COPP 4.9 At-Risk Prisoners

Prison

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| PrinciplesAs referenced in the [Guiding Principles for Corrections Australia 2018](http://justus/intranet/prison-operations/Documents/guidelines-for-corrections-in-aus.pdf):2.1.1 Custodial environments provide safe and humane containment of prisoners, commensurate with the assessed risk, recognising that the deprivation of liberty is deemed as punishment2.1.3 Individual prisoners/offenders are managed and supervised in a manner that responds to their particular risk and needs, including the impacts of victimisation and trauma2.1.8 Restrictions placed on prisoners/offenders are no more than necessary to maintain safety and security and are based on individual assessment of risk3.1.1 Correctional practices identify, minimise and manage any risks to staff, the community, visitors, prisoners and offenders3.1.3 Prisoners/offenders, visitors and staff, particularly those most vulnerable or at-risk, are safe from bullying, intimidation and victimisation (including verbal, mental or physical abuse, damage or property theft)3.1.7 Prisoners identified as being at-risk of self-harm or suicide are managed in the least restrictive manner based on an objective assessment of their individual risk, needs, health and welfare3.3.4 The particular needs of specific prisoner cohorts are reflected in placement decisions4.1.4 Prisoners are provided a standard of health care equal to services available in the community that meet their individual physical health, mental health and social care needs fostering continuity of care between custody and the community4.1.12 Appropriate mental healthcare is accessible to prisoners with systems in place to refer persons with deteriorating or acute mental illness for specialist mental health treatments. |

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# Scope

This Commissioner’s Operating Policy and Procedure (COPP) applies to all prisons administered by or on behalf of the Department of Justice (the Department).

# Policy

Reducing incidents of harm, self-harm and suicides in prison demands the need to identify, manage and support prisoners who are at-risk.

This COPP establishes the policy and procedures for the requirements of appropriately managing prisoners at-risk of suicide and self-harm. Prisoners at-risk shall be managed in accordance with this COPP and Corrective Services’ at-risk management and support monitoring systems, policies, procedures and manuals.

Where conflicting information exists between different documentation this COPP overrides all other procedures and policies pertaining to prisoners at-risk.

All prison-based staff are responsible for identifying and reporting any information regarding a prisoner’s wellbeing and potential to suicide or self-harm. Prison Officers and prison staff who identify that a prisoner may be at-risk to self shall make an At Risk Management System (ARMS) referral on the Total Offender Management Solution (TOMS).

Prison staff who work directly with prisoners are required to complete mandatory Gatekeeper training provided by the Corrective Services Academy which assists Prison staff to identify and respond to at risk prisoners.

All staff are required to complete the Department’s mandatory Mental Health Awareness online training package.

All communications with prisoners should be articulated in such a way that language diversity is acknowledged and understood.

Prisoners unable to communicate in spoken and/or written English are made aware of their right to communicate in their preferred language and if necessary, provided an interpreter certified by the National Accreditation Authority for Translators and Interpreters (NAATI).

# Definitions

### Self-harm is the act of someone deliberately causing pain or injury to themself without wanting to die. It is common for people who self-harm to state that they have no intention of dying and that their self- harming behaviour is a coping strategy or a cry for help. Another term used for self-harm is non-suicidal self-injury. Self-harm can cause accidental death or escalate to suicidal behaviours (but not necessarily).

### Suicidal thoughts are thoughts of wanting to die. They can vary in severity from a passive wish to be dead to active thoughts including plans and intent. Suicidal thoughts vary in frequency and duration. Suicidal thoughts do not always lead to suicide but are a risk that needs to be taken seriously.

### Suicide is self-inflicted death with evidence of the intent to die. Suicidal behaviours include actual attempts to kill oneself, attempts uninterrupted by something or someone one, making steps toward an attempt but self-aborted, or behaviours in preparation to make a suicide attempt.

# At-Risk Prisoner Cohorts

### All prisoners are at greater risk of suicide than those in the community. Within prison there are groups of prisoners at further risk of suicide:

1. prisoners vulnerable in the prison environment because of their differences. Vulnerability may be due to mental illness, intellectual disability or cognitive impairment, cultural or spiritual issues, sexual orientation or gender diversity. A notable vulnerable prisoner group are prisoners held under the Criminal Law (*Mentally Impaired Accused) Act 1996 [[1]](#footnote-2)*.(refer to [COPP 4.7 – Mentally Impaired Accused Prisoners](https://justus/intranet/prison-operations/Pages/prison-copps.aspx))
2. prisoners with a Mental Illness
3. prisoners being bullied, or at risk of vengeance or retribution from other prisoners, due to the impact of antisocial behaviours and fear on a prisoner’s mental health. (Refer to [COPP 4.10 – Protection Prisoners](https://justus/intranet/prison-operations/Pages/prison-copps.aspx) and [COPP 10.6 – Anti-Bullying](https://justus/intranet/prison-operations/Pages/prison-copps.aspx))
4. prisoners in prolonged isolation are at higher risk of mental health deterioration and thereby risk to self
5. Aboriginal prisoners, particularly when out of country
6. prisoners with lengthy sentences or charges/ convictions causing shame.

### As referenced in the [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx) and COPP 4.2 – Aboriginal Prisoners, Aboriginal prisoners may demonstrate slightly different characteristics when they are at risk of suicide or self-harm.

### Where there are concerns for an Aboriginal prisoner’s risk of suicide or self-harm, staff shall manage the prisoner, including engaging with supports such as services and community members, in accordance with the [Support and Monitoring System (SAMS) manual](https://justus/intranet/prison-operations/Documents/SAMS-manual.docx) and the [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx).

# Prevention

### The Department’s suicide prevention strategy consists of 3 levels of prevention.

1. Primary prevention – strategies that aim to create a physical and social environment that limits stress on prisoners. For example, comprehensive orientation processes, anti-bullying policy, meaningful employment.
2. Secondary prevention – strategies that aim to support prisoners at higher risk of suicide or self-harm. For example, risk screening at reception, peer support, the Support and Monitoring System (SAMS).
3. Tertiary prevention – strategies aimed directly at individuals who are identified as at risk. For example, safe cells, CCU, increased monitoring, mental health or psychological health interventions.

### The At Risk Management System (ARMS) incorporates initiatives across all 3 levels. Both ARMS and the Support and Monitoring System (SAMS) encourage a ‘whole of prison’ approach to the identification, management, and the support of prisoners at-risk.

### All staff working in prisons, custodial and civilian staff, are to be trained in Gatekeeper. All prison staff are responsible for referring prisoners to ARMS when there is any concern for a prisoner’s safety and to immediately ensure the safety of the prisoner.

### Placement and management of prisoners on ARMS or SAMS shall be recorded on TOMS.

# ARMS

### ARMS provides a framework for suicide prevention with processes to assist staff in the identification and management of prisoners at-risk of acute self-harm or suicidal crisis.

### The [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx) provides staff with information and an understanding of their roles and responsibilities in regards to ARMS, and how to utilise the ARMS.

## ARMS process

### Prison Staff may utilise ARMS at any time during the course of their duties.

### There are 4 stages in the ARMS process as detailed within the [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx):

1. identification
2. interim management plan
3. management
4. removal.

## Reception

### Prisoners who are new to the custodial environment or who have previously been in prison on ARMS or SAMS shall be prioritised to start the reception process in accordance with COPP 2.1 – Reception.

### Upon initial reception each prisoner is to be screened for ARMS by a Reception Officer using the ARMS Reception Intake Assessment (RIA).

### Reception Officers who are conducting the ARMS, RIA shall have a valid and current mental health awareness training qualification via the Department’s online [Justice Education Management System (JEMS)](https://ilearning.seertechsolutions.com.au/Saml/AuthRequest?sitename=dotag).

### Prisoners who are identified as requiring ARMS on reception shall be managed in accordance with this COPP, the [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx), ARMS policies and procedures.

## ARMS during imprisonment

### On identification of a prisoner who is at-risk of self-harm or suicide the prison staff shall immediately complete an ARMS referral and inform the relevant Unit Manager.

### Where Health Services (HS), Mental Health (MHAOD) or other civilian staff have identified a prisoner who is at-risk of self-harm or suicide, they shall immediately complete an ARMS referral before notifying the prisoner’s Unit Manager.

### The Unit Manager shall interview the prisoner and develop an ‘Interim Risk Management Plan’ in accordance with the [ARMS manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx) and may consult with relevant staff including the referrer, the mental health team or Psychological Health Service (PHS) where necessary.

### The Unit Manager shall give consideration to previous referrals, alerts and placement history when developing the Interim Risk Management Plan.

### The Unit Manager shall identify the frequency of checks to be documented by Officer’s in the Interim Risk Management Plan in accordance with the [ARMS manual.](http://justus/intranet/prison-operations/Documents/arms-manual.docx)

### The ARMS module in the TOMS generates a referral and alert flag in the prisoner’s TOMS record when the Interim Management Plan is recorded.

### Prison Officers shall manage the prisoner in accordance with the Interim Management Plan pending the review by PRAG.

### Prisoners on an Interim Management Plan shall be reviewed as soon as possible by the PRAG to develop a Risk Management Plan.

### The Risk Management Plan shall be available to all staff in the prisoner’s profile in the TOMS ARMS module.

### Prison Officers shall manage the prisoner in accordance with the Risk Management Plan.

### Unit Officers and other prison staff interacting with prisoner on ARMS are to record the following on the ARMS Supervision Log:

1. observations
2. interactions
3. interventions.

### The PRAG shall be responsible for ensuring the prisoner’s Risk Management Plan is maintained and updated in consultation with the appropriate staff.

### Review and removal of the prisoner on ARMS is conducted by the PRAG.

### The PRAG may also consider ongoing management of the prisoner on SAMS under the following circumstances:

1. a prisoner who is at chronic risk
2. a prisoner who is vulnerable
3. a prisoner who requires professional case management.

## Placement considerations

### Prisoners identified as high risk ARMS should be placed in a Safe/ Medical Observation Cell as per [COPP 5.2 – Observation Cells](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### Prisoners identified as moderate to low ARMS may be placed in a Standard Observation Cell as per [COPP 5.2 – Observation Cells](http://justus/intranet/prison-operations/Pages/prison-copps.aspx) or a Standard Cell with monitoring as per the Risk Management Plan.

## Other considerations

### It is the responsibility of the prisoner’s Unit Manager to ensure that all staff are aware that any prisoner who has been placed on high risk ARMS shall not have access to plastic bags and/or plastic wrap. Food issued for transfers shall be wrapped in materials other than plastic, such as paper.

# SAMS

### SAMS is Corrective Services’ approach to managing prisoners considered vulnerable and having difficulty coping. This may include (but not restricted to) prisoners identified:

### at long term (chronic) risk to self

### with a mental health disorder

1. with a physical or intellectual disability
2. cognitively impaired
3. experiencing sensitive cultural or spiritual issues.

### The purpose of SAMS is to ensure a collaborative, coordinated approach to identifying and managing prisoners who are not an immediate risk to themselves but require additional monitoring, support and/or clinical interventions.

### SAMS may be utilised as a direct referral tool for the mental health team and PHS to manage prisoners considered to be at chronic risk of suicide or requiring multidisciplinary case management. All other staff shall refer the prisoner via an ARMS referral which enables a SAMS suitability assessment through the PRAG.

### There are 3 methods of referral for SAMS as detailed within the [SAMS manual](http://justus/intranet/prison-operations/Documents/SAMS-training-module-ccg-members.ppt):

1. by all prison-based staff through the ARMS process
2. from PRAG
3. PHS, HS and mental health.

### SAMS prisoners shall be managed in accordance with this COPP, the [SAMS manual](http://justus/intranet/prison-operations/Documents/SAMS-training-module-ccg-members.ppt), SAMS policies and procedures.

### Where no immediate risk to self is determined and the prisoner may require extra monitoring and/or support a referral to the SAMS Case Conference Group shall be made by PRAG.

### The SAMS Case Conference Group includes but is not limited to mental health and PHS representation, prison management, prison operations and the prisoners Unit Manager.

### A Clinical Management Plan (CMP) shall be developed by the Case Conference Group which shall specify placement, observations, monitoring, interventions, support and scheduled reviews of the prisoner.

### The SAMS alert occurs upon completion of a ‘current’ CMP.

### The Chair of the SAMS Case Conference Group shall be responsible for the activation and deactivation of the SAMS Alert.

### The overall management of prisoners will be in accordance with their individual CMP and in conjunction with other prison management regimes.

### The level of monitoring shall be documented in accordance with the requirements of the CMP.

### Prison Officers shall document the required monitoring, observations and intervention of the prisoner in accordance with the CMP.

### In accordance with the CMP prison staff shall document on the SAMS supervision log including, but is not limited to:

1. observations and interventions
2. visits
3. phone calls
4. meaningful behaviour, interaction, mood states.

### The prison staff shall advise the Unit Manager of any concerns for the prisoner. For example, any changes in the prisoner’s behaviour or in their interactions with other prisoners, family and friends via visits, telephone or letters.

### The Unit Manager shall inform the prisoner’s primary contact (documented on their CMP) of any concerns for the prisoner.

### Prisoner monitoring and observations shall continue and be documented where a prisoner is being escorted, transported or transferred.

### A decision to remove the prisoner from SAMS may only be made by the Case Conference Group.

# Transfer and Escorts

### Transfer and escorts of a prisoner shall be conducted in accordance with [COPP 12.3 – Conducting Escorts](http://justus/intranet/prison-operations/Pages/prison-copps.aspx) and [COPP 12.4 – Prisoner Transfers.](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)

# Reporting

### Reporting incidents shall be reported and managed in accordance with C[OPP 13.1 – Incident Notifications, Reporting and Communications.](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)

# Annexures

## Related COPPs and documents

* [COPP 2.1 – Reception](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* COPP 4.2 – Aboriginal Prisoners
* [COPP 4.7 – Mentally Impaired Accused Prisoners](https://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* COPP 4.10 – Protection Prisoners
* COPP 5.2 – Observation Cells
* COPP 10.6 – Anti-Bullying
* COPP 12.3 – Conducting Escorts
* COPP 12.4 – Prisoner Transfers
* COPP 13.1 – Incident Notifications, Reporting and Communications
* [At Risk Management System Manual](http://justus/intranet/prison-operations/Documents/arms-manual.docx)
* [At Risk Management Procedural Instructions](http://justus/intranet/prison-operations/Documents/arms-procedural-instructions.docx)
* [Support and Monitoring System Manual](http://justus/intranet/prison-operations/Documents/SAMS-training-module-ccg-members.ppt)

## Definitions and acronyms

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| Term | Definition  |
| At-risk | A prisoner who is considered to be ‘at-risk’ of self-harm or at-risk of assault from other prisoners. |
| At Risk Management System (ARMS) | The Department's multi-disciplinary suicide prevention strategy for offenders. |
| At-risk referral | The process of formally advising the Health Services, clinicians and/or Psychological Services of an at-risk concern held by a staff member for a prisoner. |
| Commissioner’s Operating Policy and Procedures (COPP) | COPPs are policy documents that provide instructions to staff as to how the relevant legislative requirements are implemented. |
| Disturbed and Vulnerable Prisoners | Includes prisoners with sensitive, cultural and spiritual issues and prisoners at chronic risk of suicide and to consider the inclusion of prisoners with Disability Services Unit (DSU) alerts and those held in custody under the *Criminal Law (Mentally Impaired Accused) Act 1996.* |
| Guiding Principles for Corrections in Australia, 2018  | The guidelines and the accompanying principles constitute outcomes or goals to be achieved, rather than a set of absolute standards or laws to be enforced. They represent a statement of intent that each Australian State and Territory can use to develop their own range of relevant legislative policy and performance standards to reflect best practice and community demands. |
| Interim Management Plan (IMP) | A temporary strategy to manage a prisoner’s at-risk behaviour pending a comprehensive assessment by the Multi-Disciplinary team. |
| Prisoner Risk Assessment Group (PRAG) | A risk-assessment group which meets to discuss the management of ‘at-risk’ prisoner and suicide prevention strategies at a facility. |
| Prison Officer | A person engaged or deemed to have been engaged to be a prison officer under Section 13 of the [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html)or deemed to have been appointed under Section 6 to an office designated by [COPP](http://www.correctiveservices.wa.gov.au/_files/prisons/adult-custodial-rules/ac-rules/ac-rule-12.pdf) 14.1 – Delegation of Officers as Prison Officers and suitably trained to undertake searches in accordance with this COPP. |
| Prisoner | Any individual classified as a prisoner under the [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html). |
| Safe/ Medical Observation Cell | A cell which houses prisoners who require a higher level of observation or present as high risk. |
| Self-Harm  | The practice of injuring oneself in order to relieve emotional distress with non-fatal consequences. |
| Senior Officer (SO) | A prison officer under Section 13 of the [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html) and a person appointed or deemed to have been appointed under Section 6 [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html) to an office designated by rules for the purposes only of this definition, who has successfully completed the ELTP and the Department’s Senior Officer promotional process. |
| Staff | All persons employed by the Department of Justice. Also includes all contract workers authorised by the Commissioner in accordance with Section 15I (1) *Prisons Act 1981* to perform a function. |
| Standard Observation Cell | A cell which houses prisoners who require an increased level of observation (i.e. moderate to low risk prisoners) |
| Standing Order | means standing orders issued by a superintendent under section 37 of the *Prisons Act 1981* |
| Suicide | Suicide is self-inflicted death with evidence of the intent to die. |
| Suicidal Ideation | Any self-reported thoughts of engaging in suicide related behaviour. |
| Superintendent | The Superintendent as defined in Section 36 of the [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html) includes any reference to the position responsible for the management of a private prison under Part IIIA of the [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html). This does not extend to the OIC of the prison. |
| Total Offender Management Solution (TOMS) | The computer application used by Corrective Services for the management of prisoners in custody. |

## Related legislation

* *Prisons Act 1981*
* *Prisons Regulations 1982*
* *Mentally impaired Accused Act 1996*

# Assurance

It is expected that:

* Prisons will undertake local compliance in accordance with the Compliance Manual.
* The relevant Deputy Commissioner within Head Office will undertake management oversight as required.
* Monitoring and Compliance Branch will undertake checks in accordance with the Compliance Framework.
* Independent oversight will be undertaken as required.

# Document Version History

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| --- | --- | --- | --- | --- |
| Version no | Primary author(s) | Description of version | Date completed | Effective date |
| 1.0 | Operational Policy | Approved by the Director Operational Policy, Compliance and Contracts | 16 July 2021 | 16 August 2021 |
| 2.0 | Operational Policy | Approved by the Commissioner | 31 July 2023 | 3 August 2023 |

1. [↑](#footnote-ref-2)