to recruit and retain experienced staff to the RPC staffing profile. It is acknowledged that for many mental health staff employed within the RPC, professional supervision is a mandated registration requirement. Workloading and provision of supervision that facilitates reflective

[70] Snowdon, DA, Leggat, SG, & Taylor, NF 2017, 'Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review', BMC Health Services Research, vol. 17, no. 1, pp. 786-796. DOI: 10.1186/s12913-017-2739-5

practice can also be seen as a ‘value adding’ incentive to these roles which would otherwise need to be sourced (and potentially financed) independently - in this way, embedding supervision and reflective practice as a core work task may also assist with staff recruitment and retention.

Recommendation 27

Reflective practice and other forms of peer supervision be integrated into workload for all staff

When this recommendation was discussed with staff involved in mental health service delivery within RPC there was ready acceptance of the benefit of this approach, and staff readily identified how this could be implemented across Correctional Primary Health Services (CPHS), TSU and the Wilfred Lopes Centre. In addition to the documented benefits in the longer term for staff and prisoners alike, implementing a reflective practice framework would also provide for a sense of achievement in the shorter term and be an important source of positive reinforcement for the work being done by staff in this space.

Staff Mental Health

Due to the trust engendered through shared experiences and corporate knowledge, staff reported increased likelihood of engaging support from one another prior to engaging with external supports like the EAP and Wellbeing hub. It was reported that relatively few staff within the MHWP access the MATES program as there is no staff member from this facility within the MATES team, which can make it difficult to understand the facility specific differences in the work experience. For this reason, consideration should be given to appointment of a staff member in MHWP to the

MATES framework, although it is acknowledged that this would need to be with the consent and interest from the nominated staff member.

Recommendation 28

Consider recruiting a staff member in Mary Hutchinson Women's Prison to the MATES framework

Correctional staff reported that they felt well supported by the formal mental health staff employed within the prison service and that requests for prisoner intervention were responded to within relatively short time frames. Correctional and non-correctional staff spoke very highly of mental health staff across different service units within the RPC and expressed a desire for increased opportunities for interaction and education from these individuals. It is recommended that these requests be supported as not only will these opportunities increase mental health literacy beyond mental health staff, but these interactions also afford important opportunities for interdisciplinary learning and engagement that encourages more coordinated mental health supports for prisoners.

Recommendation 29

Support TPS staff requests for training from mental health staff to increase mental health literacy, interdisciplinary learning and more coordinated mental health support for prisoners

Risk Management Systems

It was reported that on any given day approximately 20-40 individuals within the RPC will be identified as presenting with risk of suicide or self-harm requiring activation of the SASH procedure. The existing SASH reporting process relies on an email system to make relevant parties aware that a prisoner is presenting with risk of suicide or self-harm. It is possible there are risks to this approach in that it relies on staff having capacity to check email regularly and respond to matters as they arise, particularly with reportedly increasing numbers of prisoners presenting with SASH risks. Processes for ensuring relevant staff are copied into this email in the event of staff absences (either

planned or unplanned) were not well documented, with staff explaining that a large number of people are included on the SASH emails to help protect against the risk of a prisoner not being adequately supported due to staff absences or email volume. Although this constitutes one method of trying to protect against the limitations of the existing system, it is not particularly robust as staff may be in the habit of not attending to these emails - believing that others will do so - and also risks breaching prisoner confidentiality. Having said this, there was no direct evidence that staff do not appropriately monitor and respond to SASH notifications.

Another important consideration regarding the SASH process is that due to staffing issues (detailed throughout this report), early career correctional officers may be involved in this process with limited training or support. The risks to prisoner safety and wellbeing resulting from these staffing limitations, as well as staff safety and wellbeing, cannot be underestimated and needs to be addressed as a matter of priority.

It was reported in a 2020 review that SASH processes within adult custodial contexts in Tasmania met national standards. The Acting Senior Psychologist is planning to undertake another review of the SASH process, followed by a review of the HRAT process, with particular emphasis on therapeutic jurisprudence approaches. A timeline was not provided for the development and implementation of this review process and given the identified staffing shortages the existing capacity for this review within the foreseeable future is considered limited.

Given the importance of this review in ensuring best practice approaches, which in turn assists in managing risks to the mental health and wellbeing of both prisoners and staff, addressing existing staffing shortages remains a priority in the RPC. Although it may be feasible to employ an external contractor to undertake this review, if engaged this individual will need a comprehensive understanding of custodial contexts; assessment and management of acute risk of self-harm and suicide; and be a qualified mental health professional with appropriate training, experience and skills to undertake this evaluation and develop evidence-informed recommendations.

Another consideration is that there was a reported belief (by staff and prisoners) that some prisoners engage the SASH process as a means to avoid being reintegrated into mainstream prison populations due to fears for their safety. With reported increasing levels of gang activity within the RPC and reported engagement by some prisoners in

intimidation ('standover' tactics), it is plausible that these fears may be justified in some instances. Fear is an understandable, and somewhat expected affective response to incarceration[71]. However, chronic and repeated experiences of fear can negatively impact mental health and wellbeing and result in maladaptive coping strategies including escapism[72] afforded through the SASH process. There was also evidence of relying on CSU cells for isolation of prisoners posing a risk to others (both staff and prisoners). In both instances, there is evidence of relying on already limited mental health infrastructure to manage broader behavioural issues within the prison context. There is no easy or proven method to address the above issues given that denial of access to safe cells can itself increase risk of self-harm and suicide in acutely distressed individuals. Further, isolation of dangerous prisoners causes a tension between safety of the prison community and opportunities for rehabilitation and/or assessment of readiness for release into the community. It is noted that a psychologist with specific knowledge and skills in gang and terrorism behaviour is working within a consultant role to support TPS in developing strategies to manage these issues and it is recommended that this psychologist continue to be involved in these matters to develop methods to address the above identified concerns.

Recommendation 30

A psychologist with specific knowledge and skills related to gang and terrorism behaviour continues to work with TPS in a consultant role to develop methods to manage prisoners posing a risk to others

Governance and Communication

Correctional staff reported that a review of the privileges system is currently underway to provide greater motivation towards optimal behaviour by prisoners. The planned review into the privileges system does not yet have a firm implementation or commencement date. It was reported that prisoners will not be a formal part of the review but will be invited to provide feedback. As detailed when considering the

[71] McCorkle, RC 1993, 'Fear of victimization and symptoms of psychopathology among prison inmates', *Journal of Offender Rehabilitation*, vol. 19, no. 1/2, pp. 27-42. DOI: 10.1300/J076v19n01_02

[72] Liebling, A & Arnold, H 2012, 'Social relationships between prisoners in a maximum security prison: Violence, faith, and the declining nature of trust', *Journal of Criminal Justice*, vol. 40, no. 5, pp. 413-424. DOI: 10.1016/j.jcrimjus.2012.06.003

behavioural incentives program within AYDC, whilst there are documented processes regarding reviews and evaluations, there was no formalised governance structures in this regard to ensure their occurrence. Evaluation of programs, incentives and other interventions are required to ensure they are meeting objectives and supporting positive behavioural change for prisoners and enhancing staff professional skills. A major inhibiting factor is around staff resourcing. There was clear awareness of the need to develop these frameworks and evaluation processes, however insufficient resourcing to do so. This is a further example of the importance of ensuring adequate staffing of the facility, as until this is remedied many of the recommendations contained within this report cannot be actioned.

It was detailed that at present there is no forum in which mental health staff from the community, prison and Wilfred Lopes Centre meet for case conferencing or other forms of communication related to prisoner mental health needs. The importance of information sharing across these contexts, as well as across mental health services within the TPS, was identified by the mental health taskforce as a key priority and is further recommended as a finding from the current evaluation. In response to this taskforce finding, a formalised process for information sharing regarding prisoner mental health within the prison was established with increased communication occurring between Health and the TPS through MDT and Risk Intervention Team Communication (RITCOM) meetings. Staff reported these meetings to be a reasonable compromise to issues highlighted by the Taskforce. Staff also detailed that complete information sharing between TPS and CPHS is not always needed nor appropriate (and in some cases is restricted by National Law regarding client/patient confidentiality). An example provided by staff was that although correctional staff need to be aware of risk of harm to self or others posed by a prisoner, the correctional staff do not need to be provided extensive information regarding presenting issues and diagnoses unless the prisoner has consented for this information to be shared or it is directly related to meeting their mental health needs. Similarly, it was detailed that mental health staff do not need to know custodial information regarding a prisoner unless this is directly relevant to safety or treatment planning.

It was reported that there have been concerted efforts to increase connections and communication between prison mental health services with Adult Community Mental Health and Child and Adolescent Mental Health Services to improve mental health service provision and continuity of care to those subject to custodial sentences. This

process remains in its early stages and staff are actively problem-solving challenges and barriers to this process. At the time of the evaluation, a range of formalised MOUs were being progressed to ensure governance around engagement with external service providers.

The current data recording systems do not directly speak to each other, and also are somewhat cumbersome on staff to coordinate. Records of service, nature of service and other metrics that can support cases for additional resourcing cannot be readily obtained from existing data recording processes. Additionally, there are security risks (pertaining to both unauthorised access, as well as inability to access in the case of a staff member being unexpectedly unavailable) given the diversity of systems and programs being used to record data at this time. Development of a streamlined process in this regard not only facilitates a better ability to triangulate data pertaining to offender criminogenic needs and program outcomes, but also in a manner that does not unduly burden staff affiliated with the program. Such changes would also facilitate an increased ability of staff to more readily monitor program effectiveness on a day-to-day, or program-to-program basis and may also provide for a more robust approach to SASH and other risk related notifications. These data management systems can (and should) ensure stratified access so that information is restricted based on staff role.

More broadly, a fit-for-purpose data management system can also assist with communication within and beyond the custodial context and can provide a secure repository for information received from the community that will assist with providing for prisoner mental health needs, as well as facilitating ready collation of data to support reintegration into community mental health supports following release from prison.

Recommendation 31

Development of a structured, standardised and integrated system to assist in record management for offender mental health data

Again, consistent with the recommendations identified regarding behavioural incentive programs within AYDC, there is an identified need for involvement of prisoner representation/involvement to ensure that lived experience is integrated into decision

making. It is evident that prisoners have valuable insights to share with RPC staff, including desirable incentives to promote adaptive behaviour. The effectiveness of behavioural support programs is contingent on the reinforcements being relevant, achievable, and valuable. As such, the success of the privileges system is contingent on resident input regarding the process, particularly reinforcers being used as a motivator for positive behaviour. It is acknowledged that there are prisoner representatives appointed to engage with RPC staff, however it was reported that meetings had not been held for more than 12 months due to the impacts of COVID-19 and ongoing staffing shortages. Prisoner representatives were disappointed in the limited opportunities to engage with correctional staff to address perceived needs, particularly as they indicated when the meetings were previously being held that staff were collaborative and receptive to prisoner feedback. It is therefore recommended that staffing within RPC be addressed to facilitate resumption of staff-prisoner feedback processes.

Prisoners detailed that a lack of access to education, training opportunities, and structured activities in general is negatively impacting mental health, including preparation for release (and hope of success in non-offending following release). Although there was a recognition that access to training and education were negatively impacted by COVID-19 restrictions, there was concern that these opportunities had not resumed. Further, prisoners identified that given the lack of structure to their days they were afforded an opportunity to engage with self-development and felt that this opportunity was being missed. There was also concern that a range of education and training focused on family violence, anger management, and other psychological presentations were not available to those housed within the medium security RPC site. Engagement in activities that provide a sense of purpose and meaning have been demonstrated to improve psychological resilience, decrease risk of suicide and self-harm, increase mental health and wellbeing, and increase motivation and engagement in prosocial behaviour[73] [74]. It is acknowledged that there is greater scope for engagement in activities within the Ron Barwick Prison as this is predominantly a working prison with opportunities to engage with vegetable processing, woodwork (with

[73] Woods, D, Leavey, G, Meek, R & Breslin, G 2020, 'Developing mental health awareness and help seeking in prison: a feasibility study of the State of Mind Sport programme', *International Journal of Prisoner* Health, vol. 16, no, 4, pp, 403-416. DOI:10.1108/ijph-10-2019-0057

[74] Mueller, S, Hart, M & Carr, C 2021, 'Resilience building programs in U.S. corrections facilities: An evaluation of trauma-informed practices in place', *Journal of Aggression, Maltreatment & Trauma,* vol. 32, no. 1/2. DOI:10.1080/10926771.2021.2008082

the Ron Barwick facility currently fulfilling a contract to produce bed frames) and peer support programs; employment positions are available to medium security prisoners in the prison laundry and tailor shop.

It was evident from staff within the Programs Unit and Therapeutic Services Unit, as well as correctional staff, that there is a strong motivation to increase prisoner access to self-development opportunities as a method for supporting adaptive and prosocial behaviour and enhancing mental health and wellbeing. However, it was again detailed that staffing shortages and resourcing limitations - including, but not limited to, difficulties with repeated and ongoing lockdowns and difficulties recruiting to positions - have reduced capacity for these resources to be offered. It was further detailed that these resources were not deemed core operations, which were at times the only tasks able to be reliably staffed within the RPC. This is another example of the far-reaching impacts the current staffing shortages are having on prisoners and staff. Given the risks to both short and long-term mental health outcomes for prisoners who are not afforded access to necessary and desired self-development opportunities, it is recommended that urgent action be taken to address current staffing issues within the RPC.

There are shortcomings with the existing fatigue management policies, particularly following exposure to a potentially traumatic event. It is recommended that existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context. From a workers' compensation perspective senior correctional staff detailed a positive correlation between PTSD/work-related stress claims and correctional staff who had worked in excess of 1000 hours of overtime. Staff work rosters are currently being reviewed to address risks associated with long work hours (with reportedly high rates of non-compensated overtime currently occurring), night shifts and overtime. It is likely that the levels of overtime are being exacerbated due to staffing shortages across all contexts (correctional, non-correctional and health staff) and there was evidence of staff working long hours to try and minimise impacts of staffing shortages on colleagues and prisoners. Multiple staff across different contexts within the RPC identified that there is a need to develop, review and revise governance structures to better account for mental health and wellbeing needs of staff and prisoners. Health staff in particular identified a range of governance structures that require development and review, as

did staff within TSU and the Programs Unit. These identified governance priorities were detailed in the presentation provided by supervisory/managerial staff involved in mental health service delivery within the RPC, and it is strongly recommended that these initiatives be progressed as a matter of priority. It is recommended that these governance reviews are prioritised and workloaded appropriately to ensure meaningful engagement and associated outcomes. Given the repeatedly identified staffing shortages, there may be a role for an external consultant to assist with/undertake this governance review. However, as previously identified, any external consultants will need a sound understanding of both the custodial context and mental health needs for this to be an effective use of time and resources.

Recommendation 32

Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context

Recommendation 33

Develop and review governance structures to better account for mental health and wellbeing needs of staff and prisoners as a matter of priority, ensuring these reviews are workloaded appropriately to ensure meaningful engagement and associated outcomes

Prisoner Mental Health Needs

A primary focus of prisoners who were interviewed as part of the current inspection focused on access to health care, and the link between mental and physical health. It was reported that access to a range of medical services was not consistent, with delays exacerbated as a result of staffing shortages associated with the impacts of COVID-19. It was reported that in some instances prisoners with access to appropriate finances have self-funded their own medical treatment with external practitioners.

Access to dental services was particularly highlighted with reports of prisoners existing with high levels of oral pain for up to 18 months before receiving intervention.

Prisoners reported ongoing stigma associated with disclosures of mental health difficulties, and that disclosures of distress or requests for help from correctional staff are discouraged within prisoner culture and may be interpreted as a sign of weakness, increasing risk of being targeted for physical attack by others in the prisoner population. This is not a unique situation within RPC and is well documented in other custodial contexts[75]. It was reported that there is a perceived high risk of being targeted for assault or other antisocial behaviour for any prisoners who transfer from the mental health unit into the medium security population. This is seen as particularly problematic as in order to access TSU services specific requests need to be made through correctional staff given that TSU staff do not routinely walk through the yards or have a physical presence in medium security. Prisoners reported that they believed they identified signs of deterioration in prisoner mental health (e.g., declines in personal hygiene, antagonistic behaviour towards others, etc.) well before correctional staff acted on these. It is not surprising that prisoners would recognise signs of deterioration in mental health earlier than correctional officers given their regular engagement with peers, and likely efforts to conceal deteriorations given perceived risks to physical safety. These comments also align with feedback from correctional officers regarding a desire for training in early identification of declines in prisoner mental health and wellbeing.

Cultural change, which is what is required to address the identified stigma and perceived risks regarding mental health disclosures detailed by prisoners is not easily achieved, particularly in situations where people feel psychologically unsafe[76]. Cultural change requires engagement from all key stakeholders (including prisoners and staff) and a recognised benefit for the proposed/desired change. However, there is emerging evidence regarding the development of therapeutic climates within prison contexts that may be useful to guide these approaches. Therapeutic climate approaches advocate that the prison itself becomes an environment in which prisoners are able to learn and

[75] McCorkle, RC 1993, 'Fear of victimization and symptoms of psychopathology among prison inmates', *Journal of Offender Rehabilitation*, vol. 19, no. 1/2, pp. 27-42. DOI: 10.1300/J076v19n01_02

[76] Byrne, J, Taxman, F & Hummer, D 2005, 'Examining the impact of institutional culture (and culture change) on prison violence and disorder: A review of the evidence on both causes and solutions', Paper presented at the 14th World Congress of Criminology, Philadelphia, PA.

practice skills to address their offending and antisocial behaviours[77]. Early stages of this approach encourage prisoners to engage in adaptive and prosocial skills with therapeutic staff in-session, and with correctional staff outside of session. It also involves correctional officers modelling these adaptive and desired behaviours. Existing research findings suggest that adopting therapeutic climate approaches have resulted in improvements in prison culture across a range of prisoner presentations, including typically vulnerable groups like sex offenders[78]. Given the reported success of shifting staff culture towards mental health stigma and supports within custodial contexts in Tasmania, there is promise for facilitating change within the prisoner population also. This change will require focused training and support for correctional officers so that they can meaningfully engage with the development and sustainment of a therapeutic climate within RPC. This approach will require additional resourcing for training, ongoing professional development and staffing to facilitate the desired outcomes.

Recommendation 34

Implement a formal professional development framework in RPC to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence

Staff detailed that the designated mental health units within RPC are not able to accommodate the number of prisoners who require targeted mental health supports. Prisoners waiting for access to this specialist mental health unit are currently housed in CSU contexts, which essentially constitutes a form of isolation given they are housed in an isolated cell except for brief periods of access to a secure exercise area - again separated from other prisoners. Both correctional and non-correctional staff independently detailed a desire for the existing CSU cells to be increased in number and made more therapeutic (e.g., facilitative of prisoners being able to move in and out

[77] Stasch, J, Yoon, D, Sauter, J, Hausam, J & Dahle, KP 2018, 'Prison climate and its role in reducing dynamic risk factors during offender treatment', *International Journal of Offender Therapy and Comparative Criminology*, vol. 62, no. 14, pp. 4609-4621. DOI: 10.1177/0306624X18778449

[78] Blagden, N. Winder, B & Hames, C 2016, '"They treat us like human beings" - Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment', *International Journal of Offender Therapy and Comparative Criminology*, vol. 60, no. 4, pp. 371–396. DOI: 10.1177/0306624X14553227

of cells, engage with other prisoners in CSU and staff for support, increased access to natural light and outdoor facilities) to assist in the mental health recovery process. Discussions with staff regarding the existing CSU processes demonstrated a genuine concern regarding identified shortcomings. Staff expressed hope that reduced prisoner numbers following the opening of the SRC would relieve some of the existing pressures on CSU, however they also acknowledged that with increasing numbers of prisoners presenting with mental health needs that existing infrastructure would remain inadequate. This is a further example of the limitations of existing infrastructure in meeting the mental health needs of prisoners within Tasmanian custodial contexts. Although not easily resolved, these limitations should be considered in redevelopments of the physical environments used by custodial contexts.

During the evaluation the ‘dry cell’ management procedure was detailed by both correctional and non-correctional staff. Prisoners within RPC are accommodated within the dry cell if correctional staff receive intelligence indicating that a prisoner has concealed contraband internally. The dry cell facilities allow for correctional staff to monitor all body excretions and obtain any contraband that may be held internally by the prisoner.

The dry cell is contained within the RPC reception unit. The lights are left on permanently in this cell, and the cell is bounded by a transparent wall facing into the hallway so that correctional officers can maintain observations at all times for both prisoner safety and offence related reasons. The lights were reported to be required to remain on to facilitate observation via the camera system overnight. Prisoners within the dry cell are provided pencil and paper, as well as books, upon request. The prisoner is not able to access any television or other technology whilst in the dry cell. It was reported that dry cell management of prisoners is for periods of up to 72 hours, although the duration may be less if prisoners concede the contraband or intelligence indicates that they do not have concealed contraband. Health staff are reportedly consulted prior to the prisoner being allocated to the dry cell to ensure that the prisoner is physically healthy and to explain the risks associated with internally concealing contraband. The above process represents one of the challenges inherent in managing mental health needs within a custodial context. Constant exposure to artificial light and minimal privacy does not align with strategies designed to optimise mental health and wellbeing. It is recommended that Health staff liaise with correctional staff to ensure

that mental health screening and monitoring is considered as part of the dry cell management procedure.

Recommendation 35

Health staff liaise with correctional staff to ensure that mental health screening and monitoring is considered as part of the dry cell management procedure

Another challenge within custodial contexts pertains to providing for the mental health needs of older and very old adults. Division 7 within the RBP caters for prisoners who are unable to reside with the general population due to the impacts of age on their capacity to engage in activities of daily living and remain physically and psychologically safe. Essentially, infrastructure and staffing within general populations are not able to accommodate these older prisoners, many of whom have entered end-of-life management approaches to their remaining sentence. Although the number of older and very old adult prisoners is comparatively low compared to the general prisoner population, they do present with unique mental health needs including those associated with ageing and end of life processes which must be navigated largely in the absence of pre-existing social support and community/familial networks. There is increasing research focused on the mental health and wellbeing needs of older adults within custodial contexts[79], most of which identifies the need for social support and support in developing adaptive coping strategies to manage challenges associated with ageing including grief and loss[80]. There was no available documentation or policy to review regarding the management of mental health needs of older and very old prisoners, and it is recommended that this be addressed as a matter of priority. Additionally, this policy should also detail processes for supporting older and very old prisoners presenting with cognitive decline or neurodegenerative conditions including dementias or acquired brain injuries, particularly given evidence that those in custodial contexts may be more likely to have experienced (repeated) head injury, acquired brain

[79] E.g. Di Lorito, C, Völlm, B & Dening, T 2018, 'Psychiatric disorders among older prisoners: a systematic review and comparison study against older people in the community', *Aging & Mental Health*, vol. 22, no.1, pp. 1-10. DOI: 10.1080/13607863.2017.1286453

[80] E.g. Maschi, T, Viola, D, Morgen, K & Koskinen, L 2015, 'Trauma, stress, grief, loss, and separation among older adults in prison: the protective role of coping resources on physical and mental well-being', *Journal of Crime and Justice*, vol. 38, no. 1, pp. 113-136. DOI: 10.1080/0735648X.2013.808853

injuries, have a history of substance misuse and a range of other demographic factors correlated with increased risk of cognitive decline[81].

Recommendation 36

As a matter of priority, develop policy or documentation regarding the management of the mental health needs of older and very old

An overarching observation within the current evaluation was the reliance on reactive, as opposed to proactive/early intervention models of mental health service delivery within custodial contexts. There was clear recognition of this approach and its limitations detailed by staff across all custodial contexts and occupational categories. As detailed elsewhere, this outcome is due - at least in part - to staffing shortages that limit the ability to engage more proactive methods of mental health management.

Health staff detailed that as the PACER (Police, Ambulance, and Clinician Early Response) response is introduced to custodial contexts, they expect there will be increased capacity for early diversion practices for mental health presentations. Given the clearly evidenced benefits of early intervention in managing and reducing the burden of mental health distress (in prisons and beyond)[82], adopting early intervention models of mental health care are further recommended for implementation.

Recommendation 37

Adopt early intervention models of mental health care

Staff Resourcing

Staff shortages were reported across all employment categories at the RPC and have been repeatedly referred to within this report given the far-reaching impacts on capacity

[81] E.g. Maschi, T, Kwak, J, Ko, E, & Morrissey, MB 2012, 'Forget me not: Dementia in prison', *The Gerontologist*, vol. 52, no. 4, pp. 441-451. DOI: 10.1093/geront/gnr131

[82] Evans, C, Forrester, A, Jarrett, M, Huddy, V, Campbell, CA, Byrne, M, Craig, T & Valmaggia, L 2017, 'Early detection and early intervention in prison: improving outcomes and reducing prison returns', *The Journal of Forensic Psychiatry & Psychology*, vol. 28, no, 1, pp. 91-107. DOI: 10.1080/14789949.2016.1261174

to meet the mental health needs of prisoners and staff. The need for additional staffing was well recognised by those who participated in the interviews associated with the current mental health evaluation. There are plans to recruit additional staff, although ongoing difficulties with recruitment were noted across all staffing contexts. Until this staffing issue is resolved the planned transition from reactive mental health management to a case management approach to supporting the mental health needs of prisoners will not be realised. Given the ongoing difficulties recruiting to positions, particularly those within units providing mental health services, it is imperative to implement innovative strategies to attract and retain high quality candidates. These strategies may include alternative employment models such as conjoint appointments with Tasmania Health Service/Forensic Mental Health Services, part time employment or consultancies with private practitioners, or as an interim measure engage graduate internships and collaborations with training providers such as Social Work, Nursing, Medicine, Counselling, and Psychology at the University of Tasmania. Further, engaging strategies and incentives to make RPC an employer of choice is also warranted, as occupational fulfilment and satisfaction can be stronger motivators than financial incentives alone. One point of difference that may be appealing in this context is an opportunity to engage in practice-based research and innovation. It was reported that the Research Unit within RPC provides an avenue for such research to occur, however in practical terms this unit is insufficiently staffed, and existing staff research interests and opportunities are unable to be pursued. Adequate resourcing of the Research Unit is beneficial on multiple levels from providing an avenue for increased staff job satisfaction, to facilitating context-specific research that informs practice both at the local level (i.e., RPC) and other custodial contexts. Becoming a leader in research creates an innovative point of difference that may assist in recruitment and retention of high-quality candidates, as well as diversifying career development opportunities for staff.

Recommendation 38

Additional resourcing of existing research units/engaging with partners to undertake robust targeted mental health research focused on custodial contexts

Despite correctional staff reportedly undertaking high amounts of overtime to meet basic operational needs, it was detailed that there were repeated instances in which lockdowns were implemented due to staffing shortages. The impacts of lockdowns were detailed when discussing their occurrence within the AYDC context. As a brief reminder, the impacts of isolation and confinement on mental health can result in both positive and negative outcomes which are largely dependent on the interaction between individual, interpersonal and organisational influences. Within the context of the current evaluation, prisoners did not identify positive experiences associated with the enforced lockdowns. However, they did acknowledge negative impacts identified in other isolated and confined environments including increased frustration, depressive symptoms, anger, irritability and general declines in mental health and wellbeing. Further, as detailed previously in this report, social isolation limits the opportunity of prisoners to practice more adaptive behaviours that are required to facilitate long-term positive behaviour change that can support their success following release. It is acknowledged that staffing shortages appear to have been exacerbated by the impacts of COVID-19, however, remains a particular barrier to achievement of the range of strategies and mental health initiatives detailed by staff. Health staff identified a range of mental health related governance issues, policies, procedures and research agendas that are priorities within the custodial context but at this time cannot be pursued due to resourcing limitations. These priorities included, but were not limited to, developing a position statement on involuntary admissions/treatment orders within custodial contexts and drug and alcohol intervention needs within custodial contexts.

Staff across all contexts within the RPC (health, correctional and non-correctional staff) identified the need for more intervention and education programs to be made available to prisoners during their custodial sentence. The programs recommended by staff varied by context however consistent themes focused on family violence, drug and alcohol use, parenting skills, anger management, resilience, and interventions targeting criminogenic needs that relate to mental health. At present there are currently 9 full time equivalent staff (with an additional two staff on workers compensation leave) within the Programs Unit which is budgeted for 19 full time equivalent positions which further limits access of prisoners to evidence-informed mental health and behavioural intervention programs.

Of the three standard programs available within the RPC (New Directions for sexual offenders; Violence Prevention/Family Violence Offender Intervention Program; and

Dialectical Behaviour Therapy within MHWP), it was reported that only the New Directions program has been consistently offered due to legislation requiring some offenders to complete this program as part of their custodial sentence. Additionally, the New Directions and Violence Prevention/Family Violence Offender Intervention Program are currently only available to prisoners within the Ron Barwick Prison. In addition to the challenges to program delivery associated with staffing limitations, further challenges are incurred as a result of sentencing processes. At present unsentenced prisoners and those with shorter custodial sentences (i.e., those less than 6 months) are unable to engage with programs designed to target criminogenic needs due to programs requiring a minimum engagement period that exceeds their sentence or relatively rapid movement through differing levels of accommodation (i.e., security classifications) within the RPC. In addition to the proposed 12-hour resilience training programs to be offered within the SRC, identification and implementation of evidence-based/evidence-informed targeted intervention programs of shorter duration is also recommended for those prisoners within the RPC serving sentences of shorter duration. Providing access to these resources can improve the mental health and wellbeing of prisoners whilst in the RPC and also reduce the risk of recidivism following release, given the relationship between mental health distress and offending/recidivism risk[83].

Recommendation 39

Identify and implement evidence-based/evidence-informed targeted intervention programs of shorter duration for prisoners within the RPC serving sentences of shorter duration

It was also reported that increasing numbers of prisoners are accessing National Disability Insurance Scheme (NDIS) supports which indicate a cohort of individuals with chronic physical and mental health needs, as well as cognitive impairments (that may pertain to intellectual disability or acquired brain injury). This demonstrates a growing need for specialist services including psychologists, counsellors, and

[83] Yukhnenko, D, Blackwood, N & Fazel, S 2020, 'Risk factors for recidivism in individuals receiving community sentences: a systematic review and meta-analysis', *CNS Spectrums,* vol. 25, no. 2, pp. 252-263. DOI:10.1017/s1092852919001056

occupational therapists to meet the mental health needs of prisoners accommodated within the RPC. Relatedly, increased provisions for reintegration planning and support will also be needed to address the diverse and increasingly complex mental health needs of prisoners transitioning into the mainstream community following release from prison.

Conclusion

This report provides an evaluation of mental health services within Tasmanian custodial contexts. The approach to the evaluation constitutes a mixed-methods research design, and triangulation was used to integrate data from multiple sources to draw conclusions regarding the efficacy of mental health strategy and interventions in Tasmanian custodial contexts.

The objectives of this report were to:

1. Identify instances of best practice in supporting the mental health needs of those living and working within custodial contexts in Tasmania
2. Identify opportunities to further enhance mental health services offered within Tasmanian custodial contexts
3. Inform recommendations based on the above

As detailed throughout the report, a series of commendations and recommendations have been developed based on identification of instances of best practice as well as opportunities to further enhance mental health services offered within Tasmanian custodial contexts. These commendations and recommendations pertain to all custodial contexts in Tasmania unless otherwise specified. These commendations and recommendations are listed again below for ease of reference:

Commendations

Commendation 1	All staff engaged in this evaluation process reported and were observed to provide high levels of collegial support to one another, which creates an environment of psychological safety to protect the mental health of staff.	
Commendation 2	AYDC staff are highly engaged and resident focused	Page 64
Commendation 3	AYDC staff are engaging in practices designed to provide a more therapeutic and rehabilitative context for residents	Page 77

Recommendations

Ashley Youth Detention Centre

	to ensure that health is a core consideration in all decisions	
Recommendation 15	Review of governance structure and planned reviews of action plans, policies and communication processes	Page 87

Reception Prisons

Recommendation 16	Increased access to natural light and consideration of mental health needs in renovations and redevelopments of Reception Prison facilities	Page 92
Recommendation 17	Mental Health training opportunities be provided to correctional staff in reception prisons	Page 95
Recommendation 18	Appropriate resourcing and governance structures to support transfer of offenders with higher/more complex (mental health) needs	Page 97
Recommendation 19	An MOU is entered into to facilitate assessments for treatment orders as required	Page 100
Recommendation 20	Increased provision of mental health supports and services for prisoners in Reception Prisons	Page 101
Recommendation 21	Increased health staffing/resourcing for adult prisoners	Page 104

Risdon Prison Complex

Recommendation 22	Urgently increase TPS staffing resources to protect prisoners and staff	Page 107

Recommendation 23	TPS and CPHS develop a designated inpatient unit for mental health presentations.	Page 107
Recommendation 24	Develop and engage with, best practice models which cater to the needs of the Tasmanian adult prison population	Page 109
Recommendation 25	TPS encourage and support peer mentoring and embed in formal workloads	Page 110
Recommendation 26	Staff mental health training be embedded into onboarding and ongoing professional development frameworks	Page 110
Recommendation 27	Reflective practice and other forms of peer supervision be integrated into workload for all staff	Page 111
Recommendation 28	Consider recruiting a staff member in Mary Hutchinson Women's Prison to the MATES framework	Page 112
Recommendation 29	Support TPS staff requests for training from mental health staff to increase mental health literacy, interdisciplinary learning and more coordinated mental health support for prisoners	Page 112
Recommendation 30	A psychologist with specific knowledge and skills related to gang and terrorism behaviour continues to work with TPS in a consultant role to develop methods to manage prisoners posing a risk to others	Page 114

Recommendation 31	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	Page 116
Recommendation 32	Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context	Page 119
Recommendation 33	Develop and review governance structures to better account for mental health and wellbeing needs of staff and prisoners as a matter of priority, ensuring these reviews are workloaded appropriately to ensure meaningful engagement and associated outcomes	Page 119
Recommendation 34	Implement a formal professional development framework in RPC to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence.	Page 121
Recommendation 35	Health staff liaise with correctional staff to ensure that mental health screening and monitoring is considered as part of the dry cell management procedure	Page 123
Recommendation 36	As a matter of priority, develop policy or documentation regarding the management of the mental health needs of older and very old prisoners	Page 124

Recommendation 37	Adopt early intervention models of mental health care	Page 124
Recommendation 38	Additional resourcing of existing research units/engaging with partners to undertake robust targeted mental health research focused on custodial contexts	Page 125
Recommendation 39	Identify and implement evidence-based/evidence-informed targeted intervention programs of shorter duration for prisoners within the RPC serving sentences of shorter duration	Page 127

In conclusion, evidence obtained in the context of the current evaluation of mental health services and supports within Tasmanian custodial contexts identified a range of opportunities for improvement, with a majority of recommendations contingent on addressing existing deficits in staffing and infrastructure resourcing. Despite these challenges, it is important to acknowledge and commend the efforts of staff within each custodial setting to identify and respond to mental health needs. There was clear evidence of enthusiasm, passion, knowledge of criminogenic needs and commitment to addressing the mental health needs of residents of custodial contexts by all staff involved in this evaluation.

Youth health care inspection 2023

Appendix 3

Inspection photos

Office of the Custodial Inspector Tasmania

Inspection photos

The photos below were taken for our mental health care and physical health care inspections. The photos relate to matters discussed in the Custodial Inspector's report and/or our consultants' reports or provide general context to health care in Ashley Youth Detention Centre.

Ashley Youth Detention Centre - clinical space

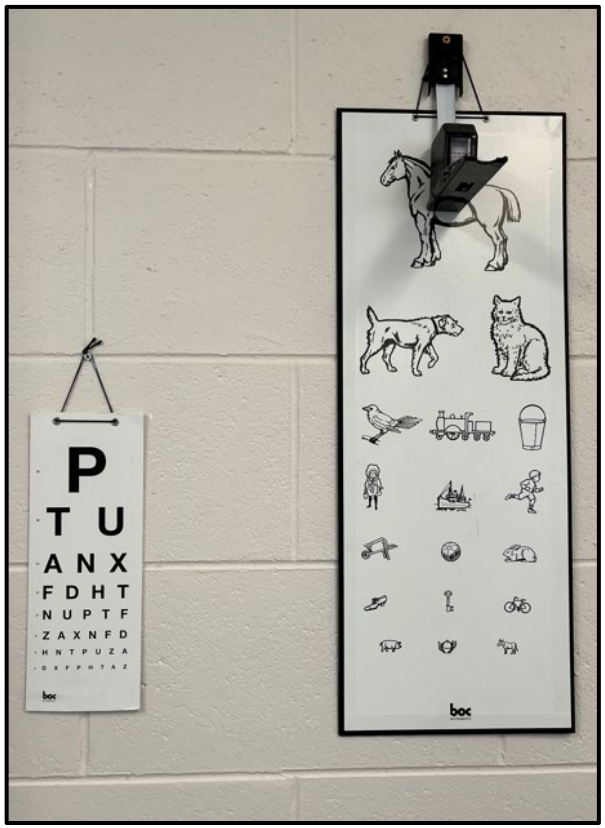
1. Clinical room in Ashley Youth Detention Centre

2. Vaccination fridge in Ashley Youth Detention Centre clinical room

Ashley Youth Detention Centre - posters in clinical spaces

3. A poster on the wall of Ashley Youth Detention Centre advising young people of their healthcare rights

4. A poster promoting oral health on the wall of Ashley Youth Detention Centre

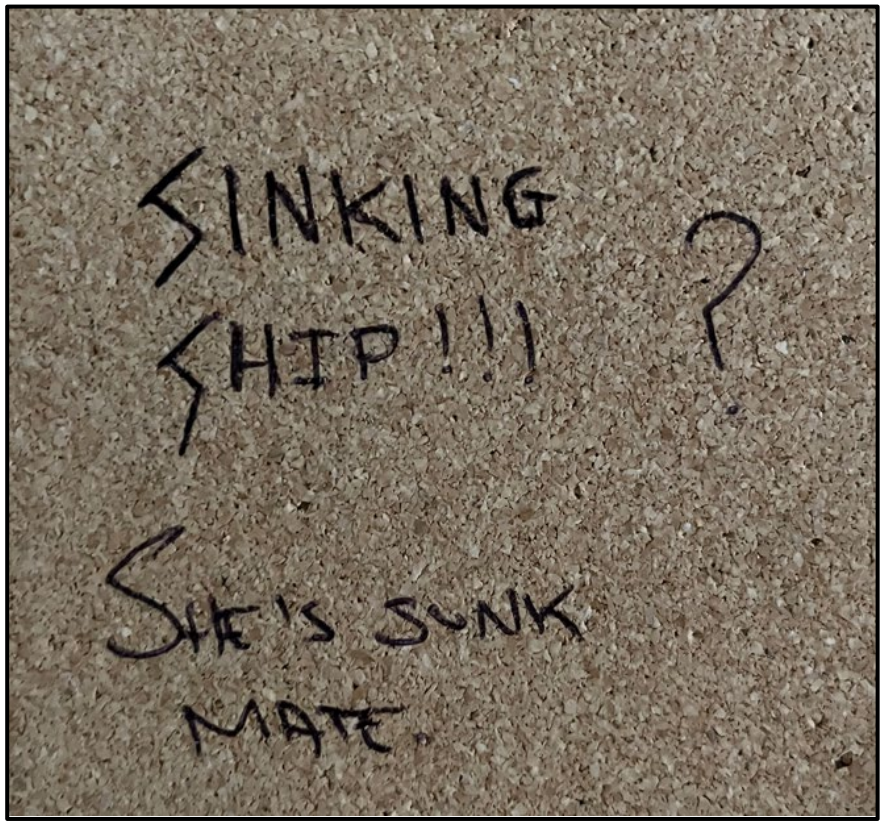


5. Eye charts on the wall of Ashley Youth Detention Centre

Ashley Youth Detention Centre – imprest system medication storage

6. The lockable medication storage cupboard on site at Ashley Youth Detention Centre (imprest system - medications are supplied by the Correctional Primary Health Services pharmacy at Risdon Prison Complex to Ashley Youth Detention Centre to maintain a stock for use in the facility)

Ashley Youth Detention Centre – other images



7. Graffiti on a corkboard in a staff-only area of Ashley Youth Detention Centre

Youth health care inspection 2023

Appendix 4

Department for Education, Children and Young People response to reports

Office of the Custodial Inspector
Tasmania

Department for Education, Children and Young People
OFFICE OF THE SECRETARY

GPO Box 169, HOBART TAS 7001 Australia
OfficeoftheSecretary@decyp.tas.gov.au
Ph (03) 6165 5757

Tasmanian Government

16 February 2024

Mr Richard Connock
Custodial Inspector
GPO Box 960
HOBART TAS 7001

Dear Mr Connock

DRAFT YOUTH HEALTH CARE INSPECTION REPORT

Thank you for providing the Department for Education, Children and Young People (the Department) with the opportunity to review the draft Youth Health Care Inspection Report 2023 and provide a response to the recommendations.

The Department supports all relevant recommendations of the Youth Health Care Inspection Report 2023, either in full, in principle, or with the responsibility shared with another agency.

There are a number of initiatives underway by the Department to review and improve operations in Ashley Youth Detention Centre (AYDC) and support the health and wellbeing of young people in the Centre. Some key drivers of these changes include the Keeping Kids Safe Plan action items and the Commission of Inquiry into Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings Recommendations. These changes intersect with several recommendations from the Youth Health Care Inspection Report and as such may already be underway or partially underway. Some of the recommendations from the Youth Health Care Inspection Report may only be undertaken in part, due to changes in systems, processes, policies and procedures that are currently underway.

Please find attached a full response to each of the relevant recommendations.

Yours sincerely

Jenny Burgess
ASSOCIATE SECRETARY

Department for Education, Children and Young People responses to recommendations

Recommendation		Acceptance level / Response
A	The Incident Review Committee Terms of Reference provide for up to two community members, including a Tasmanian Aboriginal community member, to be appointed to the Committee. The Committee should ensure that the perspective of young people involved in use of force incidents are sought as part of its review.	**Supported in principle** The Incident Review Committee (IRC) has recently established a new Terms of Reference, including the introduction of an external Chair. These additional recommendations regarding the IRC will require scoping and consideration of risk and confidentiality requirements under the new Terms of Reference.
B	The Department for Education, Children and Young People seek external advice from a strategic human resources management consultant regarding the development of an effective staff recruitment and retention strategy or review of its current strategy.	**Supported in principle** A Youth Justice Workforce Strategy will be developed which will include workforce planning, marketing and recruitment, and ongoing workforce management.
C	An appropriate provision be inserted in the *Youth Justice Act 1997* to provide for special remission that goes beyond s87 of the *Corrections Act 1997*. It should recognise that if a child is locked down, contrary to their human rights, DECYP should consider appropriate reductions to their term of detention.	**Supported in principle** The *Youth Justice Act 1997* is currently being reviewed by the Department, and this recommendation will be considered as part of that review.

D	The Department for Education, Children and Young People lobby for time out of room data to form an indicator in the Report on Government Services.	**Supported in principle** Isolation policy and procedures in Ashley Youth Detention Centre (AYDC) are currently under review, and the way in which associated data is recorded is subject to change. The applicability of this recommendation will be re-assessed once those changes have been implemented.
Mental health care		
1	Develop and implement change management processes to support staff and residents until the proposed closure/redevelopment of Ashley Youth Detention Centre	**Supported** The Department is currently reviewing the structure of Services for Youth Justice, including key leadership roles in youth detention. Part of this includes consideration of a Culture Change Manager at AYDC.
2	Employee Assistance Program (EAP) providers are specifically trained to understand and support staff working within custodial contexts	**Supported in principle - Responsibility shared with another agency** The Department currently has EAP services available for all staff across the Department. A review of appropriately trained EAP service providers within the custodial context is required to determine the availability of such services.
3	The Ashley Youth Detention Centre EAP provider or another mental health professional provide a framework regarding the organisational responses to the current media focus and associated allegations of abuse perpetrated towards residents	**Supported in principle - Responsibility shared with another agency** Refer to response to recommendation 2.
4	As an interim measure, information be sought from other jurisdictions regarding their EAP providers and their organisational fit	**Supported** Refer to response to recommendation 2.

5	Urgently increase Ashley Youth Detention Centre staffing resources to protect residents and staff	**Supported** Rapid recruitment is currently underway and two rounds of recruitment of Youth Workers have occurred within the last four months. Recruitment will continue to occur until satisfactory staffing levels are sustained, which will be support by the Youth Justice Workforce Strategy (see response to recommendation 6).
6	Review the Award Wages to ensure that these are competitive to the external market	**Supported** A Youth Justice Workforce Strategy will be developed which will include workforce planning, marketing and recruitment, and ongoing workforce management.
7	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	**Supported in principle** A new system is currently under development to support the collection and use of information by staff in AYDC, this recommendation will be considered as part of the ongoing development of this system.
8	Increased access to trained mental health professionals to support resident and staff wellbeing	**Supported in principle** The Australian Childhood Foundation (ACF) staff are on site at AYDC providing therapeutic evaluations of young people and their support needs, as well as direct guidance for staff. A Clinical Services Team will be implemented to provide professional advice and practical support in the management of young people which will include clinical supervision. Refer to the response to recommendation 2 for further information regarding staff wellbeing support.

9	Review policies and procedures employed by external contractors providing transport for Ashley Youth Detention Centre residents with a specific focus on protecting basic physiological needs (food, hydration, toileting) and psychological safety (supported by prioritised transport between Reception Prisons and Ashley Youth Detention Centre)	**Supported** External contractors providing transport for AYDC young people are trained in relevant AYDC procedures as part of their induction. A review of their policies and procedures will be incorporated into the broader policy and procedure review underway.
10	Implement a formal professional development framework in Ashley Youth Detention Centre to support implementation and consolidation of evidence-based, contemporary practices relating to therapeutic climate and therapeutic jurisprudence	**Supported in principle** A workforce learning and development framework has been reviewed and the recommendations will inform development of the model of care and our practice approach to ensure that staff are well supported and supervised.
11	Ashley Youth Detention Centre staff be provided training in neurodivergence and neuro-affirmative practice	**Supported in principle** The AYDC staff training package is currently under review. This training will be conducted in light of this work.
12	Installation of shade cloths or other structures to encourage Ashley Youth Detention Centre residents to spend time outside in nature	**Supported in principle** This recommendation will require consultation and consideration regarding the infrastructure safety and security risks of installing shade cloths and/or other structures.
13	Review the range and implementation processes of Memorandum of Understanding (MOU) with external service providers to ensure access to appropriate and timely mental health care	**Supported - Responsibility shared with another agency** The existing Memorandum of Understandings (MOUs) with external service providers will be reviewed as part of the broader policy and procedure review currently underway.

14	A representative from health be present at Ashley Youth Detention Centre multidisciplinary team meetings to ensure that health is a core consideration in all decisions	**Supported in principle** The governance structures in place are currently under review and subject to change. The outcome of this recommendation will be dependent on the finalised governance model. Currently, Care Team Meetings can include, where relevant, external medical professionals (e.g. paediatricians and General Practitioners).
15	Review of governance structure and planned reviews of action plans, policies and communication processes	**Supported in principle** Refer to response to recommendation 14.
26	Staff mental health training be embedded into onboarding and ongoing professional development frameworks	**Supported in principle** The AYDC staff training package is currently under review, and improvements to staff mental health training will be considered for onboarding staff and ongoing staff development.
27	Reflective practice and other forms of peer supervision be integrated into workload for all staff	**Supported in principle** A workforce learning and development framework has been reviewed and the recommendations will inform development of the model of care and our practice approach to ensure that staff are well supported and supervised. A Clinical Services Team will be implemented to provide professional advice and practical support in the management of young people which will include clinical supervision.
32	Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context	**Supported in principle** The implementation of this recommendation will be supported through the outcomes of recommendations 2, 3, and 4.

37	Adopt early intervention models of mental health care	**Supported in principle** Refer to response to recommendation 8.
Physical health care and substance use management		
67	Ashley Youth Detention Centre engage an acoustic consultant to review the acoustic conditions in units and other areas, such as the gym, and implement the advice as appropriate to improve and create more calming acoustic conditions	**Supported in principle** This recommendation will require consultation and consideration regarding the infrastructure safety and security risks of any recommendations made by an acoustic consultant.

Youth health care inspection 2023

Appendix 5

Department of Health response to report

Office of the Custodial Inspector
Tasmania

Department of Health

GPO Box 125, HOBART TAS 7001, Australia
Web: www.health.tas.gov.au

Tasmanian Government

Contact: CAMHS Executive
Phone: (03) 6166 6247
E-mail: camhs.executive@ths.tas.gov.au
File: SEC23/2276

Richard Connock
Custodial Inspector
Office of the Custodial Inspector Tasmania
Level 6 NAB House,
86 Collins Street, Hobart 7000
jessica.vandermolen@custodialinspector.tas.gov.au

Dear Richard

Subject: Draft Youth Health Care Inspection Report

Thank you for the opportunity to make representations in response to the Draft Youth Health Care Inspection Report and its recommendations. I commend you on this important and informative work, and your compassionate and constructive approach to presenting your findings.

The Forensic Mental Health Service, including Correctional Primary Health, and Child and Adolescent Mental Health Services have reviewed the draft report and have identified where the Department supports them, and offered comments to recommendations where relevant.

Based on delegated accountability most of the recommendations fall within the jurisdiction of the Department of Education, Children and Young People (DECYP). However, the Department of Health (DOH) is strongly supportive of working collaboratively to contribute to effective planning and implementation of the recommendations. As the attached table indicates some recommendations have been supported in principle, with the proviso that further consideration of appropriate resourcing and capacity will be required. This is dependent on the nature of the recommendation, and the implications for DOH service delivery. However, I reaffirm that my agency is genuinely committed to contributing to improved health service responses, and better outcomes, for children and young people involved with the Youth Justice system.

This is demonstrated, for example, in the planned statewide enhancements for youth forensic mental health services currently being progressed. In line with the Child and Adolescent Mental Health Services Review, 2020 (CAMHS Review) CAMHS strongly supports efforts to enhance the mental health and wellbeing of children and young people engaged with the Youth Justice system, including in detention, and evidence-based, trauma-informed approaches to treatment and care of their mental health challenges.

As contemporary evidence shows, this requires a cross agency approach, including but not restricted to youth justice staff who are appropriately trained, and supported by pathways to physical, mental health, and alcohol and other drug services cross the continuum of need, severity, and complexity.

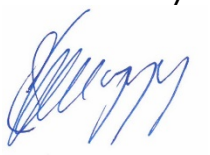
As part of the Tasmanian Government approved and funded CAMHS Reform program, and in line with recommendations of the recent *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings*, CAMHS is progressing the establishment of the specialist Youth Forensic Mental Health Program. This will improve access to timely and appropriate trauma-focused and specialist mental health assessment, treatment, care and support for children and young people, whether they are under community-based supervision, in detention, or not yet sentenced (including on remand). The proposed model includes multidisciplinary, specialist CAMHS in-reach support for detained youth, and assertive follow-up and support post detention, consistent with the proposed Ashley Youth Detention Centre replacement plans.

A specialist Statewide Youth Forensic Psychiatrist, and Statewide Youth Forensic Team Leader, have been appointed and are leading the consultative planning and establishment of the program. Other specialist forensic youth mental health staffing is under development, including recruitment of a Forensic Youth Clinical Psychologist.

If you require further follow-up regarding the CAMHS reforms, please contact Child and Adolescent Mental Health Services on 6166 6247 or email camhs.executive@ths.tas.gov.au or Forensic Mental Health Services on 6166 0824 or email fhs.eso@ths.tas.gov.au.

I look forward to seeing the final report.

Yours sincerely



Shane Gregory
Associate Secretary

8 February 2024

Enc: DOH response to recommendations

Department of Health responses to recommendations

Recommendation		Acceptance level / Response
A	The Incident Review Committee Terms of Reference provide for up to two community members, including a Tasmanian Aboriginal community member, to be appointed to the Committee. The Committee should ensure that the perspective of young people involved in use of force incidents are sought as part of its review.	**Responsibility of another agency** DECYP
B	The Department for Education, Children and Young People seek external advice from a strategic human resources management consultant regarding the development of an effective staff recruitment and retention strategy or review of its current strategy.	**Responsibility of another agency** DECYP
C	An appropriate provision be inserted in the *Youth Justice Act 1997* to provide for special remission that goes beyond s87 of the *Corrections Act 1997*. It should recognise that if a child is locked down, contrary to their human rights, DECYP should consider appropriate reductions to their term of detention.	**Responsibility of another agency** DECYP
D	The Department for Education, Children and Young People lobby for time out of room data to form an indicator in the Report on Government Services.	**Responsibility of another agency** DECYP

Mental health care		
1	Develop and implement change management processes to support staff and residents until the proposed closure/redevelopment of Ashley Youth Detention Centre	**Responsibility of another agency** Comment: *DECYP responsible agency; SMHS/DOH including CAMHS participate in consultative planning and change management process as appropriate.*
2	Employee Assistance Program (EAP) providers are specifically trained to understand and support staff working within custodial contexts	**Responsibility of another agency** Comment: *CAMHS supports the importance of appropriately skilled and knowledgeable providers to provide tailored EAP support.*
3	The Ashley Youth Detention Centre EAP provider or another mental health professional provide a framework regarding the organisational responses to the current media focus and associated allegations of abuse perpetrated towards residents	**Responsibility of another agency** Comment: *DECYP responsible agency; SMHS/DOH participate in consultative planning and change management process as appropriate.*
4	As an interim measure, information be sought from other jurisdictions regarding their EAP providers and their organisational fit	**Responsibility of another agency**
5	Urgently increase Ashley Youth Detention Centre staffing resources to protect residents and staff	**Responsibility of another agency** Comment: *The report's comment about considering alternative employment models such as conjoint appointments with CAMHS and other services, or internships with Uni Tas, is noted, and can be further examined with DECYP.*
6	Review the Award Wages to ensure that these are competitive to the external market	**Responsibility of another agency** Comment: *Refers to AYDC staff*

7	Development of a structured, standardised and integrated system to assist in record management for offender mental health data	**Responsibility of another agency** Comment: *CAMHS supports the development and maintenance of appropriate record management for mental health data. CAMHS welcomes opportunity to participate in planning of improved cross agency information sharing dependent on appropriate resourcing commensurate with agreed implementation plan.*
8	Increased access to trained mental health professionals to support resident and staff wellbeing	**Supported - Responsibility shared with another agency** *Comment: Consistent with the Tasmanian Government accepted and funded recommendations of the Child and Adolescent Mental Health Service (CAMHS) Review Report, and recent recommendations of the Commission of Inquiry, CAMHS is progressing the establishment of an enhanced specialist Youth Forensic Mental Health Program. This will include access to timely and appropriate* trauma focused mental health assessment, treatment, care and support for children and young people, whether they are under community-based supervision, in detention, or not yet sentenced (including on remand). The operationalisation of the Youth Forensic Mental Health Program will be supported through robust clinical governance and collaborative care agreements to support safe and effective in reach services to AYDC.
9	Review policies and procedures employed by external contractors providing transport for Ashley Youth Detention Centre residents with a specific focus on protecting basic physiological needs (food, hydration, toileting) and psychological safety (supported by prioritised transport between Reception Prisons and Ashley Youth Detention Centre)	**Responsibility of another agency** DECYP
10	Implement a formal professional development framework in Ashley Youth Detention Centre to support implementation and consolidation of evidence-based,	**Responsibility of another agency**

	contemporary practices relating to therapeutic climate and therapeutic jurisprudence	Comment: *CAMHS strongly supports and welcomes opportunities to participate in planning and development, and where appropriate delivery of a comprehensive professional development framework, including consideration of joint professional development, dependent on appropriate resourcing commensurate with agreed implementation plan.*
11	Ashley Youth Detention Centre staff be provided training in neurodivergence and neuro-affirmative practice	**Responsibility of another agency** Comment: *As above, CAMHS supports the opportunity to participate in planning, development, and where appropriate delivery, of professional development dependent on appropriate resourcing commensurate with agreed implementation plan.*
12	Installation of shade cloths or other structures to encourage Ashley Youth Detention Centre residents to spend time outside in nature	**Responsibility of another agency** DECYP
13	Review the range and implementation processes of Memorandum of Understanding (MOU) with external service providers to ensure access to appropriate and timely mental health care	**Supported - Responsibility shared with another agency** Comment: *Evidence based youth forensic mental health models of care emphasise collaborative and integrated care as part of a stepped care service system. The establishment of clear agreements and pathways supported by robust clinical governance is required. CAMHS welcomes opportunity to participate in planning and development of improved care coordination and collaborative care approaches with DECYP and CPHS, commensurate with CAMHS forensic youth model of care under development and dependent on appropriate resourcing.*
14	A representative from health be present at Ashley Youth Detention Centre multidisciplinary team meetings to ensure that health is a core consideration in all decisions	**Supported in principle** Comment: *CAMHS supports the principle of integrated service delivery. As described in response to Recommendation 8, CAMHS is developing an enhanced specialist Youth Forensic Mental Health Program. This will further*

		develop the service coordination processes and agreements required to support the provision of specialist youth forensic mental health services as part of an integrated stepped care service system.
15	Review of governance structure and planned reviews of action plans, policies and communication processes	**Responsibility of another agency**
26	Staff mental health training be embedded into onboarding and ongoing professional development frameworks	**Responsibility of another agency** Comment: As above *CAMHS supports efforts to improve and support staff mental health awareness and capacity and welcomes opportunity to participate in planning and development dependent on appropriate resourcing commensurate with agreed implementation plan.*
27	Reflective practice and other forms of peer supervision be integrated into workload for all staff	**Responsibility of another agency** Comment: *As above CAMHS supports efforts to improve and support staff skills and competencies.*
32	Existing policies are reviewed and updated to ensure that the mental health and wellbeing needs of staff working in a complex extreme and unusual environment typified by exposure to potentially traumatic events are appropriate to the context	**Supported - Responsibility shared with another agency** Comment: *CAMHS supports the need for tailored and contemporary policies and procedures to support mental health and wellbeing of all staff providing services in environments with exposure to potentially traumatic events.*
37	Adopt early intervention models of mental health care	**Supported in principle - Responsibility shared with another agency** Comment: *CAMHS supports in principle the adoption and integration of early intervention mental health approaches across the continuum of youth justice engagement.*

Physical health care and substance use management		
67	Ashley Youth Detention Centre engage an acoustic consultant to review the acoustic conditions in units and other areas, such as the gym, and implement the advice as appropriate to improve and create more calming acoustic conditions	**Responsibility of another agency** Comment: *The Department supports actions that contribute to environments and living conditions that support holistic mental health and wellbeing.* *Calming acoustic conditions are very important, including for young people who may be sensitive to sound and acoustics in their environments due to their experiences of trauma or neurodevelopmental needs.*

Youth health care inspection 2023

Appendix 6

Wilson Security response

Office of the Custodial Inspector
Tasmania

Wilson Security

Level 3, 6 English Street
Essendon Fields VIC 3041
T +61 3 9936 3400
wilsonsecurity.com.au

31 May 2023

VIA E-MAIL

Richard Connock
Custodial Inspector
Office of the Custodial Inspector Tasmania
Level 6, 86 Collins Street
Hobart TAS 7001
ci@custodialinspector.tas.gov.au

Dear Mr Connock

Response to opportunity to be heard under section 20 of the *Custodial Inspector Act 2016* (TAS) in letter dated 5 May 2023

Wilson Security Pty Ltd (**Wilson Security**) refers to your letter dated 5 May 2023 in which you provided Wilson Security the opportunity to be heard pursuant to section 20 of the *Custodial Inspector Act 2016* (TAS) (**Act**) in relation to an adverse comment regarding Wilson Security in a report made by a consultant psychologist as a result of your inspection of mental health standards at Ashley Youth Detention Centre **(Adverse Comment**) (**Letter**).

Wilson Security thanks you for providing us with a copy of the Adverse Comment, and the opportunity to be heard before you make your report on your inspection of mental health standards at Ashley Youth Detention Centre (**AYDC**).

Wilson Security draws your attention to section 34 of the Act in providing its response which follows.

As Wilson Security understands it, the Adverse Comment relates to two matters of concern:

1. Delays in transportation between Reception Prisons and AYDC; and

2. No comfort breaks provided during transportation.

Wilson Security provides its response to the Adverse Comment as follows:

1. Delays in transportation between Reception Prisons and AYDC

The Adverse Comment in relation to this matter of concern, appears to be two-fold:

1. There are regularly delays of hours in notifying the private security company of the need for transportation (outside of Wilson Security's control); and

2. The resultant provision of this service (within Wilson Security's control).

The response to this concern will only relates to the "resultant provision of this service", being what is within Wilson Security's sphere of control.

The delays in transportation between the Reception Prisons (once a transport booking is made with Wilson Security) are in large part due to the fact, that the original scope of work and service delivery methodology for the AYDC portion of work under the Department of Health and Human Services (**DHHS**) Contract from 2017 no longer meets the demands placed on the service.

Since late 2022, Wilson Security has made several unsuccessful attempts to arrange meetings with senior representatives from AYDC to discuss the contract, including the evolving nature of the service provision and the associated risks. These requests to meet with AYDC senior representatives have either been declined or cancelled by AYDC.

Due to the changed nature of the provision of services, Wilson Security decided to undertake a review of the transportation service model for AYDC (**Review**).

On 5 April 2023, Wilson Security finalised the Review. The purpose of the Review was to ensure that the mutual welfare and safety of the young persons in custody and Wilson Security's security officers' safety is promptly addressed.

The Review found that the service needs to be adapted to meet the current environment and demand pressure. The Review findings showed:

- The total number of bookings per month has tripled since 2021.
- The proportion of high-risk transfers has increased from 31% of all total bookings in 2021, to 73% of all total bookings in 2022.
- The number of female young persons requiring transportation has nearly doubled in the last year, requiring an increase in female security officers as escorts.
- There has been an increase in demand for requests starting after 6:00 PM from Hobart to Deloraine (more than 260%).
- While the DHHS Contract requires a resourced vehicle on the road within 30 minutes, which from experience is an unrealistic timeframe to select, contact and dispatch available staff for an ad hoc service.
- Security officers are selected for their capability and compatibility with the young person and their risk rating. In a restricted labour market, options are limited to draw on available labour.

Wilson Security provided a copy of the Review to DHHS on 5 April 2023, seeking the opportunity to consult regarding the evolution of the AYDC service and how to achieve best practice. We have not received a response to date.

Wilson Security will continue to try to work with AYDC to change the existing service model to provide better outcomes for young persons and has advised DHHS that if an immediate change cannot be effected, Wilson Security have provided notice to discontinue the AYDC transportation serviced, effective 30 June 2023.

No comfort breaks during transportation

Wilson Security confirms that clause 8.2 of the DHHS Contract does not provide for comfort breaks for young persons during transportation:

> ***8.2 Tasks and Functions to be Performed by Security Officer***

In addition to any other tasks set out in this Agreement, the tasks to be performed by the Security Officer include, but are not limited to:

- *Transporting AYDC clients directly to their destination without any deviations, stops or undue delay.*

As noted earlier in our response, the Review shows that the total number of high-risk transfers, night and long-distance bookings has significantly increased over the last year. This has significantly affected the risk profile of the transportation service.

By way of example, in supporting a request for a comfort break from a Youth in February 2022, an incident occurred where a young person in custody had pre-arranged to meet his girlfriend in a public toilet cubicle on a secure floor of a hospital while attending a specialist appointment. The girlfriend was crouching behind a door on top of a toilet lid and was not observed by security officers during the sweep of the bathroom. One security officer was injured in the Incident which followed.

There is also a lack of facilities located on the route between Hobart and Deloraine. This is a 110km/h main highway with few towns along the route, and generally no facilities with access to stop at after 8:00 PM.

While Wilson Security agrees that provision should be made for comfort breaks for young persons during transportation, there will need to be a risk-based approach to this, on a case-by-case basis. For example, it will require the facility from where the young person is being picked up from (the Reception Prison or AYDC) to:

- Provide Wilson Security with a risk profile for each young person at the time of the booking, so that the security officers can make an assessment of whether taking a break would be a risk to the safety of everyone involved;
- Provide Wilson Security at the point of handover with details of any known medical conditions, assessments or observations of the young person made whilst in custody, relevant to the transport of that young person such as whether the young person:
  - Has been observed to be under the influence of illicit drugs or alcohol in the past 24 hours;
  - Has displayed any signs of an illness in the past 24 hours;
  - Has displayed any behavioural concerns in the past 24 hours;
  - Has any known medical conditions which may require an immediate action plan, such as asthma, allergies, diabetes, fits or convulsions;
- Provide the young person with appropriate food and hydration (depending on the length of the trip) before they are collected by Wilson Security;
- Require the young person to use the bathroom facilities prior to collection by Wilson Security; and
- Limit the amount of fluids provided to the young person immediately prior to transport, in order to reduce the likelihood of requiring a comfort break.

Please note this list is not exhaustive.

Wilson Security would like to work together with DHHS in addressing this concern, with a view to amending the DHHS Contract to allow for risk-assessed comfort breaks during transportation. Should new issues or clarifications arise as a result of this response, Wilson Security would appreciate procedural fairness to provide a further response.

Yours sincerely

Dana Durovic
State Manager - TAS

Youth Health care inspection 2023

Appendix 7

Progress on previous Custodial Inspector recommendations

Office of the Custodial Inspector Tasmania

Contents

Progress made against previous physical health care and substance use management recommendations

Prior to the physical health care and substance use management inspection in January 2023, the Custodial Inspector (CI) requested the Department for Education Children and Young People (DECYP) and the Department of Health (DoH) provide an update of progress made against recommendations made in the 2017 Care and Wellbeing Inspection Report. The recommendations made in 2017 were made to the Department of Communities Tasmania (DCT) who had oversight of Ashley Youth Detention Centre (AYDC) at that time and the DoH. DECYP was established on 1 October 2022 and took over responsibility for AYDC.

The following tables contain:

- the previous CI recommendations regarding physical health care and substance use management;
- the original response from DCT or DoH;
- an update supplied by DECYP or DoH regarding the current status of the recommendation; and
- the current status of the recommendation.

All recommendations made as a result of the 2017 Care and Wellbeing Inspection are available from www.custodialinspector.tas.gov.au/inspection_reports

Table 1: Progress on recommendations made to Department of Communities Tasmania

Recommendation 1

AYDC develops a clear policy concerning consent to medical treatment for minors which provides guidance to staff to assist when assessing a young person's capacity to legally consent to medical procedures and treatment

DCT response (2017)	DECYP update (Dec-2022)	CI Analysis	Status
Supported This will be added to the children and youth services work plan and prioritised alongside other policy imperatives	Consent for medical procedures is determined by capacity of the young person. This does not have specific legislation however is based on common law principles. If a young person is deemed to understand the nature of the procedure, they are able to provide informed consent, this is managed through CPHS. A medical consent policy will be considered in the Children, Youth and Families (CYF) work plan which will be transferred to the newly formed DECYP	CI is not aware of the creation of a medical consent policy.	No change

Recommendation 2

AYDC provides condoms and basic toiletries in the 'exit pack' provided to young people on release

DCT response (2017)	DECYP update (Dec-2022)	CI Analysis	Status
Supported in Part A backpack or bag is currently provided on exit for personal belongings. The provision of essentials, including toiletries, is dependent upon the type of living arrangements the young person is returning to. Education on safe sex is delivered onsite by various providers. It would not, however, be appropriate for AYDC to provide condoms to a 12-year-old resident on release.	Completed in accordance with the 'supported in part' response to the recommendation. AYDC also provide a snack pack & extra clothing if required. Additional information: Health provides an exit pack of condoms, lube, detailed pictorial instructions on how to use the same, sexual health service contact details to all those young people who are sexually active.	During inspection CI were informed that exit packs contain condoms and lubricant or period packs, one week's worth of toiletries, and one week's worth of medications. If the young person is being released to a shelter, the centre will supply them with additional clothing.	Complete

Recommendation 3

AYDC engages the services of an adolescent physician on a regular basis.

DCT response (2017)	DECYP update (Dec-2022)	CI Analysis	Status
Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.	While initially supported in principle, AYDC have reviewed this recommendation and consider doctor coverage to be adequate for the number of young people on site. An increase in resident numbers would be accommodated by increasing the hours of GP service if required. The Doctor visits weekly.	During the mental and physical health inspections, the consultants and inspection team found that young people had regular access to General Practitioners and staff were able to organise paediatric input if required.	No further action required

Recommendation 4

AYDC engages the services of an Aboriginal health worker on a regular basis.

DCT response (2017)	DECYP update (Dec-2022)	CI Analysis	Status
Supported in Principle AYDC is currently supported by the Tasmanian Aboriginal Centre, visiting elders and the Circular Head Aboriginal Community. The federally funded Corner Stone Youth Services also provides a worker who attends AYDC with a specific focus on Aboriginal residents. While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This well need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.	Tasmania Health Service support this in principle however numerous attempts to give young people access to an Aboriginal health worker through [a youth service] have been unsuccessful. The underlying principle was to have [the youth service] visit to ensure a seamless transfer of care into the community.	CI are not aware of engagement of an Aboriginal health worker.	No change

Recommendation 6

Considers introducing drug and alcohol testing where a young person appears affected by alcohol and/or other drugs, or there is some intelligence that indicates that a young person has been consuming alcohol or drugs, or has these items in their possession.

DCT response (2017)	DECYP update (Dec-2022)	CI Analysis	Status
Supported in Principle Nursing staff do suggest and conduct some testing. Introduction of testing in response to suspected contraband will be considered in the review of the Personal Searches procedure. This will include consideration of the legal basis for directing a young person to submit to testing for controlled substances or alcohol. The review of the Personal Searches procedure will be added to the Planning and Program Support Unit's work plan and prioritised alongside other policy imperatives	Health does not test for drugs or alcohol. While initially supported in principle, it is not considered to be beneficial and can be detrimental to the development of a therapeutic relationship. Young people are usually upfront with substance use and health manage the symptoms for withdrawal or intoxication	The DECYP rationale for not testing young people for drugs and alcohol appears to be valid.	No further action required

Table 2: Progress on recommendations made to Department of Health Tasmania

Recommendation 5

Correctional Primary Health Services introduces procedures so that the health record of a young person in detention at AYDC follows the young person if that young person enters a Tasmanian adult custodial centre

DoH response (2017)	DoH update (2023)	CI Analysis	Status
Supported in Principle CPHS support this recommendation in principle as per the report	No update received	CI were informed during the 2022 mental health inspection that CPHS were a part of an ongoing project to introduce iPM/DMR (patient management systems) to replace the current legacy systems. CI understand that the migration to standardised health platforms should allow for integrated health records.	In progress

Progress made against previous mental health care recommendations

Prior to the mental health care inspection in June 2022, the Custodial Inspector (CI) requested the Department of Communities Tasmania (DCT) and the Department of Health (DoH) provide a range of documentation relating to the mental health care inspection standards. The CI did not specifically ask for an update of the progress made against the mental health care recommendations made in the 2017 Care and Wellbeing Inspection Report. Evidence on progress made against these recommendations has been compiled from written submissions supplied from the Department now responsible for AYDC, Department for Education, Children and Young People (DECYP). This evidence, as well as the DCT initial response to the recommendation, and their current status (at the time of inspection) are presented in the tables below.

All recommendations made as a result of the 2017 Care and Wellbeing Inspection are available from www.custodialinspector.tas.gov.au/inspection_reports

Table 3: Progress on recommendations made to Department of Communities Tasmania

Recommendation 7

AYDC increases the dedicated psychiatry time for young people in detention and links to external psychiatry services to assist young people upon release.

DCT response (2017)	DECYP evidence (Jun-2022)	CI Analysis	Status
Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with DoH taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.	Access to focused health services is considerably better in AYDC compared to Community access. There are Psychiatric nurse(s) on site majority of days. Psychiatrist are on site monthly. Psychiatrist frequency could be doubled to cover the rise in frequency and acuity of young people with mental health issues. A Memorandum of Understanding (MoU) is required and higher level directive to make sure young people do not fall through the gaps when released into the community. Under the Child and Adolescent Mental Health Service Reform, the development of a MoU is required to support the young people in detention. This MoU will include the implementation of a Youth Forensic Service. This project is under-development	The inspection found that the psychiatrist is onsite monthly with telehealth sessions provided between visits. Professor Norris (our mental health consultant) reported staff indicated a desire for a greater onsite psychiatric presence. Professor Norris also recommended increasing access to trained mental health professionals to support resident and staff wellbeing.	In progress

Recommendation 8

AYDC increases the dedicated clinical psychology time for young people in detention.

DCT response (2017)	DECYP evidence (Jun-2022)	CI Analysis	Status
Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with DoH taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.	A psychologist is on site 3 days per week. AYDC is relying on GPs with psychologists and mental health nurses available to manage young people which may not be age appropriate. A MoU is required and higher level directive to make sure young people do not fall through the gaps when released into the community. Under the CAMHS Reform, the development of a MOU is required to support the young people in detention. This MoU will include the implementation of a Youth Forensic Service. This project is under-development.	The mental health consultant noted that AYDC has been operating without an onsite psychologist since November 2021. Telehealth psychologist services had only commenced in the weeks prior to the inspection and therefore the consultant was unable to comment on the acceptability and efficacy of the service. Staff indicated that current provision of psychological services was sufficient to meet demand but Professor Norris advised that more mental health professionals were needed to support residents and staff.	In progress

Youth health care inspection 2023

Appendix 8

Letter from young person at Ashley Youth Detention Centre to the Premier, June 2023

Office of the Custodial Inspector
Tasmania

Premier Jeremy Rockliff
Level 10, 15 Murray Street
HOBART TAS 7000

Dear Premier

I would just like to start by saying that being locked away is not always a bad thing because it gives kids, and also adults, the time to become clean if they're using drugs and it gives us time to reflect on the life we're living. It also gives us an opportunity to start fresh and go back to the community a new and different person, but how I see it is if that person comes in with no support and leaves with no support, it's going to be very hard to make change. If you go to the same environment, around the same people with no support or structure in your life, then you're falling into the same habits again and again.

I think some people don't see that and I will admit, I didn't see that when I was younger.

I think it's really sad that these people, especially young people, don't have the support and guidance they need. I understand the world is not perfect but there has to be a better way through the system and through the community than what we have now, that can help kids a bit more and have better support.

I see young people come and go a lot in Ashley and they don't have much at all. Some young people don't even have a warm bed to sleep in at night. To make the situation better, I have seen a young person be bailed to a tent before. That's a young person, in a cold tent, by themselves. There are some young people that can't read and write and would like to learn, but when the centre is locked down every day, sometimes 23 hours a day, and the 1-hour we get out sometimes doesn't even include daily exercise, we can't go to school. We can't exercise. We barely get to leave our units. How is this good for us?

At the moment, they lock us down like dogs at the Dog's Home. We get excited when people come to our doors, just like the dogs get excited when someone goes to their cage just because we have someone to talk to. Even the cows in the paddocks next to Ashley have more freedom than us.

I know it is hard to fix, but this has been going on for 12 months now and it's still the same. The lockdowns need to change and we need more clarity about the lockdowns and the situation here.

Yours sincerely

Office of the
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