

High Security Inpatient Service, Forensic and Secure Services

(The Park High Security Program AMHS)

Service description

The West Moreton Health High Security Inpatient Service (HSIS) is the only declared high security mental health unit in Queensland. The High Security Inpatient Service has the physical infrastructure, procedures and specialist workforce required to accommodate consumers from across the state who are involved with the judicial and corrective systems, and require care in a high security setting as a result of significant risks and complexities. The High Security Inpatient Service is a level six service as assessed under the Clinical Services Capability Framework.

The High Security Inpatient Service is a state-wide forensic mental health inpatient service for adults aged over 18. It is located at The Park – Centre for Mental Health (The Park) and has 70 beds and five units. Patients of The High Security Inpatient Unit requiring ongoing rehabilitation in a less restrictive setting can be referred to the 20 bed Extended Treatment and Rehabilitation Unit at The Park - Centre for Mental Health.

As an Authorised Mental Health Service (The Park High Security Program AMHS), the High Security Inpatient Service provides assessment, treatment and rehabilitation of consumers requiring involuntary treatment under the Mental Health Act. The majority of consumers are Classified patients or subject to a Forensic Order. Non classified patients on a Treatment Authority or minors (aged less than 18 years) can only be admitted to the High Security Inpatient Service with the permission of the Chief Psychiatrist. There are provisions under Mental Health Act 2016 for searches of involuntary patients on entry and admission (and when there is concern regarding risk) and searches of visitors. There are also provisions in *Mental Health Act 2016* for consumers to be placed in overnight confinement for security purposes.

There are limited medical services on site at The Park. General Health Services attached to the HSIS has a part time general practice clinic with a visiting dentist, podiatrist and optometrist. There is also capacity for administration of ECT with visiting anaesthetists from Ipswich attending for ECT lists on Monday, Wednesday and Fridays.

The High Security Inpatient Service units

Unit	Description
Kuranda	A 9 bed High Dependency Unit. An admission unit for consumers presenting with a high risk of violence to co-consumers and staff. The unit may be utilised as a lower stimulus, highly structured environment for consumers who deteriorate in the context of their admission while located on other units.
Daintree	A 14 bed admission unit for male consumers who are acutely unwell presenting with risks to themselves or others that are unable to be managed in a less secure environment.
Franklin	A 14 bed unit mixed gender unit. Franklin is the main admission unit for females. Male consumers referred to the Franklin are not regarded as presenting a risk to potentially vulnerable co-consumers in the context of a highly supervised, structured environment.
Kondalilla	An 18 bed unit for male consumers who are clinically stable and / or accessing increased amounts of limited community treatment approved by the Mental Health Review Tribunal. Consumers are managed in a structured but, less restrictive environment than other admission units. Consumers may be transitioning to the community or the Extended Treatment and Rehabilitation Unit located at The Park Centre for Mental Health.
Tamborine	A 15 bed mixed gender unit for consumers who are clinically stable and / or are preparing for discharge or transition to the Extended Treatment and Rehabilitation Unit located at The Park Centre for Mental Health. Consumers in Tamborine typically access greater amounts of limited community treatment and have a greater responsibility for independently attending to activities of daily living.

All inpatient units are staffed with a 24-hour nursing roster developed in accordance with the Business Planning Framework. Consumers across the service are assigned a multidisciplinary treatment team which includes a Consultant Psychiatrist, Registrar, Psychologist, Social Worker, Occupational Therapist and Clinical Nurse. The provision of specialist assessment, treatment and intervention is recorded in an individual care plan. These plans are reviewed on at least three-monthly intervals.

Individual treatment and rehabilitation is complemented by the provision of group programs addressing a range of psycho-education, emotional regulation and criminogenic needs. Aboriginal and / or Torres Strait Islander Mental Health Workers work in the High Security Inpatient Service and provide cultural liaison and support to consumers and carers from Aboriginal and / or Torres Strait Islander background. Recreation officers and therapy aides provide a program of recreational and diversional therapy activities designed to engage consumers in meaningful activities and encourage a healthy, non-sedentary lifestyle.

Referral pathways to the High Security Inpatient Service

The majority of consumers admitted to the High Security Inpatient Service have either been diagnosed with or are suspected of having a serious mental illness and are convicted of or are on remand and alleged to have committed a serious, indictable offence (or offences).

The circumstances of consumers referred to the service are complicated by diagnostic, legal and risk factors. Furthermore, co-occurring substance use, psychosocial stressors, geographical and social isolation are over represented among the consumer group. Accordingly, the service response is highly specialised in assessing, treating and monitoring these factors.

There are several pathways from which consumers are referred to High Security Inpatient Service as follows:

- a) Prison Mental Health Service: – those consumers in custody who are assessed by mental health clinicians as requiring inpatient assessment and treatment. Additionally, the clinical needs cannot be met in custody or a less restrictive setting due to their high risk of aggression.
- b) Court Liaison Service: – those consumers housed in watch houses who are assessed by mental health clinicians requiring inpatient assessment and treatment. Additionally, the clinical needs cannot be met in custody or a less restrictive setting due to their high risk of aggression.
- c) Adult Authorised Mental Health Services, Secure Mental Health Rehabilitation Units or Community Forensic Outreach Services: - these consumers who are in a hospital or the community and by reason of a mental illness present a serious threat to the safety of others and require assessment and treatment in the High Security Inpatient Service due to their high risk of aggression.
- d) Extended Treatment and Rehabilitation Unit (EFTRU): - when consumers are no longer considered to be able to be managed in that unit due to an increase in their risk of aggression.
- e) Mental Health Court (or other courts): – occasionally the Court may make an order that requires a consumer to be admitted the High Security Inpatient Service due to their high risk of aggression.
- f) Mental Health Review Tribunal (MHRT): - occasionally the MHRT may make an order for a consumer to be transferred to the High Security Inpatient Service due to their high aggression risk profile.
- g) Interstate Adult Mental Health Units: - occasionally referrals of a consumer are made by interstate mental health services who require the High Security Inpatient Service due to their high aggression risk profile.
- h) The Chief Psychiatrist in Queensland can order a consumer to the HSIS under provision under *Mental Health Act 2016*.

The High Security Inpatient Service does not accept referrals directly from Queensland Corrective Services (QCS) or Queensland Police Services (QPS).

Management of referrals to the High Security Inpatient Service

Referrals to the High Security Inpatient Service are sent the Clinical Director, Forensic Inpatients. The referral needs to be in writing and can be sent by email. The Clinical Director, Forensic Inpatients can be contacted by phone via switch on (07) 3271 8222. The Clinical Director then presents the referrals at the weekly intake meeting for discussion and consideration.

The attendees at the weekly intake meeting include:

- a) Clinical Director, Forensic Inpatients as chair;
- b) Director of Queensland Forensic Mental Health Service
- c) Clinical Director, Forensic and Secure Services
- d) Director of Clinical Services Service Development and Performance
- e) Clinical Director of Prison Mental Health Service;
- f) Other Psychiatrist working at the High Security Inpatient Service;
- g) Psychiatry Registrars working at the High Security Inpatient Service;
- h) Senior Clinical Coordinator of PMHS;
- i) Nursing Director, Forensic and Secure Services;
- j) Classified Patients Programme Coordinator;
- k) Forensic Liaison Officer, Forensic and Secure Services;
- l) Clinical Nurse Managers from High Security Inpatient Service; and
- m) Occasionally other clinicians from PMHS, Forensic and Secure Services, Community, Forensic Outreach Service (CFOS), other Adult Mental Health Services (AMHS) and Court Liaison Services, (CLS) will attend the meeting and present referrals from their service. They may attend in person or by telephone.

Each referral is discussed as a team and takes into account the consumers overall profile, including:

- a) The category of offence / offences;
- b) Risks (including risks to others and to self) and the risk of absconding;
- c) Past mental health diagnosis and care;
- d) Treatment needs, particularly how acutely unwell a patient is;
- e) Where and how they are currently receiving treatment (including the level of security in a custodial setting);
and
- f) Discharge pathways.

The category of offences which would usually met criteria for admission to the HSIS are: murder, attempted murder, violent sexually assaults (rape), dangerous driving causing death, arson (which puts life at risk), violence involving weapons.

If it is agreed that a consumer meets criteria for admission to the High Security Inpatient Service the consumer is added to the waiting list and allocated a priority within the list at the meeting. The waiting list is affected by the availability of inpatient beds within the service or a particular unit of the HSIS depending on the needs of the consumer. New information for each consumer on the waiting list is considered at each meeting and the list reprioritised. Referring services are expected to provide at least weekly updates in relation to the consumer's clinical presentation and risk profile. The referring service is also expected to provide an update to the Clinical Director, Forensic Inpatients if there is a change in the risk profile or significant deterioration in a consumer's mental state.

If a decision is made that a consumer does not meet criteria for admission to the High Security Inpatient Service the Clinical Director, Forensic Inpatients provides feedback to the referring service in writing. If further information is required to assess whether the consumer meets criteria for admission to the High Security Inpatient Service the Clinical Director, Forensic Inpatients will liaise with referrers and request additional information. An assessment by a clinician working at the HSIS may also be organised to help inform this.

If a consumer is accepted for admission to the High Security Inpatient Service, a consumer may have a preadmission assessment conducted by a clinical nurse, allied health professional or a psychiatrist to obtain information as to their treatments needs on admission.

Urgent referrals to the High Security Inpatient Service should be discussed with the Clinical Director, Forensic Inpatients. Decisions about accepting a referral for admission to the High Security Inpatient Service are sometimes made by the Clinical Director, Forensic Inpatients outside of the Intake Meeting if clinical acuity is high and an urgent bed is required for a consumer who meets criteria for admission. The Clinical Director, Forensic Inpatient may also organise an urgent meeting of attendees of the Intake Meeting to discuss the referral more urgently than at the regular weekly Intake Meeting.

Consumer Information required for referrals to the High Security Inpatient Service

The following information is required to accompany the referral to the High Security Inpatient Service:

- Reasons for referral to the High Security Inpatient Service and reason's why the consumer cannot be managed in a less restrictive setting;
- Current location of consumer (e.g. watch house, custodial centre, hospital etc)
- Clinical presentation of consumer, diagnosis and relevant clinical assessment information (to include medication prescribed and copy of medication chart);
- Mental Health Act status of consumer (and relevant Mental Health Act 2016 forms);

- Risk Profile of consumer for aggression, self harm / suicide, sexual offending and absconding;
- Current charge / charges and detailed information regarding the charge / charges and Police Court Briefs (if available).
- Past criminal history and convictions of consumer;
- If in custody, level of observations of consumer and Security Level of consumer (i.e. is consumer in a residential unit, mainstream unit, Medical Centre of a custodial centre, a Detention Unit or a Maximum Security Unit). If the consumer is in a Detention Unit or Maximum Security Unit, information should be provided regarding the number of custodial officers require to manage the consumer);
- Risk Screening Tools and formal Risk Assessments (if available) of the consumer.
- CFOS assessments of consumer (if they are available).