Model of Care

CHS Forensic Mental Health Inpatient Services

(MHJHADS)

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Contents

Approvals

Position	Name	Signature	Date
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1. Introduction

The Model of Care (MoC) for Canberra Health Services (CHS) Forensic Mental Health Inpatient Services sets out an evidence-based framework for practice. CHS Forensic Mental Health Inpatient Services comprise the medium secure inpatient service (Dhulwa) and the low secure inpatient service (Gawanggal).

The MoC guides the delivery of the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that everyone is 'viewing the same picture', working towards common goals and evaluating performance on an agreed basis. This section provides the relevant context and understanding of the MoC.

The MoC:

- Outlines CHS Forensic Mental Health Inpatient Services' vision and principles, and the elements of care
- Provides the basis for how to deliver evidence-based care to consumers every day through integrated clinical practice, education and research
- Contains information on consumer journeys (the areas from where consumers enter and exit the service) and service coordination
- Details the approaches to risk assessment and management
- Sets out the approach for governance, supporting safety and continuous improvement.

A MoC is a dynamic document that is updated over time to support new evidence and improved ways of working. Any updates will occur through consultation and will be supported by relevant change management principles and processes to ensure clear engagement and communication.

This MoC will be reviewed and updated as required. The following subsections describe the context in which this MoC has been drafted and the overarching purpose of a new MoC for CHS Forensic Mental Health Inpatient Services.

Detailed information on specific processes of how care is provided is outlined in each inpatient service Operational Procedures, and relevant CHS policies, procedures and guidelines.

1.1 Background

Honeysuckle

'Dhulwa' is a Ngunnawal name that means honeysuckle, a native flowering Banksia. The Ngunnawal Elders have gifted the name. Dhulwa is pronounced "dull-wa".

On 24 August 2016, Dhulwa was declared a secure mental health facility. Services are provided in a 25-bed purpose built medium security facility, which commenced receiving consumers in November 2016. The facility comprises three service areas: Lomandra (10 beds), Mallee, and Cassia (15 beds). 17 beds are commissioned for use.

The three service areas have also been named after native plants.

'Lomandra' is commonly known as spiky-head mat-rush. 'Mallee' is a small eucalypt species that has several stems rather than a single trunk. 'Cassia' produces an abundance of yellow flowers in winter and spring.

Lomandra

Mallee

Cassia

Gawanggal was established in 2018 as a lower security step-down community reintegration facility for people transitioning from Dhulwa. The *Mental Health (Secure Facilities) Act 2016* does not apply to Gawanggal. The facility comprises 10-bed low secure inpatient service.

Dhulwa and Gawanggal sit at the intersection between the mental health and justice systems to deliver specialised inpatient forensic services that address mental illness and offending behaviour. Forensic mental health is a specialist area that primarily focuses on providing clinical services that include the assessment, treatment, and management of people with a mental illness or disorder who have offended or are at risk of offending.

CHS Forensic Mental Health Inpatient Services contribute to the care continuum of mental health services in the ACT, provided by the Division of Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS).

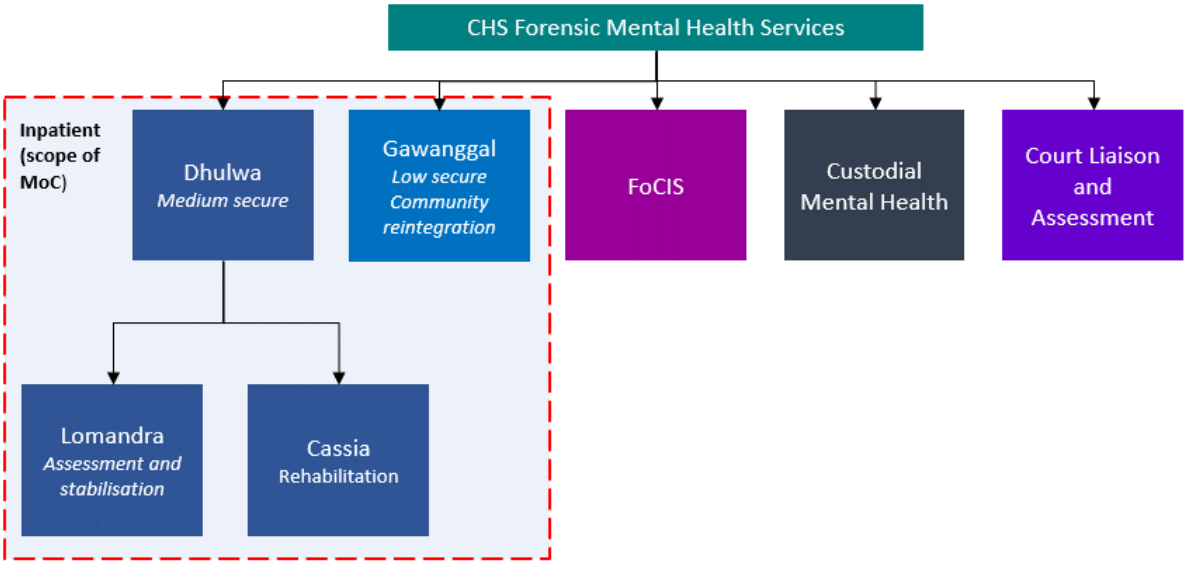
There are three interconnected but distinct services that provide forensic mental health care across the care continuum in the ACT:

- Custodial mental health services
- Inpatient forensic mental health services
- Community-based consultation forensic mental health services

Dhulwa and Gawanggal provide inpatient forensic mental health services (see Figure 1 – CHS Forensic Mental Health Services) and are restrictive healthcare environments. An individual's recovery and rehabilitation needs inform how long they receive treatment at an inpatient service before moving on to the next stage of their recovery pathway. This may include receiving support

and care from another part of the health care system, either in a hospital, the community or a custodial setting.

Figure 1 - CHS Forensic Mental Health Services



To support learning, innovation and evidence-based service delivery, CHS Forensic Mental Health Inpatient Services are connected with a broader forensic mental health network across Australia and globally.

1.2 Purpose of this document

This MoC aims to describe and guide service delivery within CHS Forensic Mental Health Inpatient Services.

1.3 The legislative foundations of CHS Forensic Mental Health Inpatient Services

The MoC ensures that the approach to care, recovery, treatment, security and a person's requirements for privacy and dignity are considered within the guiding principles of the *Human Rights Act 2004*, the *Mental Health Act 2015* and the *Mental Health (Secure Facilities) Act 2016*. ACT mental health legislation outlines the circumstances in which a person with a mental illness or disorder can be assessed, treated, cared for and supported. Appropriate treatment and care should be provided in the least restrictive environment possible. All people admitted to CHS Forensic Mental Health Inpatient Services have the same rights to access and quality of health care as the general population.

CHS staff, as public authorities under the Human Rights Act 2004, are required to consider, and act consistently with, human rights in the exercise of related powers or decisions.

2. Vision and principles

To ensure consistency across services provided by CHS in the ACT, the MoC has been designed in alignment with the CHS vision and values. This section provides an overview of the CHS vision, role and values, and a clear vision and principles for CHS Forensic Mental Health Inpatient Services, which underpin the MoC.

2.1 Canberra Health Services vision, role and values

The CHS vision, role and values reflect what CHS stands for, wants to be known for, and what it will deliver daily. The vision and role are more than just words; they are a promise to each other, to consumers and their families, and to the community. They capture the commitment to delivering exceptional health care to the community. All CHS staff have a role to play in delivering on this promise.

- **CHS vision:** Creating exceptional health care together.
- **CHS role:** To be a health service that is trusted by our community.

The CHS values are:

- We are **reliable** – we always do what we say.
- We are **progressive** – we embrace innovation.
- We are **respectful** – we value everyone.
- We are **kind** – we make everyone feel welcome and safe.

2.2 CHS Forensic Mental Health Inpatient Services vision

A dedicated vision for CHS Forensic Mental Health Inpatient Services has been developed with stakeholders. It provides a shared picture of the future we want to create.

"Hope, healing and creating meaningful lives for a safer future together".

2.3 CHS Forensic Mental Health Inpatient Services principles

The CHS Forensic Mental Health Inpatient Services' vision is the goal for the services we provide. These six principles establish a standard against which actions can be assessed, and guide and direct decision making to achieve the shared vision.

Collaboration

Partnering together with consumers and carers, families, supporters, and community to address their specific needs.

Recovery oriented and trauma informed

Promoting hope, honesty, and healing to create meaning, purpose and safety.

Respect

Respecting dignity, appreciating strengths, and showing compassion in all interactions and decision-making processes.

Safety

Creating safe environments for consumers, staff and the community.

Evidence based and values driven

Basing our services and actions on the latest evidence and our core values.

Aspiring for excellence

Continuing to strive for excellence in forensic mental health service delivery through research, innovation, and quality improvement.

3. Description of service

CHS Forensic Mental Health Inpatient Services are delivered in secure facilities providing connected, recovery-focused, trauma-informed mental health care. Multidisciplinary teams (MDT) partner with consumers and carers, families and supporters to promote healing, recovery and safety, aligning with the vision.

This section of the MoC sets out the three specialised functions of CHS Forensic Mental Health Inpatient Services.

Service functions are designed around consumers' needs in a medium or low secure environment. The service functions are dynamic and focused on partnering with consumers, carers and families to meet the consumer's needs and support their recovery goals at each stage of their journey – from higher needs to lower needs, and ultimately to safe and sustained community reintegration. They are not time or location-based and are in addition to the core forensic mental health service delivery functions of recovery oriented clinical assessment, co-planning, individualised treatment, capacity building and risk management. Services provided are flexible and adaptable to changes in the understanding of mental health, emerging evidence-based practices, and shifts in the demographics of the population they serve.

The three specialised functions of CHS Forensic Mental Health Inpatient Services support are:

- Assessment and stabilisation (Dhulwa - medium secure)
- Rehabilitation (Dhulwa - medium secure)
- Community reintegration (Gawanggal - low secure)

3.1 Medium secure assessment and stabilisation

Goal: To facilitate the comprehensive assessment (understanding) and care required to improve mental health, wellbeing, functioning, and safety.

This is usually done through:

- Extended assessment of individual strengths and needs
- Medication management
- A high level of therapeutic engagement and support
- Therapeutic security and safety measures.

3.2 Medium secure rehabilitation

Goal: To support acquiring, developing, rediscovering, and enhancing essential skills to transition to a low secure inpatient facility or the community.

This is usually done through:

- Engaging in meaningful activities across all aspects of health and wellbeing
- Building on assessments to deliver treatments and interventions across comprehensive, individualised and evidence-based modalities
- Collaborative, recovery-oriented goal setting and care planning
- All members of the MDT partnering with consumers to support skill development, safety and learning
- Offence-specific interventions
- Peer support.

3.3 Low secure community reintegration

Goal: To bring together skills, learning and wellbeing improvements and build independence and connections to reintegrate into the community safely.

This is usually done through:

- Building on life skills developed in higher security settings with increasing personal responsibility and accountability
- Promoting community integration by graduated engagement in community-based activities
- Partnering with community support services to:
    - obtain appropriate accommodation

    - create relationships with community mental health services
    - engage with disability support services (including NDIS)
    - build a range of wellbeing supports
    - participate in meaningful vocational activities
    - strengthen social networks
- Sharing information between relevant agencies, including criminal justice, health and social services
- Planning discharge for community-based treatment involving family and carers, health services and support agencies.

4. Consumer population and eligibility

CHS Forensic Mental Health Inpatient Services provide assessment, stabilisation and rehabilitation services for consumers as classified under the *Mental Health Act 2015* and described in Section 3 – Description of Service above.

It is important to note that some consumers present with diverse backgrounds and needs that require additional consideration. These include but are not limited to the following:

- First Nations People
- Older people
- People with disability, including physical, intellectual and cognitive disability
- People with neurodiversity
- LGBTIQ+ communities
- People from culturally and linguistically diverse backgrounds
- People with addiction and substance misuse challenges
- Women.

Careful consideration is given to the individual needs of consumers within CHS Forensic Mental Health Inpatient Services to ensure a safe and supportive therapeutic environment for all.

The following subsections describe the eligibility and exclusion criteria for Dhulwa and Gawanggal. To be eligible for either service, consumers must be aged 18 years or over. There are no gender-related restrictions.

4.1 Dhulwa consumer eligibility

To be eligible, consumers must be subject to a mental health order under the *Mental Health Act 2015,* and must meet one of the following inclusion criteria:

- Be sentenced or remanded to custody and have mental illness or mental disorder with a need for treatment beyond what can safely be provided in a correctional setting.
- Be subject to a conditional release order.

- Be unable to receive treatment in a less secure non-forensic mental health service due to specialist forensic need as per the *Mental Health Act 2015* and *Mental Health (Secure Facilities) Act 2016* (i.e., pose a danger of serious harm to others)
- Be a correctional patient as defined in the *Mental Health Act 2015*.

The exclusion criteria are:

- Those who can be assessed and treated in non-forensic mental health services.
- Those who are assessed through a validated assessment tool as requiring a level of therapeutic security commensurate with a high secure service.

The *Mental Health Act 2015* specifically affords Dhulwa, as a declared secure mental health facility, the unique ability to accept transfer of custody of consumers detained in the ACT's custodial facilities.

4.2 Gawanggal consumer eligibility

To be eligible for Gawanggal, consumers must be subject to a mental health order under the *Mental Health Act 2015*, and meet the following inclusion criteria:

- Be unable to receive treatment in a less secure non-forensic mental health service (i.e., pose a danger of serious harm to others).
- Have completed a period of mental health treatment and care at Dhulwa.

The exclusion criteria are:

- Those who are sentenced or remanded to custody.
- Those who are assessed through a validated assessment tool as requiring a level of therapeutic security commensurate with a medium and high secure service.

CHS Forensic Mental Health Inpatient Services must not be used to assist with challenges of consumer placement relating to the broader mental health system. Consumers who do not meet the admission criteria will not be admitted, as this is at odds with the principles and objectives of the *Human Rights Act 2004* and *Mental Health Act 2015*.

5. Consumer journeys

The consumer journey details the experience of accessing CHS Forensic Mental Health Inpatient Services. Within this section, there are two subsections. The first explains how recovery underpins the consumer journey, including the principles and strategies in place. The second outlines common consumer pathways through CHS Forensic Mental Health Inpatient Services.

5.1 Recovery to guide the consumer journey.

A consumer's journey is guided by recovery-focused practice.

Recovery in mental health is a journey to create and live a meaningful, contributing life with or without the presence of mental health issues.[1] Every recovery journey is unique. A recovery

1 Commonwealth of Australia, 2013, A national framework for recovery-oriented mental health services: Guide for practitioners and providers

approach to mental health care is best practice for achieving positive consumer outcomes. This encourages consumers to take an active role and reclaim responsibility for the direction of their lives. Implementing recovery-focused practice within forensic settings requires a specific, skilled balance between recovery values and managing an individual's risk to others. Recovery within forensic settings is highly individualised, requiring staff and consumers to address not only mental health needs but also coming to terms with having offended, and the social and personal consequences of that behaviour.

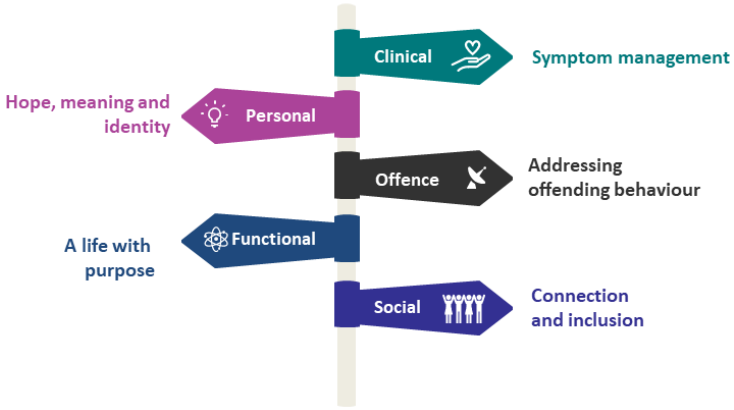
The secure recovery framework has been adopted for mental health care in forensic settings[2]. Secure recovery acknowledges the challenges of recovery from mental illness and emotional difficulties that can impact on offending behaviour. It recognises that the careful management of risk is a necessary part of recovery in services, and this can happen alongside working towards restoring a meaningful, safe and satisfying life.

Leading forensic services nationally and internationally are increasingly adopting the secure recovery framework. This shift towards recovery advances the quality of care and strengthens the potential for improved outcomes for consumers within forensic mental health services.

Secure recovery comprises five domains:

- Clinical recovery centres upon symptom management.
- Personal recovery focuses on the concepts of hope, control, identity, and meaning in life.
- Offence recovery relates to issues surrounding an individual's offending or risk of future harm.

Figure 2 – Secure recovery domains



- Functional recovery focuses on skills training and developing capabilities for undertaking life tasks (including employment and relationships).
- Social recovery relates to social inclusion/exclusion and the impact of stigma upon an individual.

Recovery is not a linear journey; different domains may be foremost at certain times.

5.2 Common consumer pathways

There are several pathways in and out of CHS Forensic Mental Health Inpatient Services. Common pathways are via the courts and prisons, but a small number of consumers arrive from other settings, such as acute mental health services. A series of common pathways are described below. These pathways are not the only pathways in and out of CHS Forensic Mental Health Inpatient

2 Drennan, G. and D. Alred, *Secure recovery: approaches to recovery in forensic mental health settings*. 2012, London: Routledge.

Services, and all consumer placement decisions are made having regard to the least restrictive environment that will best respond to and meet the consumer's needs.

The focus of intervention and length of stay is linked to the three specialist functions (See Section 3 – Description of Service).

Defining the consumer pathways helps to contextualise the goals of an inpatient period of care and what needs to be done to deliver that care over time.

Common Pathway 1: Prison ➔ Dhulwa ➔ Prison

Detainees within a custodial environment that require inpatient mental health care for assessment and stabilisation must access a forensic mental health facility for this support. These individuals typically only need a short admission, after which they will return to prison for follow-up.

Common Pathway 2: Court ➔ Dhulwa ➔ Court

Persons charged with a criminal offence and deemed 'unfit to plead' and requiring inpatient treatment, will also be admitted to Dhulwa. In the event the person is no longer considered 'unfit to plead' within 12 months, court matters will resume. However, if the person continues to be considered 'unfit to plead' they will either continue their detention in a hospital, prison or the community (subject to conditions the court deems appropriate).

Common Pathway 3: Court ➔ Dhulwa ➔ Gawanggal ➔ Community

Persons who are charged and tried for a criminal offence, found to be not guilty due to mental impairment and require inpatient treatment will also be admitted to Dhulwa. While the period of admission to Dhulwa is dependent on the person's needs, a step down via a service such as Gawanggal is encouraged to support a gradual reduction in support and security before a planned discharge into the community. A step-down will not be indicated for all consumers, and some may be discharged directly from Dhulwa to the community. For some consumers, support from their local community mental health service may be beneficial following discharge.

Common Pathway 4: Mental health service ➔ Dhulwa ➔ Gawanggal ➔ Mental health service

Consumers admitted to an acute mental health service with needs that cannot be met in a less restrictive environment may be admitted to Dhulwa. Step down to a service such as Gawanggal may be beneficial, followed by further support from the consumer's local community mental health service once discharged from Gawanggal.

Common Pathway 5: Community ➔ Dhulwa ➔ Gawanggal ➔ Community

Forensic consumers in the community may require a higher level of care from time to time to support their longer-term community reintegration. In this case, a temporary return to a forensic inpatient facility may be beneficial to prevent further deterioration or serious harm that may compromise their community living. A service such as Gawanggal may be encouraged to support a gradual reduction in support and security before a planned discharge into the community. While in the community, the consumer may receive support from their local community mental health service.

5.3 Admission

All consumer admissions are managed under the relevant CHS policies, procedures and guidelines.

Admission referrals will be assessed against the admission criteria by the Admission and Assessment Panel (AAP). Consumers referred to Forensic Mental Health Inpatient Services must be found appropriate for treatment in a secure forensic environment.

In understanding suitability for such an environment, the assessment will consider a consumer's acuity and security needs. In the context of admission, the term ‘acuity’ refers to the necessary level of care that aligns with the current severity of symptoms of mental illness. High acuity means a higher level of care, treatment and therapeutic support is required. A ‘security need’ refers to the level of security (i.e., high, medium, low) required in response to a consumer's needs across the three well-established therapeutic security domains of environmental, procedural and relational (see Section 8 – Therapeutic Security).

CHS Forensic Mental Health Inpatient Services utilises validated assessment tools to determine the therapeutic security needs and priority of referrals.

The assessment tools support decisions about a consumer's admission to, transfer between and discharge from forensic mental health services based on their levels of security need. The outcome of this assessment determines whether the consumer will be admitted and the most appropriate functional area. Consumers are able to apply for leave from the services under the relevant CHS policy. In the event of a consumer’s health deteriorating, or a higher level of care is needed, the relevant escalation procedures are followed.

The admission experience for consumers should focus on building trust, safety and connection.

CHS staff have formal obligations under the *Mental Health Act 2015* to share information to consumer, carer, family and supporters. In addition, other information about the service is provided such as:

- Dhulwa Consumer and Visitor Handbook and orientation (an overview of what to expect such as mealtimes, engagement expectations, carer/family/supporter involvement and staff roles)
- The process of making requests (e.g., personal visits, community leave, additional food, access to personal belongings and electronic device usage).

5.4 Transition

Transition planning is part of the care planning that starts at the consumer’s admission.

All transitions are structured, carefully planned and graduated to ensure consumers’ safe and efficient transition. The transition from Dhulwa may be to a step-down facility (e.g., from Dhulwa to Gawanggal), another inpatient mental health service, correctional environment or the community.

The transition from Gawanggal may be to home or a longer term non-admitted living arrangement.

The MDT will confirm any decision to transfer or discharge a consumer. Following this, the AAP will be notified of the decision for discharge. Where appropriate, family, carers and supporters should be involved in the care planning for transition or discharge. This decision is underpinned by a thorough risk assessment using validated assessment tools such as HCR-20 and DUNDRUM to determine consumer needs, goals, security, and support requirements to ensure safety and wellbeing.

Before any transition, CHS Forensic Mental Health Inpatient Services will confirm that the receiving facility or community service has the appropriate staff and resources to facilitate a safe and successful transition.

Supporting transitions.

The shift from a forensic inpatient service to another service or to the community is an important process that should occur in a graduated manner. This enables consumers, their carers, families and supporters, and relevant services to establish the necessary arrangements to support a successful transition.

Section 5.2 – Consumer Pathways describes the transitions that may occur between CHS Forensic Mental Health Inpatient Services, and between these services and custodial services, other mental health services or the community. When supporting a transition, several key activities will help ensure this occurs collaboratively and seamlessly to best support the consumer. Key activities include:

- Developing an individualised transition plan
- Family, carer and supporter involvement
- Exploring crisis prevention strategies, tailored to challenges the consumer may face during transition or in the community
- Peer support and service navigation
- For consumers transitioning to another service, collaborative transition planning meetings with existing and proposed care teams alongside the consumer to discuss and plan the transition
- Clinical handover
- For consumers transitioning to the community, community integration activities (such as attending the pharmacy, shopping, community mental health clinic, social groups etc)
- Collaboration with community organisations.

6. Therapeutic supports

Therapeutic supports encompass interventions and services that promote consumers' recovery and wellbeing across the domains of secure recovery. These supports are provided through an MDT approach. MDT members collaborate to deliver comprehensive and individualised recovery-led interventions aligned to a co-designed consumer care plan. These supports are delivered across the functions of assessment and stabilisation, rehabilitation and community reintegration. The seven pillars aligned to the DUNDRUM score (outlined below) help guide the delivery of services.

- Physical Health
- Mental Health
- Tobacco, Alcohol and other Drug Recovery
- Harmful Behaviour
- Activities of Daily Living
- Occupational and Educational Rehabilitation
- Social Networks

Typically, consumers receiving care at CHS Forensic Mental Health Inpatient Services present with co-occurring, intersecting, diverse and complex needs. All consumers must have an individualised care plan to ensure that their unique needs are considered.

Underpinning the successful delivery of therapeutic support is the quality of engagement, dialogue, respect and partnership between all members of the MDT and consumers. This collaboration is of the highest importance to achieve positive outcomes for consumers and carers, families and supporters, alongside the community.[3]

Therapeutic supports are designed to address consumers' physical, emotional, cultural, psychological and forensic needs as they progress along their recovery journey (See section 5.1 – Recovery to guide the consumer journey). This is strengthened and sustained by building strong collaborative relationships with carers, families and services to support this progress.

This section describes the two broad types of therapeutic support delivered at CHS Forensic Mental Health Inpatient Services: clinical supports and wellbeing supports.

6.1 Clinical supports

Holistic care is provided, recognising the complexity of mental illness, trauma, cognitive disabilities, addiction, and other factors impacting a person's ability to make change. Clinical interventions are provided (both in group and individual formats) to support consumers to understand their physical and mental health needs and make personal changes to manage their own risk of offending in the future. This includes behaviour change programs, other psychological therapies, and the full range of medical and psychosocial interventions. The approaches used may include but are not limited to:

- Assessment, diagnosis and formulation
- Medication management
- Psychoeducation
- Psychological interventions
- Art and other similar therapies
- Physical health support
- Substance misuse treatment
- Offending behaviour interventions.

6.2 Wellbeing supports

Wellbeing supports enhance consumers' overall quality of life and psychological wellbeing, emphasising practical, meaningful activities that build on strengths and skills across the secure recovery domains (see Section 5.1 – Recovery to guide the consumer journey). These include but are not limited to:

- Employment and educational programs (e.g., job readiness, first aid, adult learning courses, resume writing, trade skills)

3 McKeown, M., et al. (2014). It's the talk: a study of involvement initiatives in secure mental health setting. Health Expect. 19(3), 570-579.

- Accommodation supports
- Lifestyle and recreation activities (e.g., shopping, sports, arts groups, meaningful hobbies)
- Recovery programs (e.g., self-care, activities of daily living)
- Engagement with people with lived experience for peer support (consumer and carer) and system navigation
- Practical support (e.g., financial, transport, personal administration)
- Health management (e.g., engagement with the health system, physical activity, health promotion, nutrition)
- Family, carer and supporter engagement and contact
- Community reintegration (e.g., attending community programs and locations).

7. Risk assessment and management

In the context of forensic mental health services, the concept of risk refers to the harm individuals with a mental illness or disorder (including neurodevelopmental disorders) pose, or have posed, to others, where that risk is usually related to their mental illness or disorder[4]. Violence risk assessment and management is essential for forensic mental health services. [5]

This section details the relevant risk assessment and management approaches, tools and supporting processes used at CHS Forensic Mental Health Inpatient Services.

Risk assessment aims to assess the level of risk a person poses by considering fixed and dynamic risk factors, harm and the likelihood that this behaviour will occur. Risk assessments undertaken by CHS Forensic Mental Health Inpatient Services are conducted through a range of different methods, including:

- Actuarial tools (such as the DASA-IV or risk matrix)
- Structured professional judgement tools (e.g., HCR-20)
- Unstructured clinical judgement (i.e., clinical opinion based on training and experience).[6]

All methods of risk assessment require the application of clinical judgement. Risk assessment at CHS Forensic Mental Health Inpatient Services is viewed through a trauma informed, therapeutic lens, recognising the need to balance safety with the consumers' recovery journey.

Risk management includes individualised strategies and practices to mitigate risks, respond to needs, and support the safety and wellbeing of consumers and others. The management of clinical risk is part of the broader management framework, which also includes organisational, financial, workplace safety and consumer safety systems.

4 Markham S. (2020). Collaborative risk assessment in secure and forensic mental health settings in the UK. *General Psychiatry*. 33(5)

5 O'Dowd, R., Laithwaite, H., & E Quayle, E. (2022) A Qualitative Exploration of Service Users' Experiences of Violence Risk Assessment and Management in Forensic Mental Health Settings: An Interpretative Phenomenological Analysis. *Journal of Forensic Psychology Research and Practice*, 22, 357-388.

6 Baird, J., & Stocks, R. (2013). Risk assessment and management: Forensic methods, human results. *Advances in Psychiatric Treatment*. 19(5), 358-365.

Risk assessment, risk management and relational security work together to adapt and respond to the needs and circumstances of consumers throughout their recovery journey.

Approaches to risk assessment and management need to be structured. This requires clinical instruments to underpin clinical expertise, training in their use and correct interpretation, and a quality assurance cycle to review and monitor for continuous improvement. Risk assessment instruments are an essential adjunct to clinical practice and should not be used as a standalone measure. They should be used in conjunction with clinical judgement, MDT review and other relevant factors. This comprehensive approach supports responding to escalating risks and implementing proactive interventions to manage aggression risks effectively.

7.1 DUNDRUM Rating Scale

Tools such as the DUNDRUM quartet are used at Dhulwa to support decision-making regarding care environments, admission, leave and transition (see Section 5 – Consumer journeys).

The DUNDRUM tool allows clinicians to rate program completion and recovery relevant to risk management to assist in decision making and guide care planning. The DUNDRUM ratings of consumers admitted to CHS Forensic Mental Health Inpatient Services are used to measure therapeutic engagement and progress, and to inform the planning of the structured group interventions and therapeutic programs.

The rating scales for the DUNDRUM are informed by a range of established outcome measures and theoretical models of behaviour change and attempt to operationalise the relationship between treatment, recovery, and changing security needs. Risk, particularly the assessment of violence risk, is considered separately, however, it is also considered in making decisions about treatment programs and security needs.

7.2 Consumer participation in risk assessment and management

Involving consumers in risk assessment and management is an essential component of collaborative care. Consumers should be treated individually and subject to individual risk assessments to inform all aspects of their treatment plan, including leave and access to therapies. Effective individual risk assessment can assist in the early identification and management of re-emergence of concerning behaviours. Engaging carers to provide collateral information can enrich the understanding of the consumer's background and effectively mitigate risk.

Open and transparent conversations between the MDT and consumers help individualise assessments and any risk management strategies put in place. Continued conversations with consumers regarding their risk can increase their responsibility, creating opportunities for considered positive risk-taking during admission.

Safewards is a framework of interventions that aim to limit the occurrence and impacts of occupational violence (OV), as well as broader culture change strategies that seek to embed respect, inclusion, and collaboration and support a safe, recovery-oriented service.

7.3 Processes to support effective risk management

The risk assessment and management approaches within the MoC are supported by the necessary governance processes, as detailed in Section 10 – Governance. There is a strong emphasis on reporting and information to drive improvement and enhance learning.

The approaches to risk assessment and management approaches outlined in this MoC align with CHS policies, procedures and guidelines. This ensures all incidents are reported and investigated. Incident review assists in improving CHS Forensic Mental Health Inpatient Services' processes for care and safety for consumers and carers, families and supporters, and staff.

8. Security

Security at CHS Forensic Mental Health Inpatient Services is delivered in line with a therapeutic mental health care response rather than a custodial one. Therapeutic security supports the safety of consumers, carers, families and supporters, and staff. The security approach is delivered in alignment with the security level protocols of the therapeutic environment (e.g., medium secure), ensuring a proportionate level of security is maintained.

CHS Forensic Mental Health Inpatient Services' therapeutic security encompasses three distinct and equally important elements:

- Relational security
- Environmental security
- Procedural security.

8.1 Relational Security

In the context of therapeutic security, relational security is fundamental and is the responsibility of all staff, with clinical staff taking the lead role. Relational security describes the relationships between staff and consumers, including aspects relating to the quality of care and resourcing, such as consideration of staff-to-consumer ratios[7]. Relational security involves knowing and understanding the consumer group and the circumstances in which there is a security risk[7]. It requires staff to have a therapeutic relationship with the consumers and know their history, risk potential, current mental state, behaviour, stressors, strengths and protective factors[7]. Carers and families can play a role in helping to understand the history, risk potential, stressors and protective factors for each consumer.

CHS Forensic Mental Health Inpatient Services focus on building strong professional and therapeutic relationships between consumers, the MDT and every staff member who has regular contact with consumers. These relationships are characterised by trust, respect and clear boundaries. The approach includes:

- Availability of adequately skilled staff who understand and respect consumer needs

7 Kennedy H.G. (2002). Therapeutic uses of security: mapping forensic mental health services by stratifying risk. *Advances in Psychiatric Treatment.* 8(6): 433-443.

- Staff-to-consumer ratios that allow time to be spent in face-to-face contact, building trust between consumers and staff
- Collaboration and active partnerships with consumers to understand their needs and walk alongside them throughout their recovery journey each day
- Consumer engagement in meaningful activities
- A shared commitment to achieving consumers' goals.

8.2 Environmental Security

The physical environment supports the safety and security of consumers, staff and visitors and is the primary responsibility of Security staff. Environmental or physical security pertains to structural aspects of the environment that make a facility physically secure. It includes building design, composition and maintenance, lockable doors, keys, alarms, cameras, metal detectors, and x-ray screening of items at the entrance.[7]

CHS Forensic Mental Health Inpatient Services have been carefully designed for safety and to be supportive and secure. The CHS Forensic Mental Health Inpatient Services approach to environmental security includes:

- Access controls aiming to prevent unauthorised access or exit
- Screening for prohibited items
- Training for all personnel so they understand and can perform their roles and responsibilities
- Management of security related incidents.

Dhulwa utilises a higher level of environmental security than Gawanggal. Further information about environmental security is detailed in the relevant CHS policies, procedures and guidelines.

8.3 Procedural Security

Procedural security are methods used by staff to maintain security, guided by relevant CHS policies, procedures and guidelines and is the responsibility of all staff, with clinical staff taking the lead role. It can include, among other things:

- Keeping track of consumers
- Searching the unit, consumers and their items
- Storage of equipment
- Management of visits.

It also includes legislation and procedures governing the treatment and management of incidents, including policy and practices relating to consumers which control access, communications, personal finances and possessions, as well as those relating to quality and governance, including information management, legal obligations, audit, research and human resources[8].

8 Kennedy H.G. (2002). Therapeutic uses of security: mapping forensic mental health services by stratifying risk. Advances in Psychiatric Treatment. 8(6): 433-443

The Security Procedural Framework (SPF) provides an operational guide for the security systems and personnel. The SPF is to be used in conjunction with this MoC and other relevant policies and procedures.

Staff must comply with CHS, MHJHADS and local policies and procedures. These documents provide clear direction and emphasise the use of least restrictive practices. The therapeutic security approach at CHS Forensic Mental Health Inpatient Services is a holistic, integrated model that prioritises safety, trust and collaboration.

By emphasising relational, environmental and procedural security, underpinned by the principles of Safewards, CHS Forensic Mental Health Inpatient Services creates an environment where consumers can feel safe and supported in their journey to recovery, knowing their wellbeing and safety are central.

9. Workforce

The CHS Forensic Mental Health Inpatient Services' workforce is diverse and multidisciplinary. Staff have a range of skills, knowledge, and experience to deliver comprehensive services and interventions.

This section details the workforce model for CHS Forensic Mental Health Inpatient Services and includes three subsections providing an overview of the MDT approach, the staffing profile and the workforce training requirements.

9.1 The multidisciplinary team

Care is delivered by experienced professionals who are appropriately trained and passionate about providing care and interventions. This includes staff from different health professional backgrounds, as well as people who hold lived experience roles and clinical support roles. Together, CHS Forensic Mental Health Inpatient Services staff provide comprehensive, discipline-specific and evidence-based interventions. An MDT approach involves collaborative efforts to combine expertise to offer access to therapeutic interventions, holistic treatment formulation and comprehensive clinical review. The peer workforce supports the MDT in delivering active collaboration and partnership with consumers and carers, families and supporters.

9.2 Staffing profile

The MDT model includes nursing, medical, allied health and peer workforce members focussed on providing a holistic approach to intensive, recovery-orientated forensic care. In addition, a number of administrative and security staff support service delivery. It should be noted that staffing requirements and ratios are guided by the appropriate industrial agreements for relevant professionals. The staffing profile is outlined in Appendix B.

9.3 Training

Professional development, supervision and clinical teaching are essential to delivering high quality care, and adequate time and resources should be provided to meet clinicians' learning and teaching needs. This includes opportunities for supervision and establishing and promoting linkages with other forensic mental health specialists and services that can support staff development.

The Australian Health Practitioner Regulation Agency (AHPRA) and other professional bodies oversee clinical disciplines that have specific requirements for continuing professional development and supervision. Clinicians must adhere to these requirements to maintain their professional registration. The ACT Government has also supported the continued maintenance of clinical competence for healthcare workers not covered by AHPRA by endorsing the National Code of Conduct for Healthcare Workers.

All CHS Forensic Mental Health Inpatient Services staff have an individual performance plan developed in consultation with supervisors to support their learning and professional development and ensure a skilled and competent workforce.

Orientation training packages should not only focus on familiarising new staff with the service components and work duties, but also orientate new staff to the principles of care and culture underpinning the MoC.

A comprehensive training program is required to implement the MoC effectively such as:

- Clinical risk assessment and management
- Proactive risk mitigation
- De-escalation techniques and limit setting
- Ethics and human rights
- Developing therapeutic relationships
- Role-specific training to enhance evidence-based intervention service offerings
- Supporting diverse and intersecting needs
- Supporting people with co-occurring disability and AOD use.
- Safewards
- Trauma informed care.

9.4 Research and collaboration

CHS Forensic Mental Health Inpatient Services is committed to building the knowledge and evidence base in forensic mental health by contributing to and engaging in research and academic forums. Staff are encouraged to pursue post graduate qualifications relevant to forensic mental health and to participate in academic teaching and research opportunities. Quality improvement and research activities are actively sought and supported as are attendance and participation in local and national research forums and conferences.

CHS Forensic Mental Health Inpatient Services acknowledges it is part of a broader network of national forensic mental health services and has a role to play in contributing to national benchmarking and research activities and the body of academic literature in the field. As such, CHS Forensic Mental Health Inpatient Services participates in a number of national collaborative forums with other forensic mental health services in Australia and overseas.

10. Governance

In health and mental health services, governance relates to the network of connections and obligations established among the executive team, the workforce and stakeholders, including

consumers. It combines various procedures, policies, guidelines and legal frameworks that influence an organisation's direction, administration and control. There is a strong interconnection between corporate governance (i.e., health service management) and clinical governance (i.e., quality care). This section describes the corporate and clinical governance arrangements responsibility at CHS Forensic Mental Health Inpatient Services.

10.1 Corporate governance

Corporate governance refers to the structure, processes, behaviour and culture used to direct and manage the business and affairs of an organisation. It ensures that it can fulfil its mandate, it has efficient use of resources, and there is accountability for the stewardship of those resources. Forensic Mental Health Inpatient Services has established a series of governance tiers:

- Tier 1 – Organisation
- Tier 2 – Division
- Tier 3 – Service

10.2 Clinical governance

Clinical governance provides a framework that ensures organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care[9]. This is achieved by creating an environment with transparent responsibility and accountability for maintaining standards and allowing excellence in clinical care to flourish[10].

Clinical governance activities are dynamic, changing as new evidence is reviewed. They are created in an environment and culture that:

- Encourages communication and feedback from all people affected by clinical practices
- Ensures best practice is maintained and processes improved to ensure services are evidence based regarding accessibility, acceptability, effectiveness and equity
- Has strong leadership that supports teamwork, organisational values and positive culture change
- Gives opportunities for people to be involved in the decision-making related to their health care because they are the experts
- Incorporates strategies for individual and family/carer involvement in health care planning at the clinical and organisational levels.

Governance is embedded within existing MHJHADS and CHS corporate, clinical and operational governance systems. These systems provide a framework that draws together initiatives, processes, systems and ways of working.

CHS Forensic Mental Health Inpatient Services' clinical governance sits within a tiered hierarchy of organisational governance regarding decision making and endorsement of service activities.

The specific roles and responsibilities of the staff within this governance structure are also detailed in individual position descriptions and duty statements.

9 Macfarlane, A.J.R. (2019). What is clinical governance? BJA Education. Jun;19(6):174-175

10 Australian Commission on Safety and Quality in Health Care 2011.

Clinical governance is the responsibility of every person involved in receiving or providing health services. CHS Forensic Mental Health Inpatient Services strives to implement team-based governance principles that enable staff of all levels, including clinicians, managers, team leaders and medical staff, to retain responsibility for performance and quality service provision.

The Clinical Director and Operational Director provide overarching senior leadership to ensure service delivery is in line with the strategic direction, organisational accountability targets and corporate governance processes.

The governance of clinical risk is structured to ensure the timely identification and escalation of potential issues or safety concerns. As this MoC promotes a learning culture, any feedback on an incident or issue should be reviewed to inform ongoing training and quality assurance processes.

11. Interdependencies

Promoting optimal consumer outcomes requires acknowledging interdependent relationships; a single service component cannot exclusively accomplish holistic and effective consumer care. Several services work collaboratively alongside CHS Forensic Mental Health Inpatient Services to ensure consumers' safe and supported recovery journey. These occur across three service levels:

- Legislative – supporting operations within the legal frameworks.
- Service – partnerships and collaborations focussed on service delivery.
- Consumer supports – meeting diverse and evolving recovery needs.

11.1 Legislation

CHS Forensic Mental Health Inpatient Service staff are required to comply with the following overarching legislation, which collectively aims to ensure that individuals with mental health needs receive appropriate and compassionate care while protecting the rights and safety of patients and the broader community. Appropriate training is provided to ensure staff can meet this obligation.

This legislation provides a legal framework that governs the operation of mental health services, setting standards for assessment, treatment and detention while adhering to human rights principles and best practices in the mental health field. Staff must understand their responsibilities and apply service interventions in line with the following ACT legislation.

- ***Human Rights Act 2004***

  The *Human Rights Act 2004* is the foundational human rights framework for the ACT. It protects and promotes the human rights of all individuals within the jurisdiction. In the context of mental health services, this legislation ensures that the rights of mental health consumers are respected and upheld. It sets the standard for the ethical and dignified treatment of individuals with mental health conditions, safeguarding their fundamental human rights. This includes rights related to privacy, dignity, freedom from discrimination, and access to adequate healthcare.

- ***Mental Health Act 2015***

  The *Mental Health Act 2015* provides the legal framework for the assessment, treatment, and care of individuals with mental health disorders in the ACT. Its central function is to

balance patients' rights and needs with the community's protection. This Act outlines the processes and criteria for involuntary assessment and treatment of individuals who pose a risk to themselves or others due to their mental health condition. It aims to ensure that mental health services are delivered with a focus on the least restrictive interventions and respect for patient rights.

- ***Mental Health (Secure Facilities) Act 2016***

  The *Mental Health (Secure Facilities) Act 2016* is for the operation and management of secure mental health facilities. This Act includes the rules, procedures, rights, and safeguards for individuals within secure mental health facilities.

Further relevant government legislation and policies have been included in Appendix A.

11.2 Service

At the service level, partnerships and collaborations with various services, organisations and agencies are essential to ensure consumers receive comprehensive and holistic care. These relationships with key service partners are described in Table 1, below.

Table 1 – Key service partnerships

Agency	Role	Function
Canberra Health Services – Acute Mental Health Units	Mental health inpatient care	At times, there is a need for a consumer to be stepped down to a less secure acute mental health unit. Transfers are considered for clinical reasons and will be discussed between the treating Consultant, Clinical Nurse Consultant (CNC) and the receiving unit's Consultant. After hours, transfers are facilitated by the Nurse in Charge (NiC) in collaboration with the on-call Psychiatric Registrar.
Canberra Health Services – Community-based forensic mental health services	Specialist forensic mental health consultation and liaison.	Specialised assessment, consultation, and intervention to mental health services and consumers engaged with or at risk of engaging with the criminal justice system including those transitioning from forensic mental health inpatient services to community living to support recovery and community integration while ensuring public safety.
Canberra Health Services-General	Physical health care	To support the physical health needs of consumers through a range of primary,

Agency	Role	Function
		secondary and tertiary healthcare services.
GP access	Physical health care	CHS Forensic Mental Health Inpatient Services encourages people to maintain their relationship with their GP, including booking a consultation when needed.
Disability services coordinators and support workers	Facilitating access to National Disability Insurance Scheme (NDIS) and other disability supports and services, including direct care and assistance to individuals with disabilities.	Stakeholders involved in a consumer's NDIS or other disability support plan are welcomed and encouraged to be involved and support consumer recovery.
ACT Corrective Services	Oversight and management of individuals in the criminal justice system.	Support transfer of detainees to Dhulwa and (where required) back to a custodial facility.
Housing providers	Managing and offering accommodation options	To provide safe and suitable housing solutions.
Alcohol and other drug services	To offer support for individuals with co-occurring mental health and substance misuse needs.	To deliver a range of interventions, counselling, and rehabilitation services to assist individuals in addressing and overcoming substance use disorders, ultimately promoting recovery and wellbeing.
Community services	To offer community based occupational, educational, and psychosocial services.	To provide opportunities for community engagement in meaningful activities and social connection.

11.3 Consumer supports

At the consumer level, service partnerships are tailored to meet consumers' unique needs and challenges. These partnerships are designed to empower consumers, engage their support networks, and promote recovery while respecting individual choice, values and goals. Any additional service involvement should be decided in partnership with consumers to support their involvement in selecting and engaging with these services, which will support positive outcomes.

These service partnerships include but are not limited to:

- Family and carer involvement
- Peer support and support groups
- Advocacy and legal services
- Educational and vocational support
- Spiritual and cultural services
- Recovery and wellness planning.

12. Monitoring and evaluation

The MoC has been developed to align practices with the best contemporary standards and the expectations of staff and consumers. A continuous improvement approach, informed by insights from the previous model of care and service review will assist implementation of the MoC. Continuous improvement (as described in the subsection below) involves closely monitoring service functions and expectations, particularly in risk management, through key performance indicators (KPIs), consumer and carer, family, and supporter feedback, and risk reviews. The MoC will undergo a continuous improvement approach throughout the implementation and review in 3-5 years.

12.1 Continuous improvement

Continuous improvement is the rigorous management of performance and progress to benchmark, manage risk and drive improvement.[11] This iterative process is at the core of the CHS Forensic Mental Health Inpatient Services' commitment to providing consumers with the best assessment, treatment and support within the available resources. KPIs guide the improvement and continuous learning process. These metrics are one aspect of the performance assessment to identify areas for enhancement and make data-driven decisions. CHS Forensic Mental Health Inpatient Services reports on the required MHJHADS Access, Quality, Finance and Human Resource KPIs. Additional measures may be added consistent with CHS policies, procedures and clinical guidelines and research.

A subset of the KPIs is listed in Table 2, below.

Table 2 – KPIs and reporting.

Key Performance Indicators	Description
Inpatient admissions	Total number of consumers admitted.
Transfers in and out	Total transfers in Transfers from: • other mental health units • corrections facility • other facility Total transfers out Transfers to: • other mental health units • corrections facility • other facility
Inpatient discharges	Total number of consumers discharged
Ward occupancy	Percentage of inpatient beds occupied
Average length of stay	Calculated for discharged consumers

11 Canberra Health Services, The Foundation of Exceptional Care: Clinical Governance Framework 2020-2023.

Care plan	Parentage of consumers with a care plan - completed every three months
Structured sessions	Parentage of weeks in which 25 hours of structured sessions were delivered
Admission assessment	Parentage of consumers who have undergone physical examination within 24 hours of admission – conducted by a medical officer
Consumer experience	Your Experience of Service (YES) survey results
Consumer and carer feedback response.	Percentage of Feedback responded to within 35 days (National Standard response time)
EssenCES	Percentage of staff and consumers that have completed the survey every 3 months – 75% completion rate required
Physical health assessment	Percentage of consumers offered comprehensive nursing physical health assessment within 7 days of admission
	Percentage of consumers offered GP assessment within 28 days of admission
	Percentage of consumers offered an annual physical assessment

13. Glossary

Acute mental health services	The primary goal of care is reduction in severity of symptoms and/or distress associated with the recent onset or exacerbation of a mental illness.
Carer	A person who provides personal care, support, or assistance to you. According to the Act, people can be carers if they are a partner, parent, child, relative, or guardian of the person or if they live with a person who experiences mental illnesses or disorders. However, a person is not automatically a carer simply because they hold such a position.
Conditions of Release	A person who is found not guilty due to mental impairment of a serious offence by a court may be released from custody with conditions by the ACT Civil and Administrative Tribunal. Where inpatient care is required, the person may be made subject to a condition to reside at an address or approved facility such as Dhulwa. Decisions about leave for such persons is required to be consulted upon by the ACAT so that the conditions can be varied.
Consumer	Consumers are people who identify as having a living or lived experience of mental illness, irrespective of whether they have a formal diagnosis, have accessed services and received treatment.
Correctional patient	A person serving a custodial sentence who requires treatment, care or support in an approved mental health facility and consents to receiving the treatment, care or support and a mental health order or forensic mental health order cannot be made.
Leave	Leave is a period of time out of a facility agreed between the person receiving treatment and care and their treating team. The leave period is designed to enhance recovery and help the person return to their usual life in the community.
Mental disorder	Mental disorder means a disturbance or defect, to a substantially disabling degree, of perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation, or emotion; but does not include a condition that is a mental illness.
Mental health order	A psychiatric treatment order, a community care order or a restriction order (*Mental Health Act 2015*).
Mental illness	A condition that seriously impairs (either temporarily or permanently) the mental functioning of a person in one or more areas of thought, mood, volition, perception, orientation or memory. It can be characterised by the presence of:

	• delusions, hallucinations, severe disorders of streams of thought, serious disorders of thought form, or serious disturbance of mood, or • a sustained or repeated irrational behaviour that may be taken to indicate the presence of at least 1 of the symptoms mentioned in the dot point above. A mental illness may be secondary to mood disorders (e.g., major depressive disorder and bipolar disorder) and psychotic illnesses (e.g., schizophrenia).
Mental impairment	A mental impairment is a defence for a criminal charge. Where a court finds a person mentally impaired in relation to a criminal charge the person will not be held criminally responsible for that conduct.
Model of care	A model of care broadly defines how health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. Models of care may be developed at the project level, where required.
Recovery	Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues
Trauma informed care	Trauma Informed Care involves staff understanding the impact of trauma, triggers, and how service delivery can aggravate the impacts of trauma
Treatment, care and support	Things are done or services provided by health professionals to promote a person's recovery, remedy the disorder or illness or lessen its ill effects or the pain or suffering it causes. This may include: • the giving of medication, • counselling, • training, or • therapeutic and rehabilitation programs. Any treatment, care or support provided to the person under the Mental Health Act on an involuntary basis must have a clear relationship with restoring the person's mental health, e.g., if a person requires antipsychotic medication to treat their psychosis, blood levels must be checked regularly to ensure the safe and therapeutic administration of the antipsychotic, therefore requiring a blood test constitutes treatment, care or support under the Act. A person cannot be required to accept treatment for a non-related physical health condition, i.e., asthma, because they are receiving care under the Act.
Unfit to plead	A person who is charged with a criminal offence is deemed unfit to plead if their mental process is disordered or impaired, affecting their ability to understand essential court processes.

14. Appendix A Legislation

All services provided by CHS Forensic Mental Health Inpatient Services are measured against the National Safety and Quality Health Care Standards (NQHSS) and the National Standards in mental health services (2nd Edition Nov 2017).

As detailed in Section 11.1 –Interdependencies – Legislative, CHS Forensic Mental Health Inpatient Services is required to comply with relevant legislation and CHS policy. These include but are not limited to the items set out in Table 3, below.

Table 3 – Additional legislation and CHS policies

Legislation
Carers Recognition Act 2021 (ACT)
Children and Young People Act 2008 (ACT)
Corrections Management Act 2007 (ACT)
Crimes Act 1900 (ACT)
Crimes Act 1914 (C'wlth)
Discrimination Act 1991 (ACT)
Guardianship and Management of Property Act 1991 (ACT)
Health Records (Privacy & Access) Act 1997 (ACT)
Human Rights Act 2004 (ACT)
Mental Health Act 2015
Mental Health (Secure Facilities) Act 2016
Privacy Act 1988 (Cwlth)
Work Health and Safety Act 2011 (ACT)

15. Appendix B Staffing Profile

Dhulwa Mental Health Unit staffing profile

Position Title	Classification	Budgeted FTE 2022	Headcount 2022	Comments
Medical Staff				
Director Forensic Mental Health Services	Medical Officer	1	1	Works across CHS Forensic Mental Health Service
Forensic Psychiatrist	Medical Officer	2	2	
Psychiatric Registrar	Medical officer	1	1	
Nursing Staff				
Assistant Director of Nursing	RN4.2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Clinical Nurse Consultant	RN3.2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Roster Manager	RN3.1	1	1	Indirect Works across both Dhulwa and Gawanggal
Clinical Nurse Educator	RN3	1	1	Indirect. Works across both Dhulwa and Gawanggal
Alcohol and Other drugs	RN2	1	1	Indirect. Works across both Dhulwa and Gawanggal
Clinical Development Nurse	RN2	2	2	Indirect. Works across both Dhulwa and Gawanggal
Registered Nurse	RN2	12.58	16	

Registered Nurses	RN1	26.47	34	
Enrolled Nurse	EN	11.39	3	
Assistant in Nursing	AIN	7	5	
Allied Health Staff (work across both Dhulwa and Gawanggal)				
Allied health Manager	HP 4	1	1	
Psychologist	HP4 HP2	0.4 0.8	1 1	
Occupational Therapist	HP2	1	1	
Social worker	HP3 HP1	0.7 1	1 1	
Art therapist	HP2	0.5	1	
Allied Health Assistant	AHA3 AHA2	1 2	1 1	
Exercise Physiologist	HP2	0.5	1	
Administration				
Administration and Data Manager	SOG C	1	1	
Administration Officer	ASO 3	2	2	
Property Manager	ASO 4	1	1	

Gawanggal Mental Health Unit staffing profile

Position Title	Classification	Budgeted FTE 2022	Headcount 2022	Comments
Medical Staff				
Psychiatrist	Medical Officer	0.5	1	
Psychiatric Registrar	Medical officer	1	1	
Nursing Staff				
RN 2	Level 2	5.70	2	
RN	Level 1	3.51	7	All level 1 RN are at a senior 1.8 level
EN	EN	2.19	1	
AIN	AIN	3.51	4	
Administration				
Admin	ASO 3	1	1	
Support Services				
HSO4	4	Unfunded 4.0	4	

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Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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