

Clinical Care of People Who May Be Suicidal (ImpG)

Policy Number 1.380

Policy Function Continuum of Care

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Summary This implementation guide provides direction for Justice Health and Forensic Mental Health Network (the Network) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risks for patients in custody. This document provides specific Network guidance and processes in accordance with NSW Ministry of Health PD2016_007 *Clinical Care of People Who May Be Suicidal*.

Responsible Officer ED 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 (Youth Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.380 (Oct 2018)

Change Summary

- Preface-Rates of suicide in custody updated to reflect current data.
- 2.2.1 Managers role in implementation added.
- 3.1.5 Cultural needs and assessment updated to include current percentage of suicides completed by Indigenous people and 2019 best practice guidelines for psychosocial assessment added.
- 3.3.2 moving patients to locations with onsite mental health services added.
- 3.3.4 Cell placement recommendations and HPNF in regard to patients assessed to be at risk of harm to others added.

HPRM Reference POLJH/1380

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

1. Preface

Around one quarter of all deaths in adult prisons are self-inflicted, the majority of which are by hanging.¹ Suicide of adults in custody remains approximately three to five times that of the general population and has increased from 0.03 per 100 inmates between 2005 to 2008 to 0.05 per 100 inmates in 2016/17.² However, the base rate of suicide is still low, which makes the assessment of suicide risk a difficult task.³

Adolescents who self-harm often have poorer health outcomes and shorter life spans than expected.⁴ Suicide is the leading cause of death among adolescents in Australia.⁵ Therefore, suicide and self-harm among young people is a significant health concern.

This implementation guide provides direction for Justice Health and Forensic Mental Health Network (the Network) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risks for patients in custody. Network clinical staff have a key role in the identification, assessment and management of adult and adolescent patients with suicidal behaviour and ideation. This document provides specific Network guidance and processes in accordance with NSW Health [PD2016_007](#) *Clinical Care of People Who May Be Suicidal*, whilst taking into consideration the partnership with Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW).

In this implementation guide, the term 'suicidal behaviour' includes the range of behaviours such as, suicidal and deliberate self-harm (DSH) thoughts, expressions of suicidal and DSH intent, attempted suicide and DSH and completed suicide and DSH.

2. Policy Content

2.1. Mandatory Requirements

2.1.1. Ministry of Health Policy and Guidelines

Network clinical staff must adhere to the guidance provided in Policy [PD2016_007](#) *Clinical Care of People Who May Be Suicidal* and [Framework for Suicide Risk Assessment and Management for NSW Health Staff](#). Network clinical staff who are in contact with patients with possible suicidal behaviour must be proficient in the identification, assessment and management of patients with suicidal behaviour.

All nurses who work in youth detention centres or correctional centres must complete the Suicide

¹ Baker A and Cussen T, (2015) *AIC Reports Monitoring Reports 26 Deaths in custody in Australia: National Deaths in Custody Program 2011–12 and 2012–13*, at <www.aic.gov.au>

² Cannoni A and Bricknell S (2019) National Deaths in Custody program. Deaths in Custody in Australia 2016/17. ISSN: 2206-7930 >

³ O'Driscoll C, Samuels A and Zacka M, (2007) Suicide in New South Wales Prisons, 1995 – 2005: towards a better understanding. *Australian and New Zealand Journal of Psychiatry*, 41:519–524.

⁴ Hawton K, Saunders KE, O'Connor RC, (2012) Self-harm and suicide in adolescents. *The Lancet*, 379(9834):273–82.

⁵ Australian Bureau of Statistics. 3303.0 – Causes of Death, Australia, 2017, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm.%20key%20characteristics~3>

in Custody training (or equivalent), which is available on [My Health Learning](#).

Clinical staff in the Long Bay Hospital, Mental Health Unit (MHU) should also be guided by the Ministry document [Suicide Risk Assessment and Management Protocols: Justice Health Long Bay Hospital](#).

Forensic Hospital clinicians must complete mandatory Clinical Care of People who may be suicidal: Education and training Initiative (COPSETI) through My Health Learning.

2.1.2. Corrective Services Policy and Procedures

CSNSW is responsible for the safe custody of patients in NSW correctional centres. In discharging these duties, CSNSW has developed policy and procedures for the identification, assessment and management of DSH and suicide risk.

For staff working in correctional centres and Police cells, this implementation guide must be read in conjunction with the following Corrective Services NSW (CSNSW) documents, which are available on the Network Intranet at Policy and Procedures>Procedures>Mental Health Procedures:

- Custodial Operations Policy and Procedures (COPP) 3.7 Management of inmates at risk of self-harm or suicide,
- ISP/RIT Management Plan - Reference Guide, and Risk Intervention Team (RIT) – Assessment interview and documentation guidelines.

2.1.3. Youth Justice Policy and Procedures

YJNSW is responsible for the safe custody of patients in NSW Youth Justice centres. In discharging these duties, YJNSW has developed a policy and procedures for the identification, assessment and management of DSH and suicide risk.

For staff working in Youth Justice centres, this implementation guide must be read in conjunction with the following Youth Justice NSW (YJNSW) documents, which are available on the Network Intranet at Policy and Procedures>Procedures>[Mental Health Procedures](#):

- [Self-Harm and Attempted Suicide Policy \(YJNSW\)](#).

2.1.4. Forensic Hospital Policy and Procedures

For staff working in the Forensic Hospital, this implementation guide section 3.3 must read in conjunction with Network Policy [1.078 Care Coordination, Risk Assessment, Planning & Review – Forensic Hospital](#) and Forensic Hospital Procedure [Clinical Risk Assessment & Management \(CRAM\)](#).

2.2. Implementation – Roles and Responsibilities

2.2.1. Managers

Managers are responsible to ensure all clinical staff adherence with education requirements regarding the management of patients who may be suicidal via My Health Learning and relevant YJNSW and CSNSW policies and procedures.

2.2.2. Network Clinical Staff

The Network clinical staff may be required to assess a person's risk of DSH or suicide if:

- a) a person screened at reception to a correctional or admission to a Youth Justice centre is identified as potentially at risk;
- b) a current patient is identified by Network clinical staff as potentially at risk;
- c) CSNSW or YJNSW staff refer a person to Network clinical staff for assessment; or
- d) the Network staff member is participating in a Risk Intervention Team (RIT) with CSNSW staff.

2.2.3. Incident Information Management System (IIMS) Report

Where a patient has engaged in suicidal or deliberate self-harming behaviour, the clinician who was involved in the assessment and/or management of the patient must log an Incident Information Management System (IIMS) report using the Clinical form, and selecting behaviour/human performance.

3. Procedure Content

3.1. Suicide and DSH Risk Assessment

3.1.1. Initial Assessment and Referral

Persons identified as potentially at risk of suicidal behaviour and/or referred to the Network must receive an initial assessment and an interim management plan developed by a clinical staff member before being referred for specialist psychosocial assessment, if such a referral is necessary.

Clinical staff who have identified, are assessing, and/or managing the care of people at risk of suicidal/ deliberate self-harming behaviour must ensure that:

- They provide clinical management and care in compliance with the [Mental Health Act 2007](#) and [Mental Health \(Forensic Provisions\) Act 1990](#);
- A comprehensive mental health assessment, inclusive of the assessment of risk for people with suicidal / deliberate self-harming behaviour, is completed by an appropriately skilled clinician.
- The comprehensive assessment must not be completed in the context of a RIT interview but rather used to inform the RIT management of recommendations for a patient deemed to be at risk of suicide. The assessment must not rely on risk measurement tools or checklists in isolation to determine treatment decisions;
- A comprehensive mental health assessment is completed, inclusive of risk assessment, on entry to any mental health service, and following this, that the patient's risk status is monitored throughout the patient's episode of care, through regular reviews, particularly in response to changes in circumstances, care arrangements, or mental state;
- They develop a management plan with the involvement of the patient, their family/principal carers and key stakeholders; and
- Clinical records include documentation of the patient's ongoing mental state, assessments of risk and protective factors, and actions and precautions taken as an outcome of those

assessments. These include consultation with supervisors and CSNSW or YJNSW and the patient's designated carer/principal care providers network where management plans change to support ongoing communication across the care system.

3.1.2. Comprehensive Assessment

The assessment of a patient's risk of suicidal behaviours is dependent upon a well-documented, comprehensive evaluation of the complete clinical picture. The evaluation should include a thorough assessment of the patient's presentation, history, static and dynamic risk factors and current mental state. An important element of suicide and DSH risk assessment is the identification of risk and protective factors associated with DSH and suicide. The presence of a major mental illness, that is, a psychotic illness or mood disorder, personality disorder, substance abuse and history of DSH have been linked to suicidal behaviours in custody². Other factors associated with an increased risk of suicidal behaviours include:

- 'at risk mental state' – depression, hopelessness, despair, agitation, shame, guilt, anger, psychosis, elevated/irritable mood,
- recent interpersonal crisis,
- recent DSH or incomplete suicide attempt,
- recent loss or trauma,
- family or community exposure to suicide,
- exposure to known stressors,
- drug or alcohol intoxication or withdrawal,
- lack of social supports, and
- impending legal prosecution.

Risk factors identified in the literature specifically for young people include:

- family breakdown,
- exposure to trauma,
- history of substance misuse,
- mental illness,
- impulsivity,
- peer ostracism and bullying,
- victimization,
- disruption to education, and
- negative life events.⁶

Potential high risk times may include:

⁶ Shepherd S, Spivak B, Borschmann R, Kinner SA, Hachtel H (2018) Correlates of self-harm and suicide attempts in justice-involved young people. PLOS ONE 13(2): e0193172.

- following incarceration (noting that 74 per cent of prison suicides occur within six months of incarceration, and that 32 per cent occur in the first week of incarceration),
- following conviction,
- following sentencing, and
- key anniversaries.

The Ministry Policies [PD2016_007 Clinical Care of People Who May Be Suicidal](#) and [PD2012_053 Mental Health Triage](#) provide further guidance on the assessment of risk.

3.1.3. Referral to specialist mental health services

Where a clinical staff member has conducted an initial assessment of a patient who is suspected to be at risk of suicide and the patient has or is suspected to have a mental disorder, the patient should be referred for a specialist psychosocial assessment. The Forensic Hospital manages risk of suicide as part of comprehensive mental health care and treatment offered within the facility, no further referral is required.

For information on how to refer a patient in a correctional centre to specialist mental health services, see Network Policy [1.443 Custodial Mental Health Referral and Case Management Policy](#).

For information on how to refer a patient in a Youth Justice centre to specialist mental health services, see The Network Procedure *Adolescent Health Clinical Pathway – Mental Health*.

3.1.4. Referral to Drug and Alcohol Services

Studies focused on NSW and South Australian prison populations have found strong correlations between psychiatric illness and substance use among prisoners who attempt suicide or complete suicide.⁷ Where a patient with suicidal behaviour has been assessed and found to have current substance use issues, which warrant clinical attention, the patient should be referred to Drug and Alcohol services and managed in compliance with the relevant Drug and Alcohol [Procedures](#).

For information on how to refer a patient in a Youth Justice centre to specialist mental health and drug and alcohol services, see the Adolescent Health [Procedures: Adolescent Health Clinical Pathways Mental Health](#) and [Drug and Alcohol](#), respectively.

3.1.5. Cultural needs and assessment

In conducting an assessment and formulating a management plan, the clinician must consider the cultural and spiritual needs of the patient. In the case of an Aboriginal or Torres Strait Islander patient, the clinician should refer the patient to a Network Aboriginal service provider, wherever possible. However, it is the responsibility of all Network staff to maintain Aboriginal cultural awareness, in line with the training framework mandated under [PD2011_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health](#) and the principles detailed in [PD2012_066 NSW Aboriginal Health Plan 2013-2023](#) and [PD2007_059 NSW Aboriginal Mental](#)

⁷ Austin AE, van den Heuvel C and Byard RW, (2014) Prison suicides in South Australia: 1996-2010. *Journal of Forensic Sciences* 59(5): 1-3; Larney S, Topp L, Indig D, O'Driscoll C and Greenberg D, (2012) A cross-sectional survey of prevalence and correlates of suicidal ideation and suicide attempts among prisoners in New South Wales, Australia. *BMC Public Health* 12(14) at <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-14>; O'Driscoll, Samuels and Zacka 2007 above n3.

Health and Wellbeing Policy 2006-2010. The health status and health service needs of Aboriginal and Torres Strait Islander people, differ from those of the general population in many ways. Improving appreciation, understanding and knowledge of Aboriginal and Torres Strait Islander culture, customs, heritage and protocols is of paramount importance in ensuring improved health outcomes for Aboriginal and Torres Strait Islander peoples.

The Australian Institute of Criminology⁸ found that Aboriginal and Torres Strait Islander persons made up the 21% of all self-inflicted deaths in custody in 2016/17.

[The 2019 best practice guidelines for psychosocial assessment of Aboriginal and Torres Strait Islander people](#) support non-Indigenous practitioners to increase their cultural responsiveness and to meet their responsibility to build genuine and respectful relationships with Aboriginal and Torres Strait Islander people and communities. The assessments aim to gather information about the risks, needs, and strengths of an individual to establish the most useful and timely, appropriate care and treatment for underlying mental health concerns. When done well, these assessments can foster hope and improve outcomes for Aboriginal and Torres Strait Islander people presenting with self-harm and suicidal thoughts Management and Review of DSH and Suicide Risk⁹ⁱ

3.1.6. Risk Management Plan

A risk assessment is not complete without the development and implementation of a documented risk management plan and the identification of a review date for that plan.

Mental health clinicians should document the risk assessment and management plan on the appropriate standardised Mental Health Clinical Documentation modules¹⁰.

CSNSW uses a *Mandatory Notification for Inmates At Risk of Suicide or Self-Harm*. This form provides for an 'Immediate Support Plan' and a 'RIT Management Plan' and is developed in consultation with Network clinical staff and nominated CSNSW staff. As set out in Network Policy [1.231 Health Problem Notification Form \(Adults\)](#), Network staff must use the *Health Problem Notification Form (HPNF)* in the *Patient Administration System (PAS)* to advise CSNSW staff of any actual or potential 'at-risk' health problems and recommendations for management of a patient.

The *Health Problem Notification and Escort Form (HPNEF)* is a formal communication tool utilised by Adolescent Health to provide advice and recommendations regarding a young person's clinical status to partner agencies. For detailed guidance see Policy [1.235 Health Problem Notification and Escort Form \(Adolescents\)](#).

The HPNF or HPNEF can also be used to remind CSNSW or YJNSW staff, respectively, of the need to review a patient on return from court in the absence of a Network staff member.

The risk management plan must address the following:

- Placement – can the person be managed safely in their current environment?

⁸ Australian Institute of Criminology, (2019) National Deaths in Custody Program. Deaths in Custody in Australia 2016/2017 ISSN: 2206-7930:

⁹ Leckning, B., Ringbauer, A., Robinson, G., Carey, T. A., Hirvonen, T., Armstrong, G. (2019) [Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts. Menzies School of Health Research: Darwin.](#)

¹⁰ [NSW Health, \(2014\) Guideline GL2014_002, Mental Health Clinical Documentation Guidelines](#)

- Monitoring regime - what level of monitoring they require, for example, placement in an assessment cell with camera observations, and/or 10 minute observations.
- Conditions of accommodation – Noting that Network staff recommendations about cell placement must consider the need for safety clothing and/or blankets, and if the patient is suitable to be accommodated with others, or alone, in accordance with (for adults) the Network Policy 1.340 Accommodation – Clinical Recommendations – Adults.
- Risk to others – whether the patient who poses a risk of DSH or suicide also poses a risk of harm to others should be considered, before recommendation to accommodate the patient with others.
- Immediate action required – medical referral or other physical assessment.
- Access to amenities – telephone, gymnasium, cooking utensils and certain foods.
- Treatment – does the person have an identifiable condition for which treatment is available?
- Referral – does the person require a mental health or drug and alcohol assessment?
- Review – when and by whom will the risk management plan be reviewed?

Clinical staff should consider any risks in relation to the person and the person's transport requirements should the person be transported to another centre or to court. Recommendations for special transport for health needs may be made in accord with Network Policy [1.395 Transfer and Transport of Patients](#).

The ongoing management of a person's mental health treatment requires clinicians to:

- consider decisions about care and treatment in accord with the principles set out in the [Mental Health Act 2007](#) and the [Mental Health \(Forensic Provisions\) Act 1990](#), in particular, that:
 - people receive care and treatment in the least restrictive environment possible enabling the care and treatment to be effectively given;
 - the person's capacity to consent to treatment is considered and support is given for people without capacity to understand treatment and recovery plans;
 - every effort that is reasonably practicable is made to seek the person's views and consent to treatment and care. The person's expressed wishes should be incorporated into their recovery plan to the fullest extent possible;
 - the views of a parent, designated carer, guardian or principal care provider are sought and considered by clinicians when making decisions about treatment and whether interventions are provided as voluntary or involuntary under the mental health legislation;
 - people are informed of their legal rights and other entitlements under the mental health legislation and all reasonable efforts are made to ensure the information is given in the language, mode of communication or terms that they are most likely to understand;
- engage designated carers and/or principal care providers and key stakeholders in ongoing discussions with the person about treatment and care planning including management of risk of harm and management plans.

3.2. The Forensic Hospital

Care coordination, risk assessment, planning and review are pivotal aspects of mental health delivery that reflect, support and nurture the principles of person centred care and carer participation. The process involves identification of an individual patient's needs, implementing and monitoring progress towards meeting those needs in consultation with the patient, their carers and others as nominated by the patient. Risk assessment forms an integral part of care coordination, assessment, planning and review processes within the Forensic Hospital. A structured approach to risk assessment improves the validity of decisions regarding risk management. There are a number of approaches to risk assessment and Network has adopted the Structured Professional Judgement (SPJ) approach endorsed in the Forensic Hospital [Clinical Risk Assessment and Management \(CRAM\)](#) framework, which is available at Policies and Procedures>Network Procedures and Manuals. The NSW Health Policy Directive [PD2017_025 Engagement and Observation in Mental Health Inpatient Units](#) replace previous guidance on mental health nursing observations within Suicide Risk Assessment and Management Protocols.

3.3. Additional Information in relation to CSNSW Custodial Operations Policy and Procedures: Management of Adult Patients At Risk of Suicide or Self-Harm

3.3.1. Network RIT Team member

COPP Section 3.7 at 5.1 Membership:

The CSNSW policy states that:

The RIT must have three members. All members of the RIT must assess the inmate together:

The Network staff member of the team will usually be a Registered Nurse from Operations and Nursing.

3.3.2. Referrals from a RIT

COPP Section 3.7 at 6.2 Referrals:

The CSNSW policy states:

The following referrals should be considered by the RIT, with all referrals to JH&FMHN being made by the JH&FMHN RIT member:

- *Whether a person requires mental health assessment and/or medication review. An inmate who is suspected of having a mental illness or who presents with any other acute mental health issue must be referred to a mental health nurse and/or psychiatrist for specialist mental health assessment and intervention for a primary health issue. Where a patient requires referral to a specialist mental health care, the referral must be made in accord with Network policy [1.443 Custodial Mental Health Referral and Case Management Policy](#).*
 - Where the patient requires referral to one of the Mental Health Screening Units (MHSUs) (at Metropolitan Remand and Reception Centre for males and Silverwater Women's Correctional Centre for females), the person should be referred to Custodial

Mental Health in compliance with Policy [1.443](#) *Custodial Mental Health Referral and Case Management*.

- In those centres that have a Mental Health Nurse (MHN) on-site, the RIT should refer the at-risk patient to the MHN for assessment and possible referral onto the MHSU. If indicated, staff at the MHSU will refer the patient onto the Long Bay Hospital Mental Health Unit. For further information, contact the Network Mental Health Helpline on 1800 222 472.
- Whether the patient has a medical issue. Where the RIT identifies a medical issue the Network staff member should refer the patient to a Primary Care Nurse (PCN) or appropriate Medical Officer.
- Where the patient has a drug or alcohol issue identified during the RIT process, the Network staff member should refer the patient to a Drug and Alcohol Nurse or Medical Officer in compliance with the relevant Drug and Alcohol procedures.

Note that the MHSUs are not declared mental health facilities. Usually, the transfer of a patient to the MHSU forms part of the clinical pathway for transferring the patient to the Long Bay Hospital Mental Health Unit (MHU), which is a declared mental health facility. However, where the patient is acutely mentally ill and requires urgent treatment in a declared mental health facility (where involuntary treatment can be carried out), arrangements for an order for the patient's direct transfer to the MHU should be organised by the completion of the two required medical certificates and compliance with Network procedures for admission. Refer to Network Policy [1.037](#) *Long Bay Hospital Admission Policy (Referral, Admission and Assessment)*.

Where the RIT determines that the patient requires a mental health assessment but there are no mental health services on site, the network staff member, together with the NUM, should make recommendation that the patient is transferred to a location with onsite mental health services.

A PAS alert must be placed by the Network clinician who was involved with the assessment and/or management of the patient. An entry must be made identifying which of the three categories (listed below) has occurred and the RIT review date:

- report of a risk of self-harm/suicide,
- threat of self-harm/suicide,
- act of self-harm/suicide.

After each RIT review the clinician must enter the next review appointment date on PAS.

If at any time a decision is made by the RIT, as part of a patient's management plan, to accommodate the patient in a single cell, shared or group cell accommodation or an Assessment cell without hanging points (either alone or with another person) then notification must be advised on the HPNF with a review date. The HPNF must also specify the recommendations for access to sharps, the need for safe clothing and/or safe blanket, if physical reviews and/ or constant CCTV monitoring are required, as well as if there is a potential risk to others. This notification must be made in addition to any active RIT entered onto OIMS.

All shared cell placement notifications must have a review date and must be regularly reviewed.

The date of the next review must not be more than six months after the last review.

3.3.3. Transition from a RIT

Section 7.2 of COPP provides that a person who no longer needs to be managed on a RIT can be discharged:

- to a specialist unit,
- with conditions and/or referrals, or
- with no further actions.

Where a patient is discharged by a RIT from Mandatory Notification, the Network clinician must indicate on PAS whether the patient was discharged to routine or more intensive (focused) case management and the Mandatory Notification alert must be end-dated.

Where a patient has not been referred by a RIT to specialist care, a follow-up appointment with a PCN should be made for all patients discharged from a RIT within a period of time indicated by the patient's clinical condition, but not exceeding three months.

If Network staff do not agree with the decision of CSNSW staff for the management of a self-harming or suicidal patient, they must document this in the health record, advise their line manager, and lodge an IIMS report. A RIT cannot be ceased if all members of the team do not agree and have formulated an ongoing management plan. If the RIT members are unable to reach a unanimous decision regarding discharge from the RIT, then the RIT Coordinator should refer that matter to the CSNSW Governor (or delegate) for adjudication and provide all relevant information, which can be done in person or by telephone. Until the Governor is available, the RIT should adopt the safest option. The decision made by the Governor and the reasons for it must be noted on Management Plan paperwork.

3.3.4. Assessment of harm to others

While this implementation guide is primarily concerned with the assessment and management of the risk of DSH and suicide risk, risk of harm to self and risk of harm to others are not mutually exclusive categories of risk. There have been rare instance of a person in a correctional centre engaging in violence, as part of a reported plan to commit suicide.¹¹ Conversely, risk factors associated with suicide have been correlated with the risk factor for violence.

Where a Network staff member is participating in a RIT assessment and the patient is suspected to be a risk of harm to others, the RIT team should follow the assessment guidelines set out in the CSNSW [Risk intervention team \(RIT\) – Assessment interview and documentation guidelines](#),¹² which is available on the Network intranet at Policies and Procedures>Network Procedures and Manuals>Mental Health Procedures>[CSNSW RIT Protocol](#). Where a patient is considered to be a risk of harm to others and has a mental disorder, or a suspected mental disorder, the patient should be referred for a specialist psychosocial assessment in compliance with section [3.1.3](#) above.

Where a patient is considered to be a risk of harm to others, irrespective of whether the patient poses a risk to themselves, Network staff must complete an updated HPNF that specifies risk of harm to others and makes recommendation for placement alone/one out either in an assessment cell safe environment or in a normal cell, for staff to use caution, the recommendations for observation and access to amenities e.g. exercise alone, safe clothing/ blanket, 24 hour CCTV

observation, 15 minute in person checks. Network staff are responsible for providing both written and verbal advice to YJNSW and CSNSW staff.

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.

5. Legislation and Related Documents

Legislation	Health Records and Information Privacy Act 2002 Mental Health Act 2007 Mental Health (Forensic Provisions) Act 1990
Network Policies and Procedures	1.010 Access to Patients – Medical Emergencies 1.037 Long Bay Hospital Admission Policy (Referral, Admission and Assessment). 1.120 Management of a Death 1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells 1.231 Health Problem Notification Form (Adults and Young people) 1.443 Custodial Mental Health Referral and Case Management Policy 2.030 Incident Management Implementation Guide – Ministry of Health PD2014_004 2.155 Enterprise Wide Risk Management Implementation Guide to NSW Ministry of Health Policy directive PD2015_043 Risk Management - Enterprise-Wide Policy and Framework Adolescent Health Clinical Pathway – Mental Health
NSW Health Policy Documents	GL2014_002 Mental Health Clinical Documentation Guidelines PD2011_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health PD2012_053 Mental Health Triage Policy PD2012_066 NSW Aboriginal Health Plan 2013-2023 PD2014_004 Incident Management Policy

[PD2015_043](#) *Risk Management – Enterprise-Wide Policy and Framework – NSW Health*

[PD2016_007](#) *Clinical Care of People Who May Be Suicidal*

[PD2017_025](#) *Engagement and Observation in Mental Health Inpatient Units*

[PD2017_034](#) *Aboriginal Health Impact Statement*

[Framework for Suicide Risk Assessment and Management for NSW Health Staff](#) [Suicide Risk Assessment and Management Protocols: Justice Health Long Bay Hospital](#)

Corrective Services NSW

Corrective Services NSW, Custodial Operations Policy and Procedures 3.7 [Management of Inmates At Risk of Self-Harm or Suicide.](#)

Youth Justice NSW

YJNSW Self-Harm and Attempted Suicide Policy