

Segregation (Adolescents)

Policy Number 1.366

Policy Function Continuum of Care

Issue Date 7 December 2017

Summary This policy provides direction to Justice Health & Forensic Mental Health Network staff regarding obligations to monitor the health of young persons placed in segregation by Juvenile Justice NSW.

Responsible Officer Executive Director Clinical Operations

- Applicable Sites**
- Administration Centres
 - Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
 - Health Centres (Adult Correctional Centres or Police Cells)
 - Health Centres (Juvenile Justice Centres)
 - Long Bay Hospital
 - Forensic Hospital

Previous Issue(s) Policy 1.366 (Aug 2016)

Change Summary Changes to position titles and business units

TRIM Reference POLJH/1366

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

The segregation of a young person is a fundamental way of managing risks to the safety and/or security of a detention centre. Juvenile Justice NSW (JJNSW) under section 19 of the [Children \(Detention Centres\) Act 1987](#) has the authority to segregate young people who pose an immediate risk of danger to themselves or others.

Justice Health & Forensic Mental Health Network (JH&FMHN) is not responsible for the segregation of young people in JJNSW facilities; however under clause 10 (2) of the [Children \(Detention Centre\) Regulation 2015](#) (the Regulation), JH&FMHN is required to 'visit daily' a young person who is segregated for more than 24 hours. For the purpose of this policy, the term segregation is taken to mean confined to a room for safety by JJNSW. A young person shall not be segregated by way of punishment.

If a young person is segregated for more than 24 hours, JJNSW are required by law to ensure that:

- The Ombudsman's Office is notified,
- The segregation is carried out in accordance with a plan that is subject to monitoring by a psychologist,
- The young person is visited daily by JH&FMHN clinical staff,
- If the psychologist or a JH&FMHN staff member advises the Centre Manager that the young person appears to be at risk of self-harm,
 - the young person will be checked by a JJNSW officer every 10 minutes, or
 - where this is a recommendation by the psychologist or JH&FMHN that the young person should be seen at a period more frequently, the young person will be checked by a JJNSW officer in accordance with that recommendation.

This policy provides direction to JH&FMHN staff regarding obligations to monitor the health of young people placed in segregation by JJNSW. The effect on patients in segregation may be distressing, particularly for patients who are at risk of self-harm or who identify as Aboriginal or Torres Strait Islander. As outlined in the [Report on the NSW Government's Implementation of the Recommendations of the Royal Commission into Aboriginal Deaths in Custody](#), the NSW Government recognises the importance of ensuring that custodial practices are culturally appropriate and responsive to the particular needs of Aboriginal young people. It is therefore important to ensure that medical care provided to patients in segregation is appropriate, responsive and culturally sensitive.

The [Children \(Detention Centres\) Act 1987](#) also allows JJNSW to separate an individual or a group of young people from the general population for the safety, security and good order of the centre. Separation must not be misinterpreted as segregation.

2. Policy Content

2.1 Mandatory Requirements

- JH&FMHN staff must not be involved in a JJNSW decision to place a patient in segregation.
- A young person who is placed in segregation must be kept under daily observation by JH&FMHN staff and have access to essential medical care. Daily observation includes conversing with and visually sighting the patient.

The provision of culturally sensitive and appropriate mental health, social and emotional well-being health services must be provided, where possible. The Ministry of Health [PD2007_059 Aboriginal Mental Health and Well Being Policy 2006-2010](#) must be adhered to for Aboriginal Patients. Advice may also be sought from the Adolescent Health Aboriginal Mental Health Clinical Leader, if required.

3. Procedure Content

3.1 Segregation of Young People

Following the notification from JJNSW of a young person being placed in segregation for greater than 24 hours, the Nursing Unit Manager (NUM) or delegate at the centre must establish the monitoring requirement of the young person.

1. The young person must be monitored by nursing staff with a face to face observation at least once per day. A discussion with the young person is required to assess his or her current physical and mental health state.
2. In addition, health staff will review a young person if requested by the young person or JJNSW officer in a timely manner by prioritising the needs of the request.
3. A record of health assessments and each daily review must be added to the health record of the young person and entered into the Patient Administration System (PAS). Staff must complete a *Health Problem Notification and Escort Form* (HPNEF) in PAS and provide a copy to JJNSW and a copy must be placed in the young person's health record. Current physical, mental health and emotional wellbeing should be noted. If there is nothing of concern, 'Nil Issues' must be documented and the HPNEF provided to JJNSW.
4. If the health assessment or review identifies primary health concerns, the clinician must provide all appropriate care in a timely and safe manner and ensure appropriate referrals are made to the Medical Officer (MO) for follow up, if required. If the matter is urgent, complete the Clinical Assessment Service (CAS) Form in Justice Health electronic Health Systems (JHeHS) and then contact the Remote Offsite Afterhours Medical Service (ROAMS) by calling 13000 ROAMS (13000 76267). The clinician must notify the Centre /Duty Manager of their concerns.
5. If the health assessment or review indicates mental health concerns, the clinician must notify the Clinical Nurse Consultant Dual Diagnosis (CNCCDD) or Psychiatrist and ensure the young person is placed on the mental health wait list in PAS. Refer to the [Clinical Applications Business Process Adolescent Mental Health Waiting List](#) for more information. If the matter is urgent, complete the CAS Form in JHeHS and then contact the On-Call Psychiatrist or ROAMS Psychiatry by calling 13000 ROAMS (13000 76267). The clinician must notify the Centre /Duty Manager of their concerns via the HPNEF.
6. If the young person identifies as being Aboriginal or Torres Strait Islander, the Aboriginal Mental Health Clinical Leader can be consulted in regards to case management issues.
7. The young person must receive a health assessment every seven days whilst he/she remains in continuous segregation. A general assessment must be conducted by nursing staff. The assessment of the young person's current physical state, mental state and any potential risks are to be documented on a HPNEF and in the progress notes of the young person's health record. The assessment should be completed in the clinic environment unless there is a risk to the safety of staff or the young person.

JJNSW have the final decision with regard to location and security matters. Restraints should be removed if the assessment warrants and it is safe to do so.

8. If staff encounter any difficulties in accessing the young person appropriately, the NUM or delegate must consult with the Centre /Duty Manager. All security provisions remain the responsibility of JJNSW. If access to the young person is unresolved, this must be escalated immediately to the Nurse Manager Adolescent Health or if after hours to the After Hours Nurse Manager (AHNM). This must be documented in the health record.
9. Staff must be aware that prolonged segregation may adversely affect a young person's physical and mental health. If the NUM or delegate have any concerns about the young person's wellbeing, these concerns must be discussed with the Centre /Duty Manager in the first instance. If these concerns are not adequately addressed, it must be escalated by the Nurse Manager Adolescent Health to the Network Director of Nursing and Midwifery Services (NDONMS) who will seek the necessary advice and take appropriate action. Where there is sufficient concern, the NDONMS must notify the Executive Director Clinical Operations (EDCO). The EDCO will then notify the Chief Executive to determine if the matter constitutes a notification to the Ombudsman.
10. All incidences of young people in extended segregation must be reported to the NDON via the Multidisciplinary Multispecialty Review Meeting.

3.2 Segregation of Mentally Ill Young Persons

Pursuant to the JJNSW Segregation Procedure (June 2017), JJNSW staff will contact the NUM (delegate) or AHNM if:

- The young person requires medical assistance,
- The segregation period is being extended and/or
- Attendance is required at the JJNSW Risk Review Meeting.

The NUM or delegate must immediately contact the CNCDD or Psychiatrist, or if after hours, the AHNM to contact the required specialist.

If the assessment is that the mental health problem is manageable while the patient is segregated, a joint management plan should be developed by staff nominated by the JJNSW Centre /Duty Manager and health staff.

The plan must include:

- details of those behaviours that if observed, would constitute a deterioration in the young person's mental health and activate an unscheduled review;
- how behavioural changes will be managed; and
- frequency of scheduled reviews.

Appropriate alerts must be entered into PAS by health staff. The alert must refer to the young person's management plan.

If health staff assess that a young person has a mental health problem that is deteriorating, they must inform the JJNSW Centre /Duty Manager, both verbally and by HPNEF to request increased monitoring of the young person by JJNSW staff.

If a young person with an identified mental health concern has been in segregation beyond one week, JH&FMHN staff must arrange for the young person to be assessed by a psychiatrist/DDCNC as soon as possible. The purpose of the psychiatric examination is to review the young person’s mental state, to assess for any serious mental disorder and to determine any risks to the young person’s mental health due to continued segregation.

Following the psychiatric examination, the NUM or delegate will advise the JJNSW Centre/Duty Manager of any further psychiatric recommendations affecting the management of the young person. This advice must be provided verbally and followed up via a HPNEF.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Segregation

This term means confined to a room for safety by JJNSW. It is used when a young person poses an immediate risk of danger to them self or others. Segregation is for the safety and protection of young people and staff. A young person may be segregated only when there is an immediate and unacceptable danger or risk of harm and not by way of punishment.

Separation

This term means that an individual or a group of young people are in a separate area from the general population for the safety, security and good order of centre and not by way of punishment.

5. Legislation and Related Documents.

Legislation	Children (Detention Centres) Act 1987 Children (Detention Centres) Regulation 2015 Mental Health Act 2007 Work Health and Safety Act 2011
JH&FMHN Policies and Procedures	1.010 Access to Patients – Medical Emergencies 1.120 Management of a Death 1.235 Health Problem Notification and Escort Form (Adolescents) 1.380 Suicide & Suicidal Behaviour Risk Management 5.110 Work Health and Safety
JH&FMHN Forms	JUS005.002 Health Problem Notification and Escort Form (Adolescents)

JNSW Custodial Policy and
Procedure

Segregation Procedure – June 2017

Separation Procedure – November 2016