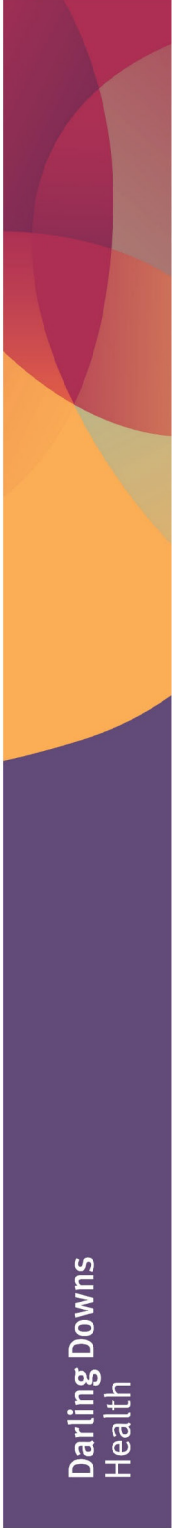



Appendix G: Darling Downs Hospital and Health Service submission

 <p>Darling Downs Health</p>		
<p>Feedback - Inspector of Detention Services - Cairn watch-house and Murgon watch-house draft report</p>		
<p>Received from Aboriginal and Torres Strait Islander Health Services, DDHHS.</p>	<p>Section s4 Recommendation 8 on page 39.</p>	<p>Feedback Concur with feedback provided by Executive Director Mental Health, Alcohol and Other Drugs, DDHHS.</p> <p>It is recommended for Aboriginal and Torres Strait Islander Youth that:</p> <ul style="list-style-type: none"> • admission assessment is conducted by an Aboriginal and or Torres Strait Islander watch house prison, or • admission assessment is undertaken in conjunction with an Aboriginal and Torres Strait Islander Prison Health Service Health Worker, or Social Emotional Wellbeing Clinician from local Aboriginal or Torres Strait Islander Community Controlled Health Service <p>Where the above can't be implemented it is recommended that</p> <ul style="list-style-type: none"> • minimum observation periods are utilised until the admission assessment, including risk determinations and monitoring times can be discussed and agreed up with an Aboriginal and Torres Strait Islander Social Emotional Wellbeing Clinician from local Aboriginal or Torres Strait Islander Community Controlled Health Service <p>When specialist mental health assessments are undertaken by local DDHHS mental health service staff it is recommended that</p> <ul style="list-style-type: none"> • assessment is undertaken in conjunction with (or includes a separate) Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Worker and incorporates a social and emotional wellbeing assessment. The Social and Emotional Wellbeing Framework was identified as priority in the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy in 2013, and the subsequent National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023 (currently under review). <p>This aligns with Recommendation 15.</p>
		 <p>Queensland Government</p>

S4 Recommendation 9	Agree in principle with recommendation 9, noting that consultation of appropriateness of tools, also needs to be undertaken with the local communities in which they are to be utilised to confirm cultural appropriateness within the local context. Given limited size of specialised Aboriginal and Torres Strait Islander Workforce, tools developed need to include a screening tool that can be utilised by non-indigenous staff to flag whether a more comprehensive assessment is required be undertaken by a specialised professional.
S4 Recommendation 10	Recommend extending recommendation 10 to include culturally safe environment in the environment descriptor and with appropriate cultural supports as required.
S6	Recommend adding an additional recommendation to Section 6. Wherever there is an Aboriginal and Torres Strait Islander Youth experiencing isolation whilst at the watch house for any reason, they are to be provided with daily cultural support from appropriate local organisations, for example local Aboriginal Community Controlled Health Service, and daily contact with family members, face to face contact where possible, telephone contact when face to face contact is not feasible. Recommend that this cultural support is a mandatory entitlement for the duration of their time in the watchhouse.
S7 Recommendation 14	Recommended extending Recommendation 14 to include all staff within the watchhouse be provided with supervision and support to ensure training on culturally informed, trauma integrated understandings of behaviour and behaviour management become embed into practice during development, implementation, monitoring and review of behaviour management strategies.
S9 Recommendation 16	The term family needs to be clearly defined to include family as determined by the youth and could include kinship or community members with a familial style relationship to the youth and is not bound by Western understandings of "immediate family"
S10 Recommendation 17	Support recommendation 17, noting that there needs to be a consistent approach to facilitating access. Recommend that consideration be given to the access to these services within the watch house as a mandatory entitlement for children. Access to Aboriginal and Torres Strait Islander Health Workers/ Health Practitioners/ Liaison Officers within local Hospital and Health Services may also be a consideration, however, would be dependent upon local area resources and capacity. This recommendation also aligns with recommendation 19.
S10 Recommendation 19	Recommend that the Department of Youth Justice and Queensland Police Service work with the local Traditional Owners, Lands Council, Aboriginal and Torres Strait Islander Medical Service and HHS Aboriginal and Torres Strait Islander Health Service to identify the appropriate services within the area local. Recommend partnership agreements and work instructions are developed, to simplify the process for watch house staff to follow, to ensure services are notified in a timely manner when a child is in the watch

Page 2 of 4

	S10 Recommendation 22	<p>house and that access is facilitated on a regular basis throughout the child's duration in the watch house and that support from these services is a mandatory entitlement for the duration of stay in the watchhouse. Support recommendation 22, with an understanding that it would also extend to providing Aboriginal and Torres Strait Islander Police Liaison Support through consultation via telephone to watchhouse staff and youth to improve cultural support, assessment, and behaviour management.</p> <p>Whilst the recommendation is supported, in principle, there are likely resource implications in terms of providing timely health responses into Watch Houses.</p> <p>Court Liaison Services (an element of Prison Mental Health Services – hosted by WMHHS) are generally available dayshift Monday to Friday to provide specialist mental health assessments in the Toowoomba Watchhouse.</p> <p>In rural areas local DDHHS mental health service staff work Monday to Friday day shifts; noting the preferred approach would be for a youth to be assessed in a health, rather custodial setting.</p> <ul style="list-style-type: none"> DDHHS MHAODS has a work instruction for MHAODS — Rural Watch House assessments (Document ID WI-0155), noting this is for individuals requiring specialist mental health service assessment, and for whatever reason cannot be transported to a local hospital for assessment (e.g. Security or QPS staffing limitations at a particular time). <p>Outside of Dayshift Monday through Friday assessment, local assessment would be via transport to the local public hospital emergency department for:</p> <ul style="list-style-type: none"> a face-to-face review in Toowoomba, or via telehealth consultation with the regional Mental Health Acute Care Team in the case of a rural location. <p>In-house Watchhouse assessments are not common, and to some extent this recommendations' effectiveness would be reliant on availability of local mental health resources, and the thoroughness of individual officer assessments determining need, which in turn can be seen to have a relationship to the effectiveness of implementation of the preceding recommendations 8 & 14, including implementation of Recommendation 8 for education "...covering such topics as trauma-informed approaches to communicating with children with complex needs and engaging with Aboriginal and Torres Strait Islander children".</p>
<p>Executive Director Mental Health, Alcohol and Other Drugs, DDHHS.</p>	S4 Recommendation 8 on page 39.	

	s4 Recommendation 11 on page 43	<p>Mental health assessment would ideally be better placed to occur within a health service setting, with the potential to provided private interview away from QPS/Custodial staff (i.e. Subject to security considerations)</p> <p>The recommendation for transfer to an "...appropriate facility immediately..." in the context of a rural watch house should include consideration of transport to a local health service facility wherein it refers to "...referred to mental health staff immediately while awaiting their transfer" (not all rural communities have local mental health staff).</p> <p>N.B. It should be noted that transfer to a mental health facility for a young person in custody would require enactment of Classified Patient provisions and processes under the Mental Health Act 2016 (Qld) [MHA 2016], as described in the Chief Psychiatrists Policy: Classified Patients (N.B. This policy is under extensive review at a Statewide level to better meet the needs).</p> <ul style="list-style-type: none"> The ability to transfer to a regional Acute Mental Health Unit, may be limited by the nature of charges, and the individuals risk, particularly to others and requires both Custodian, that is the person in charge of the Watchhouse, and Administrator Consent, that being the Administrator of the local Authorised Mental Health Service <ul style="list-style-type: none"> (See Section 69 of the MHA 2016, in particular s69(3)(b)(iii) having regard to the "the security requirements for the person".
	S10 Recommendation 19 on page 60.	<p>See response to recommendation 4 above, noting that it is likely that additional resources would be required to provide "Children have access to culturally appropriate mental health care and welfare visits" noting a low threshold for community-controlled services to refer to specialist mental health services.</p>
	General comments	<p>The recognised resource limitations within rural communities both in terms of Rural Watchhouse facilities and access to specialist mental health services outside of Monday through Friday it could in part be addressed by consideration of early transfer to Toowoomba Watchhouse, where an extended admission is expected.</p> <p>This would likely require bolstering of health resources in the Toowoomba Facility to provide for 24 hour coverage, which could be a step towards improved health access noting the regional centre may be more attractive from a workforce recruiting perspective. However, this would potentially limit family access.</p>