Inter-Jurisdictional Visit to Corrections Victoria And Victorian Institute of Forensic Mental Health (Forensicare) 22-26 November 2010

Going South: A Placement Report for the Australian Correctional Leadership Program

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Placement Visitations:
- Melbourne Assessment Prison
- Forensicare Unit (Melbourne Assessment Prison)
- Forensicare Community Forensic Mental Health Program
- Thomas Embling Hospital (Forensicare)
- Dame Phyllis Frost Correctional Centre
- Forensicare Marrmak Unit (Dame Phyllis Frost Correctional Centre)
- Victoria Department of Justice, Corrections Victoria (State-wide Clinical Services and Strategic and Financial Services)

As part of the requirements for completion of the Australian Correctional Leadership Program (ACLP), coordinated by Brush Farm Corrective Services Academy, Corrective Services New South Wales, a one week inter-jurisdictional placement to Victoria was organised. The ACLP “…provides an opportunity for participants to: broaden their understanding of international issues in corrections, enhance leadership ability, collaborate and network at an international level and develop strategic thinking and analytical skills.” (Corrective Services New South Wales, 2009, p. 8).

Arrangements were made to become acquainted with a number of Corrections Victoria and Forensicare programs and services. Corrections Victoria (part of the Victorian Department of Justice) manages a range of community and custodial based services. Forensicare (Victorian Institute of Forensic Mental Health) are regulated by the Victorian Department of Health who deliver forensic mental health programs, assessments and services to community and custodial based offenders and engage in research and training activities (Victorian Institute of Forensic Mental Health, 2009). The aims of this placement report are to describe the type of services provided, activities engaged in, and information attained, whilst on placement.

The placement dates were from the 22/11/2010 to the 26/11/2010. Travel to and from the jurisdiction occurred on the day pre and post the placement week from NSW. A number of objectives for the placement were specified and these included:

i) To visit and gain knowledge of the nature of Forensicare services in both the Thomas Embling secure hospital facility, the Forensicare Community Mental Health Program and Forensicare’s custodial based programs at a female (Dame Phyllis Frost Correctional Centre) and reception (Melbourne Assessment Prison) facility.
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ii) To visit two Department of Justice/Corrections Victoria Correctional Centres namely Dame Phyllis Frost Correctional Centre (DPFCC) and the Melbourne Assessment Prison (MAP) with a particular focus on clinical services.

iii) To gain knowledge of the nature of community and custodial based clinical services offered by the Department of Justice/Corrections Victoria.

iv) To gain information about change management and strategic issues within the Corrections Victoria and Forensicare. Specifically, how to these two service entities engage the broader community in consultation and information sharing in an attempt to influence public opinion on evidence based offender services and general approaches to offender management.

Melbourne Assessment Prison

Melbourne Assessment Prison (MAP; Corrections Victoria, Spencer Street West Melbourne) is a reception and orientation facility with accommodation for up to approximately 280 offenders (Victorian Department of Justice, 2010). The contact person for this facility was an Operational Manager. A general tour of the facility was provided by a Senior Correctional Officer. A briefing on custodial based clinical services was provided by a Senior Clinician.

The main focus of the tour was a the Acute Assessment Unit (AAU) which is the specified location to manage offenders that are thought to have a mental illness and who may also be awaiting transfer to Thomas Embling Hospital. Also, MAP has a functioning central kitchen which caters for all offender needs at MAP.

Discussion with the Senior Psychologist in Clinical Services revealed a ratio of 3.6 full time clinicians to provide offence and non offence related interventions to approximately 280 offenders. Clinical services are involved in group induction activities which provide information and orientation to all offenders received at MAP. Clinicians also provide staff training as well as support for critical incidences. Although they do have and Employee Assistance Program provider, it appears that staff prefer to utilise the “in house” clinicians. There is approximately 300 staff at MAP and the Peer Support and Professional Boundaries Teams provide support to staff involved in critical incidences and the difficulties arising via general offender interactions.

It appears that the implementation of casualised Correctional Officer staff has been less than advantageous for Corrections Victoria despite having used the system for about 10 years. Casual staffs are trained to the same level as permanent staff but Management continued to be challenged by high attrition rates. Also, staffs are locally trained as there is no centralised training unit or Academy to provide professional development to staff across the state.

Forensicare Unit (MAP)

The Forensicare Unit at MAP included the Acute Assessment Unit (AAU) and an outpatient’s service. Contact persons at this service were the Manager, Mental Health Programs, Psychologist and Clinical Co-Coordinator.

Forensicare service both reception and mainstream offenders and have
significant contact with those who are held in Muirhead Cells (suicide/self harm specific cells). It appears that one challenge in managing suicide/self harm offenders in this facility was the lack of step down facilities for graded management/reintegration.

Forensicare staff also provides an outreach service to offenders who have been previously serviced by them in the AAU or via a general psychiatric assessment. This is a high work volume service as up to 30 offenders are seen per day on reception.

An operational issue commonly encountered was the return of offenders under P1 classifications from other facilities. These classifications can only be accepted at MAP. It appears that that Forensicare work quite well with Corrections Victoria and there is a regular balancing of confidentiality issues to protect personal mental health details whilst ensuring sufficient information is provided for offenders to be adequately managed.

Overall, the main issues apparent during this visit included the negative impact of a dated and cramped facility on the operational capacity of the MAP. Also, MAP is the only facility that caters for “P1” classification offenders. These offenders are those that are deemed to have a predominant mental illness and their management is seen as untenable at other correctional facilities in the state. The difference between Corrections Victoria Clinical Services and Forensicare is that the former tend to deal with criminogenic needs whilst the latter deal with the direct issues of risk.

Forensicare Community Forensic Mental Health Program

Forensicare Community Forensic Mental Health Service (Hoddle Street, Clifton Hill), is a community based service offering a range of direct treatment and assessment of offenders and affiliated research and training activities in a legal/criminal context (Victorian Institute of Forensic Mental Health, 2009).

Contacts which provided briefings included the Program Manager, Problem Behaviour Program, the Program Co-ordinator Forensic Clinical Specialists Program and the Program Manager, Mental Health Program.

Attendance at a staff meeting made clear a focus on a recovery model of service provision. During an intake meeting, referrals were scrutinised by heads of service teams and allocated to either the Problems Behaviours Program or the Mental Health Program. The Problem Behaviours Program is likely to gain clients that do not have an Axis I disorder (treatable/transient mental illness: American Psychiatric Association, 2000) and who have problem behaviours such as sex offending, stalking, arson and violent offences. Those that do are serviced by the Mental Health Team. The Forensicare Community Mental Health Service provides comprehensive court reports for offenders both in custody and on bail which constitutes a significant amount of their work (Victorian Institute of Forensic Mental Health, 2008). The Forensicare Community Mental Health Service is closely aligned with the Forensic Psychology Doctoral teaching program at Monash University where psychology placement students are sourced.

A briefing was gained from the Coordinator of the Forensic Clinical Specialist Program regarding their pilot in the Victorian Area Health Services. The aim of this pilot is to build capacity in Area Health Services to manage clients with lower level type criminal behaviours e.g.
assaults and drug taking behaviours, by working hand in hand with primary case workers.

Forensicare Community Mental Health Program has developed a dynamic security regime called the “Responder System”. It involves the identification of one ‘blue’ responder (management level) and 3 ‘yellow’ responders (general staff). If a critical incident occurs then the blue responder directs the behaviour of the yellow responders in managing the incident.

A Consumer and Carer Planning Group focused on a co-design project for consumer feedback regarding institutional to community reintegration. This meeting was led by a project co-ordinator who was effective in using a project management template to detail and plan the project directly by way of projected computer screen. This group was an example of engaging consumers and families in service planning.

The Problem Behaviours Program has a particular expertise in stalkers and fire setters, aligning with the research objectives of the Centre for Forensic Behavioural Science, which is an academic unit within Monash University (Victorian Institute of Forensic Mental Health, 2008). Interestingly, the Problem Behaviours Program was also seeing a trend in referrals for problem complainers in the community, e.g. those that utilise government and non-government organisations complaints mechanisms in an excessive manner.

The Mental Health Program co-ordinates and manages the Mental Health Court Liaison Service; a court based mental health assessment service. The Mental Health Program has oversight of a number of initiatives including the case management of all community offenders on non-custodial orders. These offenders are treated by the Area Health Service but this is coordinated by the Mental Health Program. Many of the clients at the community based forensic mental health program are mandated but some are voluntary.

Overall, the Forensicare Community Mental Health Service facility was modern and spacious and well resourced. They have significant ties to Monash University and psychologists predominantly provide assessment and treatment services to the judiciary and other referral agencies and they tend to have more time and organisational expectation to engage in research and teaching activities. They provide through care services to patients of the Thomas Embling Hospital. They have developed an effective dynamic security system that all staffs are involved in.

**Thomas Embling Hospital (Forensicare)**

Forensicare (TEH, Yarra Bend Road, Fairfield) is a specific forensic mental health facility catering predominantly for inpatients held under the Victorian Mental Health Act. This facility caters for patients in seven accommodation units from acute to continuing care levels of intervention and support (Victorian Institute of Forensic Mental Health, 2009). Contact was initially made with the Director, Centre for Forensic Behavioural Science, Monash University and Director, Psychological Services, Victorian Institute of Forensic Mental Health, and briefings obtained from the Senior Forensic and Clinical Psychologist and Psychologist.

The Thomas Embling Hospital caters for up to 70 Forensic patients and the average length of stay is about 7
years. The Argyll Unit caters for up to 15 patients and has a staff ratio of two staff per patient. The TEH receives prisoners for treatment predominantly from the Melbourne Assessment Prison (MAP) and in an effort to improve communications a program of sharing staff between facilities has commenced. In the first two week period of patient admission to the Argyll Unit, staffs use the Dynamic Appraisal of Situational Aggression (DASA) to identify acute risk of violence to staff and other patients (Ogloff & Daffern, 2004). Staffs at TEH are highly trained in the management of suicide and self harm risk and the nil suicide rates over time is testament to this level of skill. Also, a memorandum of understanding is being developed so that appropriate information on criminal history can be obtained from Corrections Victoria. The psychologists at Argyll Unit focus on the provision of structured assessment and treatment and there is a significant focus on conducting research.

Currently TEH is undergoing a review of the model of care which involves input from five subcommittees and representation from clinicians. The review is concerned with how best to address the main issues faced by clients/patients. Forensicare engage in a number of community engagement activities to inform and influence public opinion regarding evidence based best practice in managing offenders. One example is the many executive staff that is internationally known for their research, training and involvement in the Forensic mental health/offender field and engages both the professional and general community in forensic mental health discourse.

The Canning Unit is a continuing care facility for stabilized patients. Much of the patient presentation here is one of chronic mental illness and personality factors and who lack insight into their condition. A Clinical Review Meeting was attended by a range of staff and chaired by the Psychiatric Registrar. The main focus of this review was an in depth review on one main client who was invited into the meeting to engage with the team about his case. There were additional case discussions x 3. Interestingly, similarly to the Community Mental Health Team, the chair of this meeting noted developments directly to a computer file which was accessible to all staff and a very effective method to use.

Dame Phyllis Frost Correctional Centre

Dame Phyllis Frost Correctional Centre (DPFCC; Riding Boundary Road, Ravenhall) is a custodial facility for female offenders with an operating capacity of 260 (Victorian Department of Justice, 2010). They cater for all classifications with only one other facility in the state (Tarrengower Correctional Centre) able to take female offenders (Victorian Department of Justice, 2010). Contact was made with, and briefings obtained from a Prisons Operations Manager and a Senior Correctional Officer.

A tour of the Dame Phyllis Frost Correctional Centre was provided by a Senior Correctional Officer. The campus is located on an outer suburban location in western area of Melbourne. The facility consists of a number of discrete accommodation units catering for all female classifications. Attendance at the clinical Services Meeting revealed a forum in which staff from both Corrections Victoria and Forensicare meets to discuss offenders and their management needs. The transition from private to public administration was a significant issue.
**Forensicare Marrmak Unit (Dame Phyllis Frost Correctional Centre)**

Marrmak Unit is a new facility offering female specific mental health inpatient programs based at Dame Phyllis Frost Correctional Centre. Contact was made with, and briefings gained from, a Senior Psychologist. Attendance at a Clinical Review Meeting was a major focus of this visit. A tour of the facility was also conducted.

Main issues with DPFCC facility appear to be its physical environment which requires upgrading. Bed spaces have been an issue and recently there have been a number of demountable buildings that have been placed in the centre to cater for climbing numbers. Forensicare and Corrections Victoria appear to work well together having a number of forums in which they meet to discuss offenders and associated operational issues. Dame Phyllis Frost Correctional Centre (and indeed the whole of Corrections Victoria Facilities) tends to utilise a number of external services providers and a recent proposal to reduce their numbers has been an issue.

**Victoria Department of Justice, Corrections Victoria (State-wide Clinical Services and Strategic and Financial Services)**

State-wide Clinical Services (Bourke Street, Melbourne) manage and coordinate both custodial and community based clinical program around the state of Victoria. Contact was made with a Clinical Manager and briefings obtained from the State-wide Clinical Services Managers.

State-wide Clinical Services Managers are responsible for Senior Clinicians who in turn are responsible for all clinicians. Senior Clinicians and Clinical Services Managers have dual roles where they are administratively and professionally responsible for clinicians. Clinicians are allied health professionals who are either Psychologists or Social Workers (predominantly the former).

There are 60 clinicians across Corrections Victoria and 20 in Community Corrections. The vast majority of the work conducted by clinicians is group work rather than individual work. Sex offender services are a very separate branch to Clinical Services. Clinical Services are currently undergoing a major review of services, the first since their inception in 2002. This review is known as “the Way Forward” model and focuses on integrating more closely the community and custodial clinical services program by some configuration of staff and a clearer alignment of priorities.

Historically Clinical Services gave moderate to high risk offender’s priority for services. The new proposal is that only high risk offenders be serviced in the community which will lead to more realistic service targets. One plan is to have both community and custodial based services joined together to reduce lone clinicians in rural and remote areas, and develop groups of Regional based clinicians for outreach service provision. This plan is to improve retention of clinicians and increase the variety of clinical work. Another significant change to service provision is that centralised programs, which tend to have a high attrition rate, will be replaced with more localised programs.

Corrections Victoria has developed their own risk assessment tool, utilising local statistics for actuarial comparison. This tool is the Victorian Intervention Screening and Assessment Tool (VISAT) and is used
to identify appropriate dynamic risk areas for intervention (Corrections Victoria, 2004). This tool directly identifies offenders for a number of internal programs including: Violence Intervention Program, Cognitive Skills Program, Treatment Readiness Program, High Intensity Violence Program, Rush Program, and Making Choices.

An example of Community Consultation in Victoria has been the negotiation with the Ararat community about the development of Corella Place, a community based accommodation and program service for sexual offenders (Corrections Victoria, 2010). The negotiations in Ararat were successful in opening a controversial service in a once unreceptive community.

Strategic and Financial Services: (Bourke Street Melbourne) is an administrative based program which set the strategic direction for correctional services in the state of Victoria. Contact was made with, and briefings obtained from a Strategic Services Officer. Strategic priorities for Corrections Victoria are the housing project, women’s strategy and the Disability Framework (Corrections Victoria, 2010). A future plan is a comparable Marrmak Unit for male offenders at MAP who have the most unwell offenders in the system. There are projected rises in both male and female offenders in Corrections Victoria’s facilities. A number of strategic directions have been identified and these include the realignment of Head Office to support the Regional functions of Department of Justice. Also, they hope to have one service provider for health in the future as there are many service providers currently. Also, they hope to further develop a housing program to secure a range of accommodation options for offenders.

The Victorian Department of Justice and Corrections Victoria have moved to a regionalised service delivery model to be more responsive to the local community needs and issues. There were eight Regional Directors appointed who are responsible for a range of Department of Justice programs and services. Co-locating does result in efficiencies and staff working together now includes Sheriffs, PPO’s, consumer affairs, Births Deaths and marriages.

Main issues being managed by Clinical Services is their current restructure which aims to co-locate many of staff, provide an outreach service and narrow their service focus. Also, the Senior Clinician role in Corrections Victoria is a dual administration and supervision role which poses some difficult boundary issues particularly when there is a performance management issue. The Senior Clinician role in Corrections Victoria is valued to the extent that it sits in the Executive Management Team of the relevant Correctional facility and therefore has more say in the strategic and operational issues that are being addressed. Strategic services seem to engage the community when there is an acute issue or difficulty in establishing a service. But this engagement is not ongoing and purposeful to influence community opinion about offenders over time which has been identified as a pressing need for optimal offender outcomes (Gallagher, Harper, Rowe & Sosic, 2010).

N.B: Some information provided is an interpretation of verbal briefings, the accuracy of these has not been corroborated and I apologise in advance for any misinterpretations that may be apparent. Also, many thanks to all my inter-jurisdictional colleagues for devoting significant time and effort in helping me complete this placement.
References


