GOVERNMENT OF WESTERN AUSTRALIA

OFFICE OF THE INSPECTOR OF CUSTODIAL SERVICES

People in custody requiring crisis care

January 2025

The Inspector of Custodial Services and staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country, and their continuing connection to land, waters, and community throughout Australia. We pay our respects to them and their cultures, and to Elders, be they past or present.

Reader advice

The following review contains discussions on self-harming and suicide. Reader discretion is advised as some people may find the content of this report distressing.

People in custody requiring crisis care

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Table of Contents

Inspector's Overview

Prison mental health crisis needs urgent attention

There is no argument about the high rates of mental illness in prisons across Australia (Baksheev et al., 2010; Samele et al., 2021; Adams & Ferrandino, 2008). In Western Australia, around 8% (633) of the adult prison population had a diagnosed, or were awaiting assessment for, a psychiatric condition and were being cared for in prisons across the State. Western Australia's only secure forensic hospital, the Frankland Centre, has a capacity of just 30 beds and can only accommodate 10 or so patients from prisons at any one time, which means that many prisoners with acute mental health issues must be managed within custodial facilities.

Two key elements are critical to how these prisoners are cared for and managed. First, availability of clinical staff, and second access to a therapeutic environment. This review has found that in Western Australian prisons both elements have significant shortfalls.

Clinical mental health staff are in short supply across the country, and prisons around Western Australia are facing significant shortages. A common concern raised with us by clinical staff was that they were overwhelmed by workloads, which required prioritisation of patients with the most acute risk.

Similarly, appropriately designed therapeutic infrastructure is not available across the prison system, and the seven dedicated crisis care units are largely cold sterile facilities that our forensic psychiatric expert advisors have in the past described as untherapeutic and not compatible with community standards. The only exception to this is the specialist Bindi Bindi mental health unit in Bandyup Women's Prison.

With the soaring adult prison population, which stands at just over 8160, the extraordinary demands on mental health staff and crisis care infrastructure are likely to increase rather than diminish. To put this into perspective, in December 2024, the Department's monthly data provided to us shows that there were 31 prisoners at the highest priority rating with a 'serious psychiatric condition requiring intensive and/or immediate care'. These are in addition to the 10 or so patients currently being cared for in the Frankland Centre. In past inspections, our forensic psychiatric experts have told us that prisoners at the highest priority rating would ordinarily require assessment or treatment in an acute hospital setting (i.e., the Frankland Centre or a similar facility if one existed). In the absence of bed capacity in the Frankland Centre, most of these prisoners are managed in prisons, often cycling in and out of crisis care centres.

The clinical and custodial staff we saw working in crisis care centres were doing their best to provide adequate care for prisoners in crisis, but they struggled with inadequate resources and unsuitable infrastructure. Generally, we saw resources focused on the most vulnerable category of prisoners who are at the highest risk of self-harm or suicide. Essentially, this means prevention of self-harm or suicide more so than offering therapeutic clinical intervention. This is not a criticism of the staff involved, rather a statement of the day-to-day reality they face.

Most, if not all, the prisoners sent to crisis care units are suffering a serious mental health crisis requiring ongoing clinical intervention. They are no less worthy of appropriate specialist care than

someone suffering a serious general health issue, such as a broken bone or heart complaint. The difference is the former are sent to a cold sterile untherapeutic environment where the focus is on prevention of self-harm or suicide, whereas the latter would be placed in an ambulance, taken to a hospital, assessed by medical staff, and, if required, admitted for treatment. It begs the question as to why treatment of mental health is somehow seen in a different light to general health.

Just prior to sending the final report to the printers for publication we finally received the Department's response to our draft report, 11 weeks after we sent it to them for comment. Our agreed timeframe for a response is five weeks, but this is now rarely, if ever, met. Our intention was to publish this report without their response as we have done with some recent reports. In the absence of an agreed extension, this will now be our default position.

Our report highlights many concerns and areas where improvement is warranted, and the Department's response acknowledged most, if not all, of these. A constant element of the Department's response is that previous funding requests have been unsuccessful. So, it was pleasing to see additional funding had been approved for badly needed clinical staffing at Hakea Prison, and the plans around improved infrastructure in Casuarina Prison and the intention to bid for adequate resources to staff the expanded facilities. The Department's response could be described as pragmatic, acknowledging the situation and what can be achieved. But pragmatism does not help the people in prisons today who desperately require a therapeutic environment and adequate clinical interventions. The Department and Government must commit to addressing the many mental health shortfalls we have identified in this report that we are seeing across prisons in Western Australia. There is an imperative to address these issues and concerns as a matter of urgency.

ACKNOWLEDGEMENTS

We are grateful for the support and cooperation received throughout the review from key personnel at the Department of Justice and at Serco, the private operator of Acacia Prison.

I acknowledge the contribution and hard work of the team in our office who were involved in undertaking this review. I would particularly acknowledge and thank Scott Young for his work in leading this review and as principal analyst and drafter of this report.

Eamon Ryan
Inspector of Custodial Services

28 January 2025

Executive Summary

Background

The increasing rate of mental illness and the lack of therapeutic spaces for people who are at risk of self-harm and suicide are key concerns affecting custodial environments. It has consistently been recognised that those in custody experience increased rates of mental illness (Baksheev et al., 2010; Samele et al., 2021; Adams & Ferrandino, 2008).

Incarceration can be stressful due to a loss of autonomy, unfamiliar surroundings, loneliness and separation from friends and family, which all greatly influence and exacerbate mental health disorders (Canada & al, 2022). For those with mental illnesses, time in custody increases the risk of chronic physical and emotional trauma (Canada & al, 2022). Poor mental health within correctional facilities has been associated with self-harm, disruptive behaviour, victimisation and poorer social outcomes upon release, including an increased risk of recidivism (Rose et al., 2019). Therefore, it is essential people in custody have access to adequate mental health care to improve their prospects of rehabilitation and reintegration back into the community. However, custodial environments are often not suitable environments to manage mental health crises and delivering treatment can be difficult. Some challenges custodial environments experience include a lack of therapeutic design considerations, poorly designed infrastructure, and capacity limitations.

What is a Crisis Care Unit?

In Western Australian custodial environments, people who are at elevated risk of self-harm or suicide are often placed into observation cells that may be fully- or partially-ligature minimised and usually under camera observation. Placement decisions are based on levels of risk, with high risk individuals requiring ongoing support and monitoring typically managed in a dedicated crisis care unit (CCU). There are seven dedicated CCU facilities in Western Australia:

- Acacia Prison
- Bandyup Women's Prison
- Casuarina Prison
- Eastern Goldfield Regional Prison
- Hakea Prison
- Melaleuca Women's Prison
- West Kimberley Regional Prison.

These CCUs vary in size but typically include a combination of fully- and partially-ligature minimised cells. And while crisis care placement is usually used for those at risk of self-harm or suicide, CCU placement can also occur for other reasons such as: (DOJ, 2023a):

a) temporary holding of prisoners pending:
    - a drug and alcohol test
    - transport to an external location
    - a protection placement decision
    - placement where a prisoner identifies as transgender, gender diverse or intersex
    - or when a prisoner requests timeout

b) new 'young offenders', defined by the Department of Justice (the Department) as 'a prisoner aged 20 years or younger who has not previously been in an adult prison or has spent less than 7 days previously in an adult prison' (DOJ, 2024, p. 25).
c) offenders received during night hours, who have not yet been risk-assessed
d) medical observation including:
    - medical reasons
    - injection, ingestion, or secretion of an unknown or harmful substance.

Overall, while departmental policy specifies why people in custody can be placed in the CCU, criteria for placement is broad and can include anyone.

Key Findings

Crisis care units are under pressure to meet demand

Crisis care units (CCU) across Western Australian prisons are under significant pressure to meet increasing demand. This is due to a variety of factors including outdated infrastructure, population increases, and a growing number of people in custody who are at risk of suicide and self-harm. This has led to periods where some CCUs have been full and, on occasion over-capacity, resulting in prisoners sharing cells. This has placed additional pressure on clinical staff to discharge people in custody from a CCU placement as soon as possible to free up beds.

Some people in custody were also spending long periods of time in the CCU, a few of whom could not be relocated due to a lack of alternative placement options. Long periods in crisis care, traditionally a short-term placement option, can be detrimental to personal wellbeing given the environment's short-term placement design. Overall, the lack of policy governing the intended purpose and use of crisis care has likely contributed towards ad hoc or site specific arrangements which, in turn, can led to inconsistent and poor treatment of people in custody.

Experience for people in crisis care described as 'bleak'

Placement and treatment for people in the CCU was found to be mainly based on suicide prevention rather than therapeutic support. Experts our office consulted for previous inspections found some CCUs were untherapeutic and not fit for purpose. We found the experience of prisoners in crisis care was one of isolation and loneliness and likely exacerbated, rather than improved, mental health outcomes.

Staffing, both custodial and non-custodial, in CCUs was also problematic. While support was available, it was limited due to critical shortages in mental health, psychological health services and psychiatry. Cultural mental health support was also limited and placed a greater burden on peer support staff to provide counselling, despite having no formal training. Custodial staffing in some CCUs was poor and reduced opportunities for people in custody to receive appropriate time out of cell.

Crisis care infrastructure does not support psychological wellbeing

The physical design of CCUs did not support psychological wellbeing of prisoners. CCUs were found to be outdated and prioritised security over therapeutic principles. The units were generally noisy, and they lacked stimulation, colour, and natural lighting, which can ultimately affect prisoner mood and wellbeing. Only Bandyup and Melaleuca women's prisons provided some therapeutic features with the inclusion of colour and artwork in dayrooms. Most recreation yards within CCUs did not provide people in custody with access to green spaces or leisure items.

Conclusion

Crisis care units across Western Australian prisons are in need of considerable investment to keep pace with the rapidly increasing prison population and increasingly complex prisoner cohort. Underpinning this investment, should be an appropriate governance framework establishing a strategic vision that sets the role and purpose of crisis care units along therapeutic design principles.

The lack of progress in this area over many years has been to the detriment of health and wellbeing outcomes for people in custody. Evidence presented throughout this report suggests they can be worse off during a placement in a CCU, and this is likely leading to deteriorating health outcomes. Ideally, placement in crisis care should promote wellbeing, allowing prisoners who need it the opportunity to get well in a safe and therapeutic environment.

List of Recommendations

Recommendation	Page	DOJ Response
Recommendation 1 Review existing crisis care units against best practice therapeutic design principles.	2	Supported in Principle
Recommendation 2 Conduct a needs analysis to determine existing and future mental health demand.	5	Supported – Current Practice / Project
Recommendation 3 Develop and publish a policy outlining the Department's definition of crisis care as well as its intended vision and purpose.	6	Supported
Recommendation 4 Review the use of tear-proof gowns with an emphasis on structural integrity and fitness for purpose.	9	Supported – Current Practice / Project
Recommendation 5 Increase full time equivalent staffing numbers across mental health, psychological health, and psychiatry streams to meet current and future demand.	13	Supported in Principle
Recommendation 6 Provide prisoners in crisis care units with meaningful activities, including leisure and recreational items.	18	Supported
Recommendation 7 Install closed circuit television cameras within the crisis care unit at Hakea Prison.	20	Supported – Current Practice / Project
Recommendation 8 Increase closed circuit television coverage of the crisis care unit at Casuarina Prison by installing cameras down the wing.	20	Supported – Current Practice / Project
Recommendation 9 Install green spaces, where possible, in recreation yards.	24	Supported in Principle

Recommendation 10 Modify the recreation yard at Bandyup Women's Prison so women have access to fresh air.	24	Supported in Principle

1 Crisis Care Units are under pressure to meet demand

Dedicated CCUs are not fit for the current prison population needs. As a result, CCUs are now reaching capacity and, in some cases, they are over capacity. This has led to a practice of prisoners sharing cells. Most of the dedicated CCUs were designed and built for smaller population sizes and have not been expanded, despite steady increases in the population.

This is compounded by the increasing number of people suffering mental ill health and rising number of self-harm incidents. While there has been an acknowledgement by staff that poor mental health has rapidly increased, there has not been enough investment in specialised mental health support. Many CCU cells are also occupied by long term prisoners due to chronic mental health illness. While there is no indication in policy outlining the duration someone should be managed in the CCU, staff implied CCU placement is primarily for short-term support.

1.1 Occupancy rates in crisis care have mostly increased

Some CCUs were under pressure due to increased demand. Over a three-month period (April to June 2024), Hakea Prison, Eastern Goldfields Regional Prison, and Bandyup Women's Prison, saw occupancy rates increase, while Casuarina Prison and Melaleuca Women's Prison each experienced minor reductions.[1]

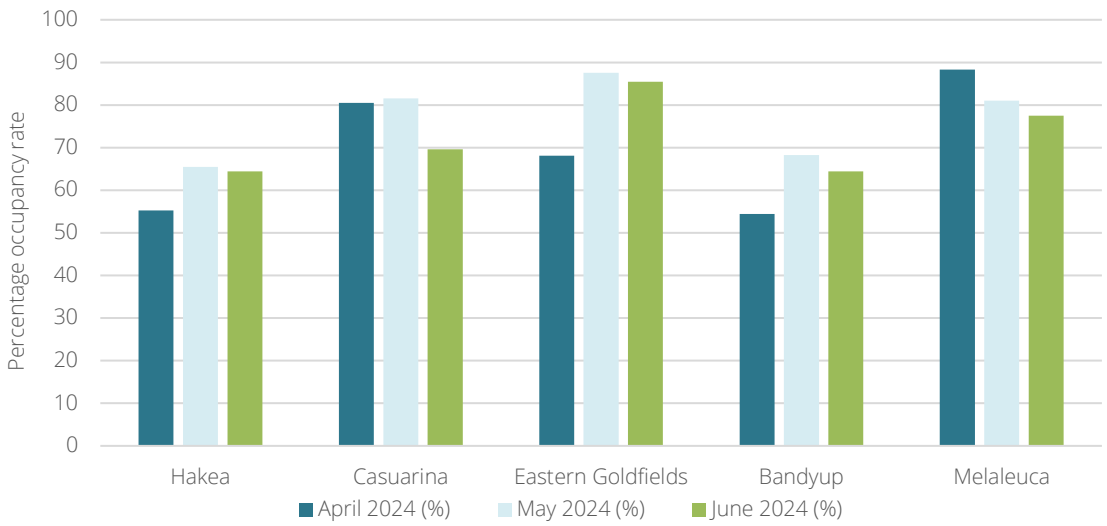


Figure 1: Crisis care unit capacity rates have remained above 50 per cent (April – June 2024).

[1] Data for Acacia Prison and West Kimberley Regional Prison was unavailable.

An analysis of the daily occupancy levels indicated most facilities reached their maximum occupancy at least once during the three-month period. Most CCUs, except for Casuarina and Melaleuca, also experienced an increase in the number of days they reached capacity. And despite a small reduction observed at Melaleuca, its CCU was consistently under the most pressure recording the highest number of days at capacity.

We also identified days when CCUs were over capacity. At Hakea, sometimes up to four prisoners would share a cell together.[2] This was despite many prisoners often having severe mental health concerns and being managed on separate regimes due to risks to other prisoners. Some staff expressed reservations about the practice of sharing cells. However, they conceded there was a lack of suitable alternatives. Studies suggest the practice of cell sharing in overcrowded prisons is linked to 'tense prison social climates, higher levels of assault, bullying and increased rates of suicide and self-harm' (Muirhead, Butler, & Davidson, 2023, p. 336). We also learnt that staff on occasion had to place prisoners in dry cells, which are normally reserved for prisoners who refuse a drug search or test. These cells do not have running water or a toilet.

At Hakea Prison, we found there was pressure to discharge prisoners from the CCU as soon as possible. Psychological Health Services (PHS) staff perceived discharge planning for the highest risk prisoners was already taking place prior to a PHS assessment. PHS staff told us they felt pressure to justify keeping someone in the CCU. Similarly, at Casuarina Prison, mental health staff were concerned that discharge planning for prisoners managed in a safe cell were based on those with the least amount of risk, despite them still exhibiting signs of risk. The driver for this was demand pressure.

Recommendation 1
Review existing crisis care units against best practice therapeutic design principles.

1.2 Increasing numbers of people in custody were managed for risk to themselves

We found all facilities with a dedicated CCU experienced increases in the number of people placed on the At-risk Management System (ARMS). ARMS is responsible for managing prisoners who are at risk of suicide and self-harm. There are several types of drivers for prisoners that are at risk of self-harm or suicide:

- Vulnerability – prisoners with 'mental illness, intellectual disability or cognitive impairment, cultural or spiritual issues, sexual orientation or gender diversity' (DOJ, 2023c, p. 4)

[2] The Department has advised that eight additional cells at Hakea are currently being refurbished which will ease pressures on the CCU.

- At risk from others – prisoners being bullied or risk of prisoner violence or revenge
- Culture - Aboriginal prisoners especially when out of Country
- Long-term - prisoners with lengthy sentences or convictions and have shame.

Once placed on ARMS, prisoners will be reviewed by the Prisoner Risk Assessment Group (PRAG). PRAG is responsible for the ongoing management and removal of a prisoner on ARMS, and it is conducted by a multidisciplinary team consisting of both clinical and custodial staff (DOJ, 2023c). Prisoners are managed according to their ARMS status (high, moderate, or low), which is determined by their level of risk of suicide and self-harm.

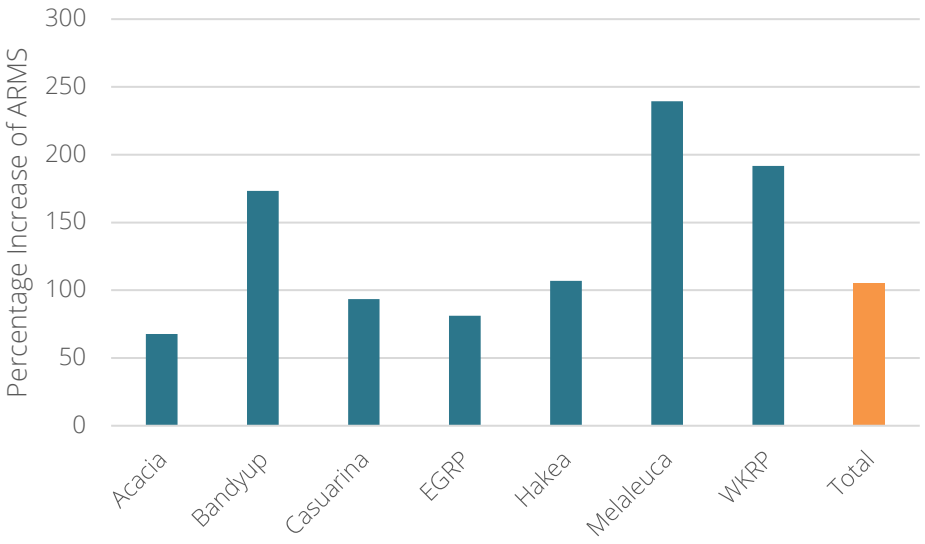


Figure 2: Between 2019-2023, prisoners placed on the At-Risk Management System increased by 105% across all facilities.

Bandyup, Melaleuca, and West Kimberley prisons experienced the largest increases rising 173%, 239% and 191% respectively. West Kimberley's population remained relatively stable over that timeframe, but Bandyup and Melaleuca's populations decreased by 9% and 19%. This suggests the number of prisoners managed on ARMS has risen disproportionately to the population in each of these facilities.

It is unclear why there has been such a significant overall increase, and we encourage the Department to investigate and mitigate the complex factors driving self-harm or attempted suicide behaviour. Nevertheless, the increase in prisoners on ARMS is likely having a strong impact on occupancy rates in CCUs.

1.3 Some prisoners spent a considerable amount of time in crisis care

One of the contributing factors to increased occupancy rates in the CCU was the number of prisoners who have spent extended periods within the unit. We identified 18 prisoners who spent more than 100 days in the CCU. Three prisoners spent more than a year in the CCU, which is ordinarily designed as a short-term crisis placement option.

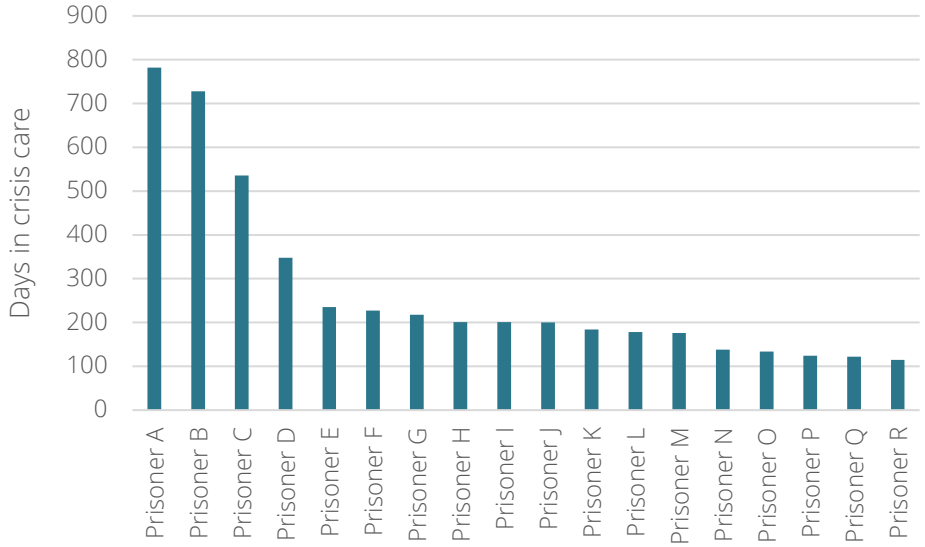


Figure 3: Three prisoners spent more than a year in crisis care accommodation.

These lengthy placements can, in part, be explained by the shortage of alternative placement options. Staff informed us there was an increase in prisoners who had severe mental health conditions. Custodial facilities lack the resources to adequately and appropriately manage prisoners with such complexities. Inevitably some of these prisoners were managed in the CCU due to a lack of suitable alternative options. Staff conceded CCUs were often not the best environments and spending a long time in a CCU could lead to a deterioration in mental health. Furthermore, long-stay prisoners occupied beds needed by other prisoners experiencing acute crises. Staff admitted some of these long-stay prisoners would be better managed in a forensic hospital setting or long-term mental health unit.

Plans have been approved for the construction of a new mental health unit at Casuarina, but it is unclear when construction will begin. The intended purpose of the mental health unit is for a step-up step-down model with a specialist mental health team which would likely reduce the pressure on Casuarina's CCU, and potentially elsewhere across the prison estate. It is unknown, however, how the mental health unit will be staffed considering the current staffing shortages in mental health. There are also plans to increase the bed capacity at Casuarina's CCU from 12 to 15. However, with the rapid increase in prison population, an additional three beds are unlikely to ease bed demand significantly. Early in this review Acacia Prison advised us of plans to convert one wing of a unit into a dedicated 15 bed CCU facility. However, we later learnt due to increased population pressures, this plan was now on hold.

Another alternative placement option for prisoners with acute mental health needs is the Frankland Centre. The Frankland Centre is the only secure forensic hospital in Western Australia. Sentenced and remand prisoners who are acutely unwell can be sent to the Frankland Centre for treatment. The Frankland Centre only has a capacity of 30 beds, but most of these are not accessible to prisoners. Our 2018 review into people in custody's access to secure mental health treatment outlined even then that the Frankland Centre did not have enough beds to support the custodial estate (OICS, 2018). This situation has not improved since, particularly noting the significant increase in the size of the prison population (daily average population in 2018 was 6,873 compared to 7,440 in the first six months of 2024).

The Frankland Centre has had longstanding capacity concerns with prisoners placed on a waitlist for much needed treatment (Bridges, 2022). Some departmental health staff admitted prisoners with long-term mental health conditions should be managed at the Frankland Centre but due to a lack of beds this is not possible. In 2023, the State Government announced funding to expand the Frankland Centre to include an additional 53 beds (Sanderson, 2023). While this is a welcomed and much-needed addition, it does not address current capacity concerns. It is acknowledged that despite the current capacity issues, some prisoners present as extremely complex and are difficult to manage in a prison setting. But we were told some prisoners were also rejected by the Frankland Centre due to being too volatile. Until the custodial estate can construct more specialised beds for mentally unwell prisoners, many of them are likely to be managed in the CCU on a long term basis.

Recommendation 2
Conduct a needs analysis to determine existing and future mental health demand.

1.4 Lack of clarity in crisis care policy

The Department does not have a single source policy governing the purpose and use of crisis care facilities. When asked, the Department provided us with a collection of 10 policy documents for adult custodial and youth detention facilities, which, among other things, guide the purpose and use of crisis care. In addition, the Department explained the most common reasons for placement were:

- being at acute risk of self-harm or suicide
- for young people on their first entry into an adult facility
- for individuals received into custody overnight.

However, none of the policy documents explicitly reference the overall purpose and use of crisis care. Similarly, while we could find reference to the placement of at-risk prisoners in the observation cell policy, we could not find any reference to the placement of new young offenders or those received into custody during the night.

The Department's observation cell policy provides a list of how many standard observation and observation safe cells there are throughout the custodial estate, including those contained within CCUs (DOJ, 2023a). In addition, guidance is provided around placement and removal decisions in these cells. While this provides some guidance for the use of observation cells, it does not outline the intended purpose of CCUs or therapeutic considerations.

Without a dedicated policy for CCUs, some facilities have adopted their own for the use of CCUs. Bandyup for instance, states its CCU is for 'at-risk' prisoners only, whereas Melaleuca's policy permits placement for those who, for security reasons, cannot be housed in the prison's two accommodation units. This difference accounts for the lack of dispersal options at Melaleuca due to its limited infrastructure. No other facilities have defined crisis care or the purpose of their CCUs.

Facility	Definition
Bandyup	CCU accommodates prisoners who are 'at-risk' and require specialist treatment and support interventions (DOJ, 2021a).
Melaleuca	The Crisis Care Unit is for short term use to house women deemed at risk to their self and/or in crisis. In addition, placement can include for security reasons that deem the women cannot be housed in either of the accommodation units (DOJ, 2021b).

We believe an overarching policy should be implemented aligned to the Department's strategic vision and purpose, with therapeutic considerations at the forefront. Without a designated policy position, there are no therapeutic standards. This leads to informal arrangements where prisons adopt their own approach. Potentially, that means staff can be unclear about their roles and responsibilities, which may in turn lead to inconsistent and poor treatment for prisoners in the CCU.

Recommendation 3
Develop and publish a policy outlining the Department's definition of crisis care as well as its intended vision and purpose.

1.5 There is limited infrastructure at regional prisons to support prisoners needing crisis care

While this review is primarily focused on prisons with a dedicated CCU, we found that except for Eastern Goldfields and West Kimberley, regional prisons provided little or no dedicated infrastructure to support prisoners requiring crisis care. Most regional prisons have safe cells and multipurpose unit (MPU) cells available. However, these are not therapeutic nor were they designed to manage prisoners requiring ongoing crisis care support. Some regional prisons also lack critical wrap around services including mental health and PHS staff which could support prisoners in crisis. For instance, correspondence from a prisoner placed at a regional prison provided the following account of their experience in an observation cell:

> Instead of being seen to by a professional, you're taken further isolation [sic] and given nothing but a [V]elcro attaching modesty suit in a white walled cell with no tv, no books and no writing material and told this is for your own good.

Most prisoners in acute crisis requiring ongoing support were often transferred to metropolitan facilities such as Casuarina Prison where more resources were available. This was putting further pressure on metropolitan facilities which were already nearing capacity. This could also be detrimental for the cultural safety and security of Aboriginal prisoners who may prefer to stay on Country.

1.6 No crisis care unit in youth space

As of November 2024, Banksia Hill Detention Centre does not have a dedicated crisis care unit. However, in November 2023, the State Government announced it was constructing a purpose-built therapeutic crisis care unit at Banksia Hill to support the most complex youth (Cook & Papalia, 2023). Recent visits to Banksia Hill by our Office note that works have commenced with the completion date set for 2025.

Currently, young people in custody who require crisis care support are placed in the Intensive Support Unit (ISU). However, the ISU also serves as a placement option for young people needing a short-term timeout and those who need targeted intervention for poor behaviour. Our recent inspection report examining the ISU documented the poor conditions young people have experienced while placed there (OICS, 2021c). There has, however, been significant refurbishment to the ISU; there is a new exercise yard which is improving young people's access to recreational opportunities when they are placed in the ISU. Furthermore, the observation cells have been revitalised with freshly painted murals adorning the cell walls and new glass has been fitted to replace the scratched viewing windows.

2 Experience for people in crisis care described as 'bleak'

While there is no policy outlining the intent and purpose of CCUs, we found crisis care placement was primarily about suicide prevention, rather than therapeutic support. This accords with opinions expressed by several experts engaged in our previous inspection work. For instance, a forensic psychiatrist advised us the Acacia CCU did 'not provide an appropriate setting … for those in acute psychological stress' (OICS, 2021b, p. 24). At Melaleuca, the CCU was described as 'not fit for purpose' (OICS, pending - 2024a) and Bandyup's CCU was described as being 'stark' and 'untherapeutic' (OICS, pending - 2024b). Prisoners also generally reported placement within the CCU made them feel worse with one prisoner describing the CCU as a form of torture. This was also raised in the recent inspection of Eastern Goldfields Regional Prison (OICS, 2023b).

In contrast, some prisoners were happy to be placed into the CCU. Staff perceived this was because conditions were seen as more favourable compared to general living units or an opportunity to avoid debts or disagreements with other prisoners. Overall, for prisoners who genuinely needed crisis care, poor conditions meant that often they were worse off.

2.1 Process of placement of prisoners in crisis care could be degrading

We found the experience of moving prisoners to crisis care for some was degrading and humiliating. For instance, when prisoners are moved from one area of the prison to another, they are required to be put into restraints as per department policy (DOJ, 2022d). While this may be standard practice, for some prisoners, this practice made them feel like they were being punished or stigmatised. Correspondence we received from a prisoner at Hakea described their experience as:

> …the way they deal with mental health is disgusting, they put you in handcuffs, drag you to CCU, which is worse than hell itself, it['s] a room with a raised concrete slab with a dirty mattress where the[re] is shit and seaman [sic] on the mattress and walls and piss all over the place…

Overall, the process of being placed into the CCU meant some prisoners were reluctant to speak up.

Tear-proof gowns are degrading and humiliating

The use of tear-proof gowns for prisoners with a high risk of self-harm or suicide was regarded by staff as both embarrassing and degrading. Staff reported prisoners often felt exposed, vulnerable, and undignified. One staff member stated 'I wouldn't put my dog in one of those' while another argued non-tear clothing was 'humiliating'. Men were generally not allowed to wear any clothes underneath their gown including underwear due potential ligature risks. Similarly, women at

Melaleuca were not allowed to wear underwear, despite the Department informing us women were permitted to retain fresh underwear.[3]

We also found issues with how gowns were designed and sized. The Department advised us that some custodial facilities had a range of sizes available from small to large, while other sites only offered a 'one size fits all' gown. However, staff informed us the gowns generally did not come in adequate sizing, with the gowns at Bandyup Women's Prison often not fitting the female prisoners. Due to design flaws, men were reportedly 'waddling around' in gowns to avoid exposing their body parts. In some cases, there were even shortages of gowns available. Women at Melaleuca, for instance, had to use gowns borrowed from Hakea.

We are concerned with the overall use of tear proof gowns and the impact this has on people's mental health. We are also alarmed about the integrity of tear-proof gowns. Several staff members informed us that gowns had been torn and used as a ligature device or self-harm tool which puts into question the structural integrity of gowns. We were able to identify several incidents where tear-proof gowns were used as a ligature for committing acts of self-harm or attempted suicide. Given these gowns are used to prevent opportunities for at-risk prisoners to create ligatures from their clothing, the Department must address this concern immediately.

Recommendation 4
Review the use of tear-proof gowns with an emphasis on structural integrity and fitness for purpose.

2.2 Daily life in a crisis care unit can be lonely and isolating

Closed Circuit Television (CCTV) footage of all dedicated CCUs revealed prisoners spent a lot of time alone in their cells and when unlocked, recreation was often spent independently as well. Despite this, the prisoners we spoke with generally reported positive relationships with officers in the CCU, and we observed many staff showing genuine compassion and interest in the wellbeing of prisoners.

Opportunities for meaningful social engagement were limited

Prisoners placed within some CCUs often spent a lot of time secured in their cells. Consequently, they used the cell call system, normally reserved for medical emergencies, as a means of maintaining contact and engagement with someone else (in this case a custodial officer).

[3] The Department has advised that prisoners are permitted to retain their underwear under normal circumstances unless there is a self-harm or suicide risk. We could not find an explicit mention of this in policy. The Department also advised they are exploring the option of safe-underwear for men and women.

We obtained cell call audio data for Bandyup and Hakea prisons and found almost all interactions were not related to a medical emergency. Instead, prisoners at both prisons used the cell call system to inquire about things such as medication, court appearances, and showering. While not emergencies, staff at Bandyup generally responded to most queries in a compassionate manner. Many prisoners were very unwell and officers at times took on the role of a counsellor by offering support.

At Hakea, officers more rigidly enforced the cell call emergency policy. One senior officer informed us some prisoners in the CCU, especially those with acute mental health concerns, would repeatedly press the cell call button. As such, prisoners who routinely pressed the cell call button would sometimes have it disabled; we could not verify whether this was a common practice across the prison estate. However, we did find examples where prisoners were charged for misusing the cell call system. According to departmental policy, the misuse of the cell call system can result in disciplinary action (DOJ, 2023a). At West Kimberley Regional Prison, there was a contrast with some officers encouraging prisoners to use the cell call button due to the lack of staff presence in the CCU, but others were threatening prisoners with a charge for misusing the cell call system.

The Department advised us it is planning to trial new technology at Eastern Goldfields Regional Prison to improve use of in-cell technology which may reduce non-medical related cell call use. Nevertheless, some flexibility in the use of the cell call system in CCU cells should be encouraged, especially when prisoners in crisis are spending significant periods alone in cell.

2.3 Low staffing allocations in mental health, counselling, and psychiatry teams

Prisoners in CCUs told us whenever they requested to see a PHS counsellor, peer support, chaplain, or mental health nurse they were normally available for an initial contact. However, clinical staff told us they were unable to always provide ongoing thorough support due to lack of funded full-time equivalent positions (FTE).

As of April 2024, the Department had 37.5 FTE mental health nurses (MHNs) throughout the prison estate and only two vacancies. In PHS, there was a total allocation of 42.6 FTE and 4.4 vacancies. While a low number of vacancies is positive, staff informed us the level of resourcing was inadequate. They said they were overworked and under resourced, examples given included:

- priority had to be given to the highest risk prisoners and less time was spent on others
- limited time was spent on mental health reviews
- desktop reviews were sometimes prioritised over face-to-face sessions
- MHNs were forced to change their screening criteria for who they saw, placing an increased workload on PHS staff
- increased time was spent conducting mental health assessments for prisoners experiencing withdrawal and managing existing prisoners on withdrawal medication.

The inadequate FTE was contributing to MHNs feeling overworked. We were told that, despite only having two vacancies, the Department's total FTE was not enough. Support for this view is found in an Australian study mapping prison mental health service staff which found Western Australia did not have enough MHN staff to service the prison population (Davidson, et al., 2020). This study was

based on the model used by Sainsbury Centre for Mental Health in the United Kingdom which provided a benchmark of 11 MHN FTE per 550 prisoners in order to provide community equivalent care (Davidson, et al., 2020). Based on the population on 23 April 2024, we calculated that all prisons with a dedicated CCU were short of the required FTE by approximately 60 FTE, and the whole estate was under resourced by about 112 FTE (based on a population of 7,458). Overall, this analysis would tend to support discussions we have had with mental health staff who reported feeling under resourced and overworked.

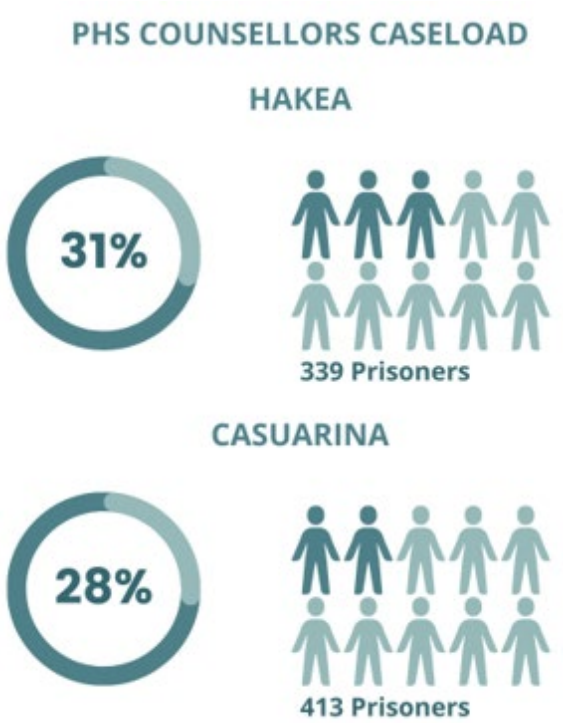
The following table examines the current number of mental health staff in prisons with a dedicated CCU compared to what the research (Davidson, et al., 2020) sets as a benchmark.

Table 1: The number of allocated mental health nurses is below the required need according to research (23 April 2024).

	Population	Mental Health Staff	
		Total FTE	Required
Acacia Prison	1,338	6	26.8
Bandyup Women's Prison	274	5	5.5
Casuarina Prison	1,480	11.75	29.6
Eastern Goldfields Regional Prison	260	1	5.2
Hakea Prison	1,068	9.7	21.4
Melaleuca Women's Prison	237	3	4.7
West Kimberley Regional Prison	226	1	4.5
Total	4,883	37.5	97.7

Similarly, PHS were only able to provide limited support to prisoners in the CCU due to the number of FTE available and increase in prisoners with mental health concerns. This can be highlighted by demonstrating the workload of PHS counsellors.
As of 2 May 2024:

- Hakea PHS counsellors had a caseload of 339 prisoners, representing 31% of its population
- the Casuarina PHS caseload was 413 prisoners, or 28% of its population



At Hakea, these prisoners were all on ARMS; staff informed us they were not currently conducting sessions for general counselling. Staff also told us they were only able to see each prisoner for approximately 15-30 mins; not enough time to provide the appropriate level of therapeutic support. Overall, the shortfall of FTE was affecting the ability of prisoners to receive quality therapeutic support.

The standards for psychological services in prisons are outlined by the International Association for Correctional and Forensic Psychology which the Department uses to establish standards for appropriate psychological care (IACFP, 2010; OICS, 2023a). The standards outline that prisons require a ratio of one PHS counsellor per 150-160 prisoners in the general population (IACFP, 2010). For prisons with specialist populations like drug treatment and mental health units, the ratio is 1:50-75 (IACFP, 2010). In 2023, we released a report into the Department's performance in responding to recommendations arising from coronial inquiries into deaths in custody (OICS, 2023a). That review argued that given the trauma histories of many Aboriginal people, combined with increased complexities of people with impairment or disability, many of these prisoners should also be categorised as a 'specialist populations' and thus be held to the specialist standard of one PHS counsellor for every 50-75 prisoners (OICS, 2023a). The Department currently has enough funded PHS counsellors to satisfy the IACFP general standard of 1:150-160. It could be argued, however, given the increasingly complex mental health presentation in prisoners, the specialist population of 1:50-75 should apply.

Collectively, shortfalls in both MHN and PHS staffing have also affected relationships. At two sites, PHS staff perceived their relationship with MHN staff had broken down and there was a lack of collaboration. We heard that this often arose from disagreement over which discipline should see individual patients. At both sites PHS felt they were left with all those patients that MHNs had determined were not within their remit due to the absence of a diagnosed and treatable mental illness. This is concerning as MHNs and PHS are often both involved in the treatment and management of the same prisoners. Better communication, collaboration, and case management is needed to provide improved outcomes for those individuals.

Lack of psychiatric services available

There was a chronic shortage of psychiatry services available in the custodial estate. The shortage of psychiatrists is not unique to prisons; there is also a shortage of psychiatrists serving the community. Nationally, the current workforce of psychiatrists only meets 56% of demand (RANZCP, 2024). Psychiatrists provide a critical function in the CCU and broader prisons.

As of April 23, 2024, the Department advised us there were a total of 3.0 fully funded FTE psychiatrists across the custodial estate, but vacancies amounted to 2.2 FTE. On the other hand, Acacia, the privately operated prison, advised they have a dedicated psychiatrist (equating to 0.4 FTE). This means that, excluding Acacia, there is less than one full time psychiatrist (0.8 FTE) available to meet the needs of the entire custodial estate.

The Department advised us it was addressing the shortage in the following ways:

- extending the authorisation for medical practitioners to prescribe restricted medication
- engaging with State Forensic Mental Health Service to provide telehealth services
- sourcing 0.1 FTE Senior Psychiatrist
- appointing a psychiatry trainee as a medical practitioner who will provide support to MHNs
- the use of interstate telehealth psychiatry services.

However, even with these measures, it remains unclear how the Department will address the significant shortfall. We were told the Department had previously attempted to use interstate telehealth services to address the gap, but due to cross-jurisdictional laws regarding prescription medication, the service was stopped. Even current arrangements for prescribing medication due to the psychiatry shortage remains concerning. A staff member informed us medical practitioners were reluctant to prescribe psychiatric medication due to the extra monitoring required and strict criteria patients needed to meet. While we acknowledge recruiting psychiatrists is challenging across most jurisdictions, incentives for psychiatrists to work in prisons are limited and the Department needs to do more to attract staff.

Recommendation 5
Increase full time equivalent staffing numbers across mental health, psychological health, and psychiatry streams to meet current and future demand.

2.4 Some crisis care units had inadequate custodial staffing levels

At several facilities, we identified inadequate custodial staffing levels within the CCU. At Bandyup Women's Prison, the CCU was staffed by only one officer creating difficulty for them to monitor women on the CCTV, unlock women for recreation and appointments, and attend to other functions. Often staff from the MPU, located next door, were called on to assist CCU staff. At the time of writing, Bandyup had submitted a business case to head office for an additional FTE in the CCU. Melaleuca CCU staff were often redeployed to other areas of the prison which meant the CCU often only had one person in the control room, so staff could not always facilitate out of cell time (OICS, pending - 2024a). While Hakea Prison had a staffing presence in the CCU, there were occasions when staff

would be allocated to other areas of the prison. This was at odds with some senior staff who felt staff in the CCU should not be redeployed.

At Hakea due to late returns from court and lower staffing numbers in the evening, prisoners were often not fully risk assessed by the medical team until the following day shift. Many prisoners on remand pose increased risk of mental illness, substance withdrawal or other vulnerabilities. Staff were concerned this created an unacceptable risk that was not properly assessed or managed. The Department informed us that a Hakea Prison taskforce has been established to find solutions to this and many other issues.

2.5 Culturally appropriate mental health support was limited

Throughout the custodial estate there was limited cultural mental health support available. As of 23 April 2024, there were only two Aboriginal mental health workers in the custodial estate, and both were located at Casuarina Prison.

Approximately 44% of the adult custodial population identifies as Aboriginal, with 9.74% identified as having a serious, significant, stable, or suspected psychiatric condition. This creates a high demand for Aboriginal mental health support. In the absence adequate numbers of Aboriginal mental health workers, we found Prison Support Officers (PSOs) and peer support prisoners were expected to fill the gap by providing cultural support to prisoners in the CCU. Many PSOs have unique cultural experience and skills, including language skills and local cultural knowledge. These skills were highly regarded by prisoners in crisis and, consequently, heavily relied upon. Due to the increased numbers of people in custody with mental health concerns and the low number of MHN and PHS staff, PSOs advised us they felt they had to provide counselling support to prisoners despite an absence of any formal training. Several PSOs told us they felt non-Aboriginal staff struggled to understand Aboriginal prisoners needs and concerns and current cultural awareness training was not sufficient.

3 Crisis care infrastructure does not support psychological wellbeing

We found the infrastructure in CCUs to be poorly designed and untherapeutic. CCUs are purpose built to reduce the risk of self-harm and suicide. However, we found limited evidence of therapeutic design features which would promote a sense of wellbeing for prisoners in crisis. In part, this is explained by the legacy of prison design which has historically prioritised security over therapeutic elements.

According to staff, CCUs were historically used to facilitate temporary 'timeouts', not address those at risk of self-harm or suicide. These timeouts were often less than 72 hours but offered prisoners a quieter environment away from the more stressful mainstream units. While this model worked in the past, population pressures and increasingly complex prisoners with mental health illnesses have meant this is no longer feasible. The lack of investment in infrastructure further compounds the issue as many CCUs have not increased their capacity since their initial construction. As already outlined, most prisons currently lack alternative options to manage prisoners with mental health issues. We found CCUs were more likely to be operating at capacity, presenting numerous challenges to staff and prisoners.

3.1 Crisis care units lack therapeutic elements

Most of the CCUs we visited offered prisoners minimal therapeutic benefits. Generally, we found CCUs were basic units that contained little to no visual stimulation or colour. Research indicates a lack of colour in an institutional environment can worsen mood and wellbeing (Bernheimer et al., 2017). This is often compounded by poor lighting. But some CCUs had skylights and windows which brought in natural light to offset poor lighting.

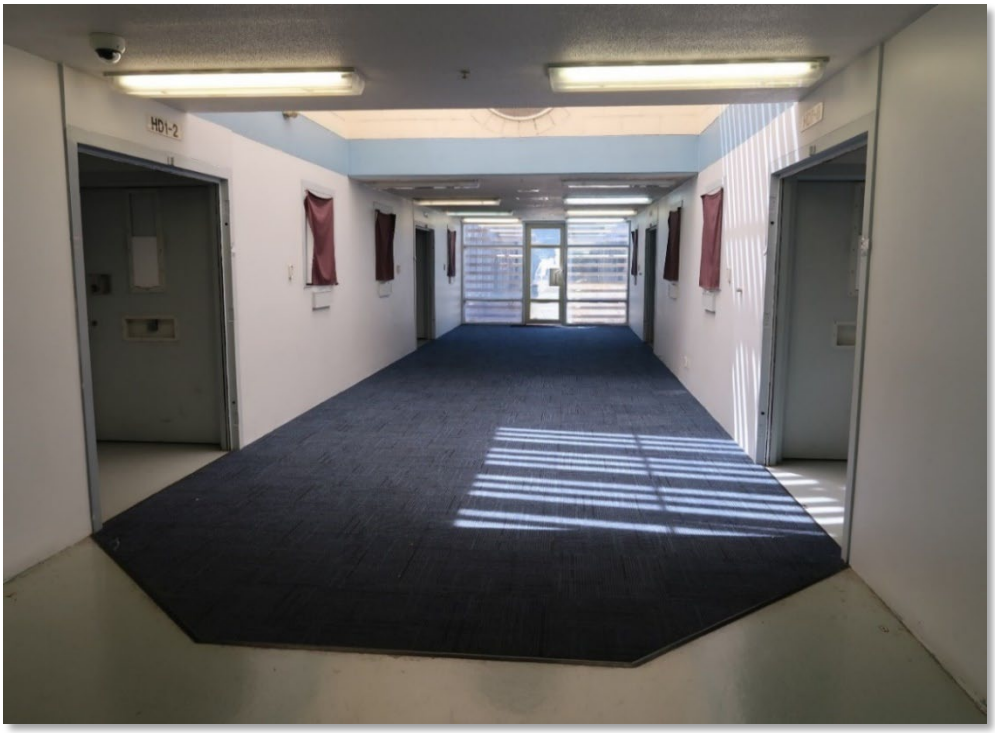


Photo 1: Sky lights provide a source of natural lighting in Casuarina Prison's crisis care unit.

Photo 2: Use of skylights at Hakea Prison's crisis care unit.

In many CCUs, however, access to natural light was restricted and the common source of lighting was from artificial sources. Ideally, therapeutic spaces should incorporate windows which allow for ample daylight. In addition, windows which provide views of gardens or space beyond the unit can positively impact prisoners' wellbeing and counteract feelings of loneliness and hopelessness (Lopez & Maiello-Reidy, 2017). The location and design of most CCUs meant this aspect was not part of the design brief.

Most CCU dayrooms were not designed with therapeutic principles in mind and lacked opportunities for meaningful activities. Most consisted of hardened architecture, basic furnishings, and minimal stimulation. For instance, the dayroom at Casuarina Prison consisted of a television, a simple black couch, a steel seating arrangement, and a mostly empty bookcase. The kitchenette was old, with drawer handles missing and rust on the sink and bench top.


Photo 3 and 4: Casuarina Prison's crisis care unit dayroom and kitchenette.

Two CCUs had additional items:

- Eastern Goldfields had a fixed table with a chessboard/checkerboard painted into it
- Melaleuca had access to a treadmill and exercise bike although this was subsequently removed due to ligature and self-harm concerns.

Acacia's CCU provided no dayroom or communal area for prisoners and out of cell time was facilitated in an adjoining recreation yard.

In contrast, we found some effort had been made to enhance wellbeing in the CCUs in the women's estate. The dayroom at Bandyup, for instance, incorporated bean bags and stained-glass artwork on the windows. Staff informed us the women had access to jigsaws, fidget spinners, and soft animal comfort toys.


Photo 5 and 6: Dayroom in the crisis care unit at Bandyup Women's Prison and stained glass on dayroom walls.

Similarly, Melaleuca had made efforts to enhance the therapeutic and wellness features. Cell doors were painted in bright colours and nature-inspired murals have been painted throughout the unit. Furthermore, the dayroom featured soft couches, and an Indigenous-designed decorative rug.

Photo 7: Dayroom in the crisis care unit at Melaleuca Women's Prison.

Recommendation 6
Provide prisoners in crisis care units with meaningful activities, including leisure and recreational items.

The quality and availability of consulting rooms in some crisis care units were poor

The CCUs in Acacia, Eastern Goldfields and West Kimberley prisons have clinical consulting rooms but many other facilities either had none or low-quality rooms. Consultation sessions at Casuarina, for instance, were conducted mainly in the dayroom, within hearing distance of custodial staff and other prisoners. Similarly at Melaleuca, consultation sessions were held in either the dayroom or recreation yard, both provided limited confidentiality. Consulting rooms were available at Hakea and Bandyup, but staff said they were either a non-therapeutic space for counselling sessions or they lacked privacy and confidentiality.

Excessive noise levels contribute to a lack of therapeutic design

When visiting CCUs, we consistently heard from staff that noise levels were problematic because of the volatile nature of the prisoners held there and also the infrastructure was not designed with noise reduction or acoustical buffers. Consequently, the CCU becomes less therapeutic, and not conducive to psychological well-being. Lopez and Maiello-Reidy (2017) note the importance of sound control in a mental health setting.

3.2 The layout of crisis care units can impact function and the experience for prisoners

We found the layout of many CCUs was poor and affected functionality. The CCUs at Bandyup and West Kimberley were physically located next to management units. Management units are normally used to accommodate prisoners for behavioural reasons, or who may have committed a prison offence. This close proximity is a cause for concern for several reasons. Firstly, at Bandyup, there is only one FTE resourced for the CCU, with staff from the adjoining management unit often assisting in the CCU. However, staff explained it could be difficult for some officers to 'switch hats' when going between the two units. Officers can often forget that despite behavioural similarities, the prisoners in the CCU are not there for punishment and require a different approach to prisoners in the management unit. Secondly, the location of these units can create a psychological barrier for prisoners and deter them from speaking up or seeking help. We have previously found that many prisoners view placement within CCUs more closely aligned to punishment than a supportive environment (OICS, 2021a).

In contrast, while the CCU at Acacia is separate from its detention unit, the design is poor. This CCU consists of just two cells for a population of over 1,300 prisoners. These cells are located within the health centre but are restricted to those prisoners placed on moderate-low ARMS. Those on high ARMS are placed in safe cells (also within the health centre). There is no dayroom or communal area for prisoners to access during their recreation time with out of cell access restricted to a wire yard. Furthermore, there is no phone in the CCU. Prisoners wanting to make a call must be escorted to either the detention unit or another unit, which is dependent on staffing levels.

At all CCUs except Hakea, the units' control rooms are walled off, separated by thick glass and a door. This created both a physical and psychological barrier which meant socialisation between staff and prisoners was less likely. This was highlighted in our most recent inspection of Eastern Goldfields Regional Prison (OICS, 2023b).

In Acacia and Melaleuca, control rooms are located some distance from cells: the control room at Acacia was located down a corridor while Melaleuca's was similarly down a corridor, but also behind a series of doors.

Camera coverage of crisis care units and record keeping were inconsistent

The CCTV footage we requested for this review was at times poor quality or did not exist. For instance, at the time of review, Hakea did not have CCTV coverage in the hallways and common areas of the CCU. While we were provided with occurrence books detailing various aspects of prisoner treatment and welfare, we were unable verify the information was accurate and compliant

with departmental policy and basic entitlements.[4] Casuarina only had limited coverage of its CCU with two cameras; one positioned down the hall facing the kitchen and control room, and another in the recreation yard. There were no cameras facing the cells. We also found one of West Kimberley's cameras was recording grainy and unclear footage.

Record keeping could also be inconsistent. We observed inconsistencies in the recording of information in the occurrence books. For example, footage of Bandyup's CCU from 11 April 2024 showed female prisoners out of their cell, spending time in the dayroom although there was no record of this recreation time the occurrence book.

Without adequate CCTV coverage it was often not possible for us to form conclusions around the treatment of prisoners placed in crisis care. It also meant it was difficult for us to verify departmental records for out of cell hours and/or the veracity of the detail included in the occurrence books. The Department would be faced with these same challenges if it sought to conduct a similar review.

Recommendation 7
Install closed circuit television cameras within the crisis care unit at Hakea Prison.

Recommendation 8
Increase closed circuit television coverage of the crisis care unit at Casuarina Prison by installing cameras down the wing.

3.3 Cells were functional but limited observable efforts to improve wellbeing

CCU cells provided a safe environment for prisoners from a self-harm and suicide risk perspective, but they offered few design features that would enhance wellbeing. We found some cells contained artwork on walls, but this was not consistent and many CCU cells were bare, with little visual stimulation or colour. These cells were often in need of maintenance, with stained concrete, peeling paint, and discolouration on the walls, floors, and ceilings.

The lack of care to the physical environment could impact wellbeing. Cells often contained little else besides a bed consisting of a mattress on a concrete plinth, a toilet, and a television that prisoners often did not have control over. We learnt many televisions were either not working or were stuck on the same channel. We heard that prisoners were not allowed writing materials even if there was no

[4] The Department has since advised that CCTV has now been installed in these areas.

risk. This was despite departmental policy stating prisoners are allowed access to writing materials if requested (DOJ, 2023b).

We also observed some inconsistencies in the privacy amenities within cells. For instance, Acacia's CCU cells provided frosted privacy screens for the toilet and showers which afforded prisoners with some dignity. At all other CCUs, privacy screens were not provided.

3.4 Recreational yards offer limited access to green spaces, fresh air, sunlight, and meaningful activity

Prisoners within a CCU often had minimal access to fresh air, sunlight, and leisure activity. Recreational yards offered very little other than fresh air and sunlight. At Casuarina, prisoners occupying the CCU have access to a concrete courtyard. This courtyard has limited amenity offering only a sheltered seating area, with no elements of nature. While there is some basic artwork painted on the walls, it provides little to improve the wellbeing for prisoners. Staff have described the yard as 'traumatising', and similar to an 'enclosed zoo cage'. In contrast, Casuarina's infirmary, which adjoins the CCU, has a recreation yard with a fountain and lush gardens. At Acacia, the recreational space was limited to an enclosed wire yard. Its small size meant prisoners were unable to engage in meaningful activities.

Photo 8 and 9: Recreation yards at Casuarina (left) and Acacia (right) provide no access to nature.

At Eastern Goldfields the CCU recreational yard was also very small, and we observed prisoners on CCTV only able to pace around the space. In our 2020 inspection of this facility, we found the Department had considered options for extending the caged area. However, all options were rejected due to the apparent associated unacceptable risks (OICS, 2020).

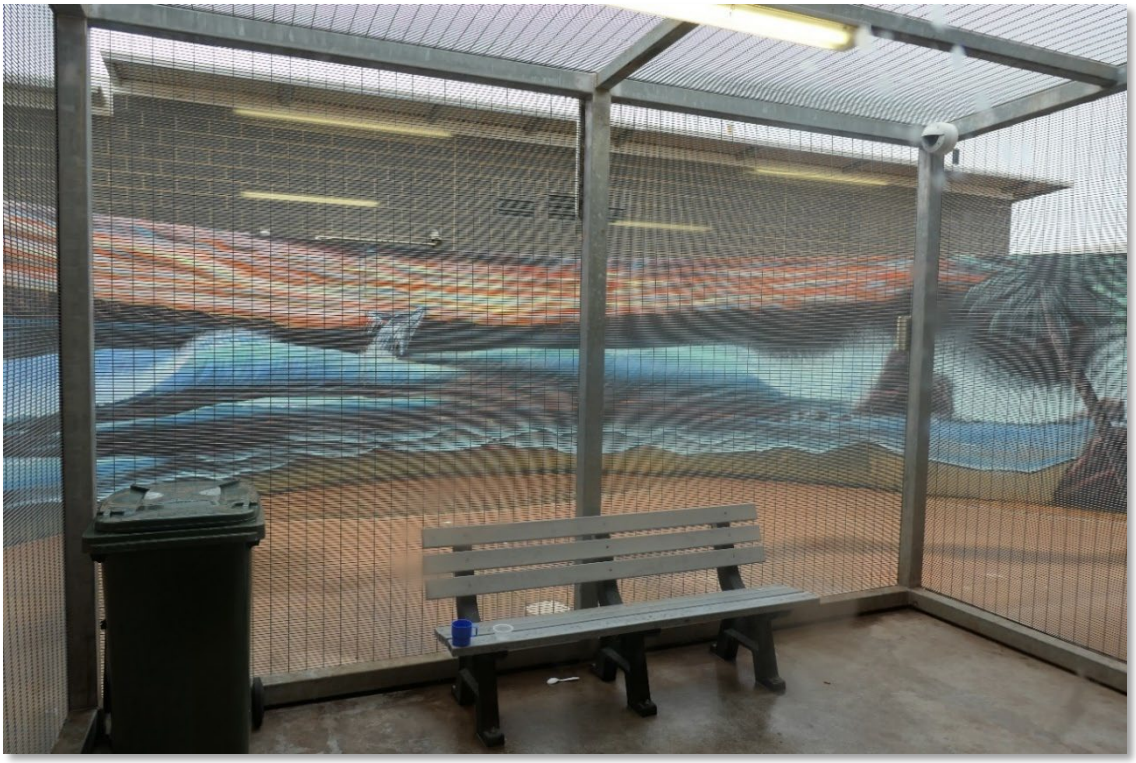


Photo 10: Recreation yard at Eastern Goldfields Regional Prison.

At Bandyup Women's Prison, those placed in the CCU were unable to access fresh air or sunlight. At this facility, a lack of secure fencing and CCTV, as well as low custodial FTE meant recreational time for women in the CCU was limited to the dayroom.

Photo 11: Without secure fencing women in crisis care cannot use the recreation yard at Bandyup Women's Prison.

Under the Department's observation cell policy, weather permitting, prisoners are entitled to at least three hours of out of cell (DOJ, 2023b). In addition, the United Nations Mandela Rules state that every prisoner is entitled to at least one hour of exercise in the open air (2015).

We found no CCU yards afforded prisoners' access to nature. While CCU placement is sought to relieve psychological stress, the environment itself can be distressing for prisoners. The ability to access a calming space can mitigate the experience of the CCU. For instance, contact with nature has been linked to an increased sense of psychological wellbeing (Lopez & Maiello-Reidy, 2017). The addition of greenspaces within prison environments has also been associated with lower levels of self-harm and prisoner assaults (Moran et al., 2021). The inclusion of greenspaces such as gardens, vegetation and plants should be incorporated in the design of CCU recreation yards.

Prisoners with access to recreation yards were provided limited amenities in those yards. Only Hakea provided access to a basketball and hoop, but other recreation yards did not have any recreational or leisure items. Most recreation yards were basic and provided seating and some shelter, often with limited vegetation and green spaces. Prisoners should be provided with better access to meaningful activities while in crisis care. Crisis care can be lonely and isolating. As such, access to meaningful activities is important to reduce loneliness and improve self-esteem. Recreational activities have been found to have a positive effect on self-esteem and reduce loneliness (Basaran, 2016).

Recommendation 9

Install green spaces, where possible, in recreation yards.

Recommendation 10

Modify the recreation yard at Bandyup Women's Prison so women can access to fresh air.

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Appendix B Acronyms

Term	Expansion of Abbreviation
ARMS	At-risk Management System
CCU	Crisis Care Unit
DOJ	Department of Justice
IMP	Individual Management Plan
MHN	Mental Health Nurse
MPU	Multi-Purpose Unit
OICS	Office of the Inspector of Custodial Services
PHS	Psychological Health Services
PRAG	Prisoner Risk Assessment Group
PSO	Prison Support Officer

Appendix C Department of Justice's Response

Government of Western Australia
Department of Justice
Corrective Services

Response to OICS Draft Report:

Review into People in Custody Requiring Crisis Care

December 2024

Version 1.0

Response Overview

Introduction

On 8 January 2024, the Office of the Inspector of Custodial Services (OICS) announced the commencement of the *Review into People in Custody Requiring Crisis Care* (the Review).

To assist with the Review, the Department of Justice, Corrective Services (the Department) provided a range of documentation as well as access to systems, custodial facilities, staff and prisoners.

On 6 November 2024, the Department received the draft report which hosted 10 recommendations for review and comment.

Appendix A contains comments linked to sections in the Review draft report for the Inspector's consideration when finalising the report.

Department Comments

The Department is acutely aware of the importance of the Crisis Care Units (CCUs) within custodial facilities and their purpose in keeping people in custody who are at risk of self-harm or suicide safe.

It acknowledges that existing CCUs do not meet best practice design principles as a standard and are inadequate for the current prison population needs. The unprecedented growth in the adult prisoner population compounded by the increasing number of prisoners presenting with mental health issues has created further demand for crisis care cells.

Whilst the Department's ability to retrofit existing CCUs to bring them in line with best practice principles is limited due to the significant funding investment required to undertake the works, all future CCU upgrades and new units constructed are based on best-practice design principles. These principles are being applied to the new CCU currently under construction at Banksia Hill Detention Centre, and the planned CCU upgrades at Casuarina Prison.

As the Review identifies, not all custodial facilities in Western Australia (WA) have CCUs on site and consequently alternative placement options for prisoners requiring crisis care are utilised including safe cells, multipurpose unit cells or transferring prisoners to other facilities.

Significant efforts are made by individual facilities to improve the appearance and make the CCU a safe, therapeutic, and supportive environment through the inclusion of decorative items such as artworks, murals, stained glass windows and comfort style furniture including beanbags, lounges, and recreational items, while focusing on the wellbeing and recovery of offenders placed in these units.

The availability of mental health resourcing to support those placed in crisis care continues to present challenges for the Department. Previous requests to obtain funding for mental health resourcing have been unsuccessful.

The Department was recently successful in securing funding for 15 full time equivalent (FTE) for Hakea Prison of which eleven will be used for clinical positions and four for Psychological Health Services (PHS) staff. Further budget submissions are in progress to address health and mental health challenges across the custodial estate with particular focus on high-risk facilities such as Hakea and Casuarina.

The Department actively monitors the demand for mental health resources across the estate, directing resources to where it is required most to support those who are vulnerable and at risk. The Department will continue to seek funding to increase the level of mental health resources required to meet both current and future projected demand.

The Department supports the development of a single source policy governing the purpose and use of crisis care facilities. Stakeholder consultation to define the scope of the new Commissioner's Operating Policy and Procedure (COPP) will take place in early January 2025. The COPP will be developed taking into consideration best practice therapeutic standards and the policy elements identified through the review.

In response to OICS findings pertaining to the lack of closed-circuit television (CCTV) within Hakea's CCU, all crisis care cells have CCTV installed. Since the review, additional CCTV has also been installed within common areas and hallways, in turn providing better coverage of all areas within the CCU at Hakea.

The Department remains committed to providing people in its care who are at acute risk of self-harm or suicide the best possible care in a safe, supportive, and therapeutic environment and will continue to seek Government support for the appropriate infrastructure and resources required to achieve this.

Response to Recommendations

1 Review existing crisis care units against best practice therapeutic design principles.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

The Department acknowledges existing CCUs within WA's custodial facilities are inadequate for the current prison population needs. The rising population compounded by the increasing number of people suffering from mental health illnesses has created further demand for crisis care cells.

While facilities containing CCUs have made efforts to improve conditions within the units by making them as therapeutic as possible through the inclusion of decorative items such as artworks, murals, items of comfort, green spaces etc., facilities are constrained due to the continuous demand for the crisis care cells and limited resources to facilitate any major infrastructure upgrades.

Previous recommendations relating to the development of crisis care facilities were unable to be actioned due to budget constraints. A review of the CCUs against design principles is therefore unlikely to result in actual infrastructure upgrades that would be required to retrofit the CCUs across the custodial estate without significant funding.

All future CCU upgrades or construction of new units, however will be based on best-practice design principles as a standard, as is the case for the new CCU being built at Banksia Hill Detention Centre, and the planned CCU upgrades at Casuarina Prison.

In addition, the Department is in the process of assessing FTE requirements across the estate [inclusive of CCUs] to inform a 2025-2026 health and wellbeing budget submission. The funding requested will be in line with best practice principles.

2 Conduct a needs analysis to determine existing and future mental health demand.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The Department is acutely aware of the demand for mental health services across the custodial estate and continues to actively monitor demand within custodial facilities to ensure resources are prioritised at sites housing prisoners with high-risk needs.

The Department conducts regular needs analysis to inform business cases submitted to Treasury, advocating for funding to support additional FTE where demand is apparent or is expected in line with future population projections. Budget submissions in recent years have been mostly unsuccessful in securing the requested funding.

Due to the unprecedented growth in prisoner population across the custodial estate the Department recently sought funding for additional health staff at Hakea. The Department received funding for 15 FTE of which eleven will be for clinical positions and four for PHS staff.

As part of stage two of the Casuarina Expansion, which focuses on the development of a Mental Health Unit and Crisis Care Unit, 25 FTE has been identified as being required through needs analysis to ensure the successful operation of these units. A budget submission will be submitted as part of the 2026-27 budget process to coincide with the construction of the infrastructure.

The Department remains committed to assessing and monitoring mental health demand across the estate and will continue to submit budget submissions seeking recurrent funding for FTE to address challenges in services for health and wellbeing and mental health services across the prison estate.

3 Develop and publish a policy outlining the Department's definition of crisis care as well as its intended vision and purpose.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Operational Support

Response:

The Department accepts a dedicated policy governing the purpose and use of crisis care facilities is required and is currently progressing the development of this Commissioner's Operating Policy and Procedure (COPP). Stakeholder consultation is scheduled to commence in early January 2025 to further define the scope of the COPP.

Preliminary scoping has identified proposed elements for inclusion including but not limited to, definitions surrounding crisis care, specifying which cohorts require, or would benefit, from placement in crisis care, what services must be embedded in CCUs, and how prisoners are managed within CCUs, e.g. minimum standards for time out of cell, recreation, approved items for constructive activities etc.

These elements are not exhaustive and full consideration will be given against all aspects of CCU's operation as the COPP progresses in development.

Once the COPP is finalised and approved, facilities containing CCUs will develop individual Standard Orders localising the COPP to suit their respective facility.

4 Review the use of tear-proof gowns with an emphasis on structural integrity and fitness for purpose.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

The Department has taken into consideration the issues highlighted through the Review and in October 2024 initiated a jurisdictional scan on what rip-proof clothing options were utilised by custodial facilities in other States and Territories.

Five jurisdictions responded and provided advice and guidance on rip-proof clothing options available in their respective facilities for males, females, adults and young

people, including testing methods, and advice surrounding the circumstances necessitating the use of rip-proof clothing.

The Department has now endorsed the procurement of rip-proof clothing options utilised in other jurisdictions by Prison Industries to conduct suitability assessments on their use in CCUs and safe cells across the custodial estate.

In recognition of the need to ensure decency is maintained for prisoners residing in units such as the CCU, the Department is exploring alternative 'safe-underwear' options. The underwear option will be selected with due regard to both decency and safety considerations.

5 Increase full time equivalent staffing numbers across mental health, psychological health, and psychiatry streams to meet current and future demand.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

As per the response to recommendation 2, the Department has requested funding to increase mental health resources through budget submissions, which have been mostly unsuccessful.

The Department has recently been successful in obtaining funding to bolster resources at Hakea through the 2024-2025 budget. The Department is receiving funding for 15 FTE to better service Hakea Prison. The funding will cover salaries for the below positions:

1 x Clinical Supervisor
2 x Prison Counsellors
1 x Prison Counsellor
11 x Clinical positions

As part of Casuarina Expansion, 25 FTE has been identified as required and will be formally requested through the 2026-27 Budget process to coincide with the construction of the infrastructure.

The Department will continue to submit budget submissions seeking recurrent funding for FTE in services for health and well being and rehabilitation and reintegration services across the prison estate to address identified challenges as well as projected requirements.

6 Provide prisoners in crisis care units with meaningful activities, including leisure and recreational items.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Operational Support

Response:

As per the response to recommendation 3, the development of a dedicated COPP on CCUs will consider the inclusion of items authorised for use by prisoners in CCUs for constructive and recreational activities. Stakeholder consultation for the development of the COPP is scheduled to occur in early January 2025.

Additional policy parameters will also be considered to give Superintendents the discretion to approve non-standardised items for use by individual prisoners in CCUs where risks have been assessed and documented.

7 Install closed circuit television cameras within the crisis care unit at Hakea Prison.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

All cells within Hakea's CCU have CCTV installed. Furthermore, following OICS' review, CCTV has also been installed within the hallways and common areas providing better CCTV coverage within the CCU as a whole.

In relation to OICS' findings pertaining to inaccurate record-keeping, in early January 2025, a Deputy Commissioner broadcast was issued to all facilities across the custodial estate reminding staff of the importance of accurate record-keeping within prison logs. Compliance with the broadcast will be monitored accordingly.

8 Increase closed circuit television coverage of the crisis care unit at Casuarina Prison by installing cameras down the wing.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Upgrades to the Casuarina CCU, including CCTV, is included in the program of works for the Casuarina Expansion Project under Tranche 2, Phase 2.

The CCU upgrades will occur alongside refurbishment of the Casuarina infirmary and are expected to commence in February 2026. While these works are long-term, construction of the high needs care and assisted living units under Phase 1 must be completed first to provide temporary placement of CCU and infirmary prisoners while those units are refurbished under Phase 2.

Per the response to recommendation 7, in early January 2025, a Deputy Commissioner Broadcast was disseminated to all staff [including Casuarina staff], reminding them of the need to ensure notations within prison records are accurate.

9 Install green spaces, where possible, in recreation yards.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Corrective Services will review all CCU recreation spaces in collaboration with Offender Services, Infrastructure Services, Peer Support Teams, and Prison Industries to determine what improvements can be facilitated to provide additional green spaces, noting any major works proposed will be subject to availability of funding and resources per facility.

Facilities requiring significant upgrades to provide a green space in their CCU recreation yard, as is the case with Acacia which contains no soil or other garden infrastructure, will have these works captured within the Department's Long-Term Custodial Infrastructure Plan 2025 – 2035 and will be subject to prioritisation and funding.

10 Modify the recreation yard at Bandyup Women's Prison so women can access fresh air.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Women's Prisons

Response:

CCU prisoners at Bandyup are not confined to the dayroom indefinitely.

Where staffing levels permit, CCU prisoners are provided with opportunities to access the recreation yard under officer supervision.

The Bandyup Superintendent, in consultation with the Infrastructure and Environment Directorate, are currently assessing the cost to modify the CCU recreation yard to be more secure, allowing prisoner access without the need for supervision by officers.

Once the necessary works have been determined, Bandyup will prepare a business case to seek the funding required to facilitate these works.

Appendix D Methodology

Data sets for this review were obtained from the Department of Justice's (the Department's) offender database through a series of extractions using SQL Server Management Studio. We also used a series of pre-constructed reports from the Department's Reporting Framework and from the offender database.

We also examined departmental documentation including policy and procedures.

A draft version of this report was sent to the Department in November 2024 for comment and to respond to recommendations. A formal response was received from the Department on 22 January 2025, as shown in Appendix C.

This report was a review of a custodial service in accordance with Section 22 of the *Inspector of Custodial Services Act 2003*.

Key dates	
Review announced	08 January 2024
Field work	08 January 2024
Draft report sent to Department of Justice	06 November 2024
Response received from Department of Justice	22 November 2024
Declaration of prepared report	28 January 2025

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