

## Justice Health: Model of Care, Freshwater Unit

Dear Member,

The HSU has received the attached letter from Justice Health & Forensic Mental Health Network regarding the development of the model of care for the new Freshwater Unit. They have attached the final draft of the model of care and invited all employees to provide feedback.

We note that the letter states that feedback is to be provided by 10 May 2018, however, we have requested an extension to this deadline given the time delay in receiving the letter. If you have any feedback on the attached model of care please send it to Industrial Officer, Syvannah Harper at [syvannah.harper@hsu.asn.au](mailto:syvannah.harper@hsu.asn.au) by close of business 28 May 2018.

The Union will continue to keep members updated with any new information we may receive from Justice Health in relation to this matter.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD



TRIM Ref:DG36801/18

Mr Gerard Hayes  
Secretary  
Health Services Union  
Level 2, 109 Pitt Street  
SYDNEY NSW 2000

11 0 1007 2018

Dear Mr Hayes

**Re: Freshwater Unit Development, Forensic Hospital**

Recently I wrote to you about the development of a new unit within the Forensic Hospital. I am pleased to advise that Justice Health & Forensic Mental Health Network (the Network); through the NSW Ministry of Health has been allocated capital funding to construct the Freshwater Unit.

Work has been underway to develop the model of care for the new unit that dovetails with the broader Forensic Hospital model of care. The model of care determines the new unit's role in the hospital and its overarching principles. The finalised model of care will influence future work on staffing levels, operating procedures and the physical design of the unit

The Network engaged a consultant and formed a staff user group to develop the model of care. The staff user group was comprised of frontline nursing, allied health and medical staff and met on three separate occasions. We now have a final draft of the model of care which will be sent to every staff member in the hospital inviting feedback.

Please find enclosed a copy of the final draft of the model of care for the Freshwater Unit. I invite you to review and provide comment on the final draft by 10 May 2018 via email to [freshwater.development@justicehealth.nsw.gov.au](mailto:freshwater.development@justicehealth.nsw.gov.au).

This is an exciting expansion of the hospital as we look to meet the developing needs of our patients.

Should you require any further information please contact Damien Eggleton, Co-Director Forensic Mental Health on 9700 3035.

Yours sincerely

Gary Forrest  
**Chief Executive**  
3 May 2018



**FRESHWATER UNIT  
MODEL OF CARE**

**FINAL DRAFT**

**Justice Health & Forensic Mental  
Health Network**



DRAFT





## Document History

Version	Version Description	Author	Reviewer	Approved for Release	Date Released
V0.1	Preliminary Draft. Executive review.	JS	JH&FMHN	JS	1/03/2018
V0.2	Amended Preliminary Draft with FH Operational Detail. Released to aid consultation.	JS/ND	JS	JS	26/03/2018
V0.3	Draft following 1 <sup>st</sup> consultation	JS/ND	JS	JS	12/04/2018
V0.4	Draft following 2 <sup>nd</sup> consultation	JS/ND	JS	JS	17/04/2018
V0.4.1	Final Draft – User Input	JS/ND	JS	JS	26/04/2018
V0.4.2	Final Draft – Following 3 <sup>rd</sup> consultation	JS/ND	JS	JY	27/04/2018

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## TABLE OF CONTENTS

<b>1.</b>	<b>INTRODUCTION .....</b>	<b>1</b>
1.1.	Purpose of this Paper .....	1
1.2.	Background .....	1
1.3.	Policy and Directions .....	2
<b>2.</b>	<b>FRESHWATER UNIT .....</b>	<b>3</b>
2.1.	Scope of Service .....	3
2.2.	Model of Care .....	3
2.2.1.	Rehabilitation Care .....	4
2.2.2.	Interventions and Treatment .....	5
2.3.	Operational .....	7
2.4.	Staffing to Support Freshwater Unit .....	7
2.5.	Key Functional Relationships .....	7
2.6.	Clinical Support .....	8
2.7.	Non Clinical Support .....	8
2.8.	Safety and Security .....	8
2.9.	Specific Design Requirements .....	8
2.10.	Additional Readings .....	9
2.11.	Consultation Approach .....	9



## 1. INTRODUCTION

### 1.1. Purpose of this Paper

The purpose of this Paper is to produce a document that can be used to inform the model of care (MOC) that will function in a newly constructed Unit (Freshwater) which is being funded under the NSW Ministry of Health Locally Funded Initiatives (LFI) Program. The Unit will address an identified gap to accommodate admitted patients with an acute mental disorder associated with extreme challenging behavioural disturbances, in a least restrictive care environment than currently available within the forensic hospital. The function of Freshwater Unit is to provide an 'intensive' care level of mental health care whilst maintaining the overarching principle of rehabilitation to enable the patient to return to a less restrictive setting commensurate to their assessed degree of risk. The Paper outlines the key elements of the model of care and some infrastructure requirements of the building that will assist in the delivery of the service but is not a Functional Design Brief.

This Paper and model of care has been informed by undertaking a review of a range of documents relevant to current NSW Strategic Directions in Mental Health including the NSW Mental Health Commission Living Well: A Strategic Plan for Mental Health in NSW 2014 -2024, Draft NSW Forensic Mental Health Strategic Plan 2016 – 2026, the draft NSW Ministry of Health, Statewide Model of Care for a Medium Secure Mental Health Rehabilitation Unit and relevant Forensic Hospital MOC and Operational Plans. A review of high acuity forensic mental health services with integrated rehabilitation models of care delivered nationally and internationally was also undertaken. The information from these documents has guided the content presented during a series of consultations involving a number of staff from Justice Health and the NSW Forensic Mental Health Network (JH&FMHN), who are ultimately responsible for delivering this model of care.

### 1.2. Background

*Forensic mental health is a specialist area of the mental health system that provides assessment, care and treatment to people with a mental illness or disorder and whose behaviour has led, or could lead, to offending. Forensic mental health services in NSW include custodial mental health services, the Forensic Hospital, three forensic medium secure units, court diversion programs and a community forensic consultation liaison service<sup>1</sup>.*

The Forensic Hospital is a stand-alone secure mental health facility located in Malabar, which was constructed in partnership between JH&FMHN and a private consortium. All clinical services at the hospital are provided by JH&FMHN through a multi-disciplinary team of medical, nursing and allied health professionals.

The Forensic Hospital provides specialist mental health care through a step down model for adults and young people, both male and female. The patient demographic includes forensic patients, high risk civil and correctional patients, and consists primarily of patients found not guilty by reason of mental illness. The patient demographic also includes smaller contingents of patients found unfit to plead and mentally disordered offenders.

There currently is, and has been a small cohort of admitted patients for whom the management of acute behavioural disturbance has proven difficult to deliver and prevented progress of their care pathway. For this cohort of patients there has been very little clinical option other than to use existing seclusion capacity as a risk management strategy. At times, this has resulted in long-term placement in seclusion which is not therapeutic - particularly to those with a history of severe trauma - and is not in line with the step down model of rehabilitation nor the core values of the Forensic Hospital. While not ideal, this practice has therefore only been considered as a last resort for managing behaviour when other treatment and placement options are not sufficient.

This has indicated that the current physical environment:

- > does not appropriately facilitate the treatment in a safe least restrictive setting for patients and staff; and

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<sup>1</sup> Draft NSW Forensic Mental Health Strategic Plan V14.3



- > does not deliver a safe approach to transitioning patients from seclusion back to the standard Forensic Hospital Unit environments.

A new unit is proposed to be built inside the Forensic Hospital (JH&FMHN) grounds to which these high risk patients can be admitted when their treatment and care needs exceed the capacity of the standard Unit environment at the Forensic Hospital. Such units exist at many other high secure settings, and while not a Psychiatric Intensive Care Unit their operation and goals are very similar. The Freshwater Unit will be designed to complement the security provision of the Forensic Hospital and in so doing enhance the ability of the Hospital to integrate care for these patients, with an aim to return these patients to their individualised care pathways, or, where appropriate, to therapeutic alternative care pathways<sup>2</sup>.

### 1.3. Policy and Directions

The Freshwater Unit will comply with the following overarching NSW Health policies, the policies of the Mental Health Service and any local hospital operational policies for the Forensic Hospital:

- > *Forensic Mental Health Hospital Procedures*
- > *JH&FMHN 1.078 Care Coordination, Risk Assessment, Planning and Review - Forensic Hospital*, including risk assessment tools such as PCL-R, Dynamic Appraisal of Situational Aggression (DASA/YV) and tools in the Dangerousness, Understanding, Recovery and Urgency Manual (DUNDRUM).
- > *JH&FMHN Policy 1.325 Referral, Admission and Transfer of Care (Adults) - Forensic Hospital* and associated procedure manual, including Mental Health Outcomes and Assessment Tools and Treatment and Management Plan (TPRIM).
- > *JH&FMHN 1.030 Referrals for Admission – Long Bay Hospital Mental Health Unit (Adults)*
- > *JH&FMHN 1.230 Health Care Interpreter Services – Culturally and Linguistically Diverse Patients*
- > *JH&FMHN 1.319 Patient Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit*
- > *JH&FMHN 1.322 Recognition and Management of Patients who are Clinically Deteriorating – Implementation Guide Ministry of Health PD2013\_049*
- > *JH&FMHN 1.350 Aggression, Seclusion & Restraint in Mental Health Facilities – MHU, LBH*
- > *JH&FMHN 1.395 Transfer and Transport of Patients*
- > *JH&FMHN 1.407 Transport of Forensic Patients from the Metropolitan Remand and Reception Centre and the Silverwater Women's Correctional Centre*
- > *JH&FMHN 1.435 Working With Families and Carers – Forensic Hospital*
- > *JH&FMHN Medication Guidelines.*
- > *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW.*
- > *Seclusion Practices in Psychiatric Facilities*
- > *Guidelines for the Sexual Safety in NSW Mental Health Services*
- > *Guidance for Smoke Free Mental Health Facilities in NSW*
- > *Transport of People Who Are Mentally Ill*
- > *Zero Tolerance Response to Violence in the NSW Health Workplace*
- > *Electro Convulsive Therapy, Minimum Standard of Practice in NSW.*

The role and scope of the service for Freshwater Unit will align with the following national and NSW directions applicable to the provision of mental health care:

- > *NSW Ministry of Health Forensic Mental Health Services Policy Directive PD2012-050*
- > *Mental Health (Forensic Provisions) Act 1990*

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<sup>2</sup> Project description of the LFI application to NSW Ministry of Health (2017-2018)





- > *Interagency Action Plan for Better Mental Health*
- > *A New Direction for Mental Health*
- > *Fifth National Mental Health Plan*
- > *Living Well. A Strategic Plan for Mental Health in NSW*
- > *Multicultural Mental Health Plan 2008-2012*
- > *NSW Community Mental Health Strategy 2007-2012*
- > *NSW Aboriginal Mental Health and Well Being Policy 2006–2010*
- > *Charter for Mental Health Care*
- > *National Framework for Recovery-Oriented Mental Health Services 2013*
- > *National Mental Health Standards*
- > *ACI Nutrition Standards for consumers of inpatient mental health services in NSW 2013*
- > *COAG National Action Plan for Mental Health 2006-2011*
- > *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities, December 2017*

## **2. FRESHWATER UNIT**

### **2.1. Scope of Service**

To provide a secure mental health inpatient unit that has the capacity to support a patient's recovery through their rehabilitation pathway. This Unit will be a specialist environment, able to manage and flexibly meet the diverse range of needs of high risk patients. The Unit will be comprised of single bedroom, self-contained, secure living areas and outdoor spaces, where security and safety can be adapted to the dynamic needs of the individual patient, dependent on their recovery phase.

A high risk patient is identified as an inpatient with a legal order for admission and is currently in an acute or deteriorating stage of a severe mental disorder, presenting with challenging behaviour that is accompanied with a high risk of violence to self, other patients, staff and visitors. These patients have complex disorders including psychosis, personality disorders, drug and alcohol problems, history of trauma and significant deficits in cognitive and psychosocial functioning. Associated issues of behaviour and risk which indicate a need for intensive rehabilitation include severely disorganised behaviour leading to difficulty in managing activities of daily living, impaired impulse control, vulnerability, ongoing risk of extreme aggression, and significant risk of self-harm.

The service objectives for this Unit are underpinned by the values of NSW Health – collaboration, openness, respect and empowerment. The key components of these values, including patient-centred care, accountability, communication, teamwork, innovation and support, will guide the way in which the therapy will be delivered in order to provide ideal care.

The key objectives of the Freshwater Unit are to:

1. Reflect the Forensic Hospital framework for recovery and rehabilitation and align with the Principles for Care and Treatment (Section 68) of the *NSW Mental Health Act 2007*, and *PD2012\_050 Forensic Mental Health*
2. Provide a safe, therapeutic environment for high risk patients, while providing a safe and supportive workplace for staff and visitors
3. Deliver timely, individualised, supportive care in an environment conducive to a recovery focused approach with patient participation.

### **2.2. Model of Care**

The Freshwater Unit provides an 'intensive' level of individual care, monitoring and intervention for a small clinically assessed cohort of patients.

The approach to care within the Unit will encompass the following principles:



- > Best practice person-centred treatment will be delivered to high risk patients through a multidisciplinary approach in order to address needs including physical, psychiatric, psychological, social, diversity, cultural, spiritual, nutritional, occupational, recreational and creative.
- > Any restriction on the liberty of the patient and any interference with their rights, dignity and self-respect is to be kept to the absolute minimum necessary in response to the individual presentation
- > Guided by evidence based models of restrictive interventions that minimise further trauma and promote positive behaviour.
- > An individualised intensive care rehabilitative approach will be applied for patients whose condition and behaviour has prevented them from participating/engaging in other Unit rehabilitation programs or group activities
- > Care will be based on a good relational understanding of the patient that assists in meeting their needs and engaging with patients, such that episodes of potential aggression are minimised
- > A safe structured therapeutic environment will be provided for patients with persistent and complex acute symptoms of mental disorder and will enhance safety for patients, staff and visitors
- > Provide a physical setting in which therapeutic risks can be minimised while being safely undertaken and observed
- > Infrequent but urgent patient transfers with incomplete information about risk level will be safely accommodated, however the Unit will not function as an admissions unit
- > Provide an enhanced level of security in all 3 aspects: environmental, procedural and with a clear focus on relational security that is not distinct from current operational levels in nature.
- > Deliver care with experienced and appropriately trained and supervised staff skilled to deliver care and interventions to reduce conflict and containment as much as possible.

The Unit will operate to provide ongoing assessment, treatment and rehabilitation for the patient as part of a patient centred and multidisciplinary approach. Services provided will aim to maximise individual functioning, minimise further harm, improve health, and enhance individual responsibility and self-management. The care pathways will be developed with the input of the patient where possible, and the multidisciplinary team (MDT), to form a Treatment and Management Plan. The Plan will incorporate the individual's assessed strengths and assets and comprise ongoing engagement, reassurance and psychoeducation, important to the management of distress and trauma often experienced by the patient. This will follow the Hospital wide program for assessing, managing violence and minimising risk, utilising relevant tools and policies detailed in section 1.3.

### 2.2.1. Rehabilitation Care

The rehabilitation program will provide one-on-one intensive therapy programs and interventions to assist the patient to gain and maintain an optimal level of functioning. It will engage the patient using a strengths-based approach that promotes hope, good health and creates opportunities to grow and develop resilience and life skills. The program will be structured in collaboration with the Forensic Hospital operational policies and rehabilitation framework.

The rehabilitation program should:

- > promote a holistic, biopsychosocial, individualised and multidisciplinary approach to care
- > take a flexible approach for ongoing therapeutic progress in collaboration with families and carers
- > work collaboratively with other service providers
- > be provided in an environment that enables taking therapeutic risks as part of the rehabilitation
- > incorporate access to therapeutic spaces on the unit such as de-escalation strategies and sensory modulation spaces
- > support continuity of care for patients with mental health problems
- > incorporate a focus on physical health
- > assist the hospital with its goals of reduction in restraint and seclusion
- > respond collaboratively to the specific needs of Aboriginal people, culturally and linguistically diverse (CALD)
- > respond collaboratively to the specific needs of diverse identities

Meaningful activity plays a key role in the treatment plan. It is a means to reducing agitation, developing occupations and fostering positive healthy outlets for self-expression. Structured activities are considered useful in the provision of a therapeutic environment. The aim will be for a full, 7 day a week program linked with educational and community providers.







The rehabilitative space required in the Unit itself will facilitate a step down rehabilitative care model and program without necessarily requiring the patient to incrementally physically step through the existing units of the hospital.

Engagement in therapy types will be planned on an individualised basis and as part of the support for this, the environment will be designed to allow therapeutic risks to be undertaken safely. Space for both group and individual therapy will be required on the unit as part of the step down rehabilitative care model.

### 2.3. Operational

Freshwater Unit will operate under the Forensic Hospital Procedure Manual and patient admission will follow the JH&FMHN policy 1.325 *Referral, Admission and Transfer of Care – Forensic Hospital (Adults)*. Specifically, Freshwater Unit will not function as an admissions unit for the Forensic Hospital.

Patient admission to Freshwater Unit, following an MDT assessment, will be for patients unable to be safely managed in existing Forensic Hospital Units due to an extreme behavioural disturbance.

Governance of the Unit will be through the Leave and Admissions Committee and signed off by the Clinical Director

### 2.4. Staffing to Support Freshwater Unit

Principles for the development of the Unit staffing profile have been proposed and will be used to determine the staffing establishment:

- > Apply a multidisciplinary team based approach
- > Focus on rehabilitation supported by flexibility of allied health and nursing roles
- > Clinician:Patient ratios can be dynamic and dependant on the level of risk, and when required, will be supported by an in reach service.
- > Resource appropriately skilled staff who are supported and receive supervision regularly
- > Additionally, implement individual clinical supervision for different disciplines proposed e.g. Psychology, social work, art therapy
- > Employ Allied Health staff as part of the staffing ratio on the Unit, not exclusively as a consultative service
- > Implement Health Service Management (HSM) leadership for this Unit, rather than NUM
- > Ensure sufficient senior administrative/project management support to assist with the high level of reporting and co-ordination required for this unit
- > Employ dedicated Medical Officer and Consultant. Include Registrars as part of the core staffing profile noting this may be volume dependant – therefore Registrars will potentially be shared with other units.
- > Implement formalised supported mentoring and succession planning

The following principles have a broader application than to this Unit and should be considered as part of the overall workforce planning for the Forensic Hospital:

- > Clear governance model for individual disciplines as part of the wider forensic hospital staffing – transparent safety, quality and accountability reporting should be key to this governance model
- > Access to support through investment in resources e.g. health economics for the measurement of outcomes and cost benefit analysis
- > Consideration of research as part of the hospital wide approach

### 2.5. Key Functional Relationships

Key Internal Functional Relationships include:

- > Clinical support – e.g. clean utility, dirty utility
- > Outdoor areas – shared and separate
- > Rehabilitation and therapy spaces – quiet/de-escalation/sensory spaces and discrete safe visiting areas



- > Clinical area – patient bedrooms, treatment areas such as assessment room
- > Staff support

Key External Functional Relationships include:

- > Bronte Unit
- > Clovelly Unit
- > Dee Why Unit
- > Elouera Unit
- > Austinmer Women's and Austinmer Adolescent Unit
- > Forensic Hospital rehabilitation spaces
- > Long Bay Hospital
- > Research and Education facilities, as part of wider Hospital procedures
- > Security
- > As the only high secure mental health facility in NSW, the unit, similar to the rest of the Forensic Hospital, may also accept transfers from across the state.

## **2.6. Clinical Support**

Clinical support functions will be provided as per hospital wide procedures. This includes medical records and pathology.

## **2.7. Non Clinical Support**

The Unit will utilise the existing hospital catering service. Access to a kitchenette facility will be required to enhance catering ability to access 24/7 meals/snacks as required.

The Unit will utilise the existing laundry service. Access to a small laundry area may also be required.

Teaching and education will operate as part of hospital procedures.

## **2.8. Safety and Security**

The Unit will follow hospital wide protocols for security, safety, visitors and alarms.

Appropriate and varying levels of observation will be key to offering both privacy and safety to patients.

## **2.9. Specific Design Requirements**

Design of Freshwater Unit will provide an enabling environment that facilitates learning, growth and engagement in each care pathway through both formal and informal interactions. The design will apply concepts from the Psychologically Informed Planned Environment (PIPE) Model.

PIPEs recognise the importance of quality relationships and interactions and are defined as "specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work. This understanding enables them to create an enhanced safe and supportive environment which can facilitate patient



development<sup>3</sup>". A positive environment with socially creative and structured sessions will support patients to actively apply skills and learning achieved while in the unit, and aim to improve social integration and functioning.

Consistent with the rest of the facility, design will need to accommodate a high secure setting with the following therapeutic security features:

- > Airport-level security in escape proof facilities and perimeters
- > Risk-aware design and constructions
- > Monitoring requirements
- > Multiple levels of security
- > High level of staff visibility and observation
- > Other requirements as prescribed within and as part of the functional design briefing stage

In addition to therapeutic security features, items identified in this document with a design requirement include:

- > Access to a kitchenette
- > Therapeutic spaces which require direct observation by staff but privacy from other patients
- > Multiple outdoor spaces
- > Integration with technology to facilitate communication and tasks as part of patient care and rehabilitation, including audiovisual capability throughout the unit
- > Allocated and discreet staff space

## 2.10. Additional Readings

- > National Offender Management Service and Department of Health, *A Guide to Psychologically Informed Planned Environments (PIPEs)*, NHS England, October 2014
- > Turley, C., Payne, C., & Webster, S. (2013). Enabling features of psychologically informed planned environments. London: National Offender Management Service.
- > Bowers, L. (2014), Safewards: description of the model. *J Psychiatr Ment Health Nurs*, 21: 499-508. doi:10.1111/jpm.12129

## 2.11. Consultation Approach

The development of the Freshwater Unit model of care commenced with an initial meeting, held with Forensic Hospital Executive clinical and non-clinical staff representatives where a preliminary draft model of care document was presented and discussed to inform consultation and planned group meetings with hospital staff.

A series of group meetings and workshops were undertaken involving targeted Forensic Hospital staff representatives across all disciplines and units. There were a total of two large group meetings over a three hour period for each, and two smaller group meetings for a duration of ninety minutes each. These meetings were held over a seven week period giving participants time to review and provide comment and feedback on the development of the model of care document.

Participants were provided with amended draft model of care documents which were reviewed and discussed in detail at each meeting. Separate opportunities were also provided to staff to make amendments or provide additional material to the Consultants for inclusion in the document. It has been suggested that the Model of Care undergo a review prior the unit opening.

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<sup>3</sup> National Offender Management Service and Department of Health, *A Guide to Psychologically Informed Planned Environments (PIPEs)*, NHS England, October 2014