

# Justice Health NSW Policy

## **Clinical Care of People Who May Be Suicidal (ImpG)**

Issue Date: 07 March 2024

# Clinical Care of People Who May Be Suicidal (ImpG)

**Policy Number** 1.380

**Policy Function** Continuum of Care

**Issue Date** 07 March 2024

**Next Review Date** 07 March 2027

**Risk Rating** High

**Summary** This implementation guide provides direction for Justice Health & Forensic Mental Health Network (Justice Health NSW) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risk for patients in custody. This document provides specific Justice Health NSW guidance and processes in accordance with NSW Ministry of Health PD2016\_007 Clinical Care of People Who May Be Suicidal.

**Responsible Officer** General Manager Forensic Mental Health

**Applies to**

- Administration Centres
- Community Sites and programs
- Health Centres - Adult Correctional Centres or Police Cells
- Health Centres - Youth Justice Centres
- Long Bay Hospital
- Forensic Hospital

**Other:** (free text section to describe where/who the document applies to; if document only applies to certain area of a facility then describe here; if all staff are subject to the document then include this here).

**CM Reference** POLJH/1380

**Change summary**

- Updated processes to be followed for Adult Custody, Youth Custody and Forensic Hospital areas
- Updated direction in relation to following CSNSW and YJNSW policies and procedures
- PAS categories updated to separate a self-harm incident and suicide attempt

**Authorised by** Chair, Policy Steering Committee

## Revision History

Issue Date	Number and Name	Change Summary
1 Jan 2018	1.380 Clinical Care of People Who May Be Suicidal	Amended from a policy to an implementation guide Update of title names and positions

			Update of CSNSW Policy Management of inmates at risk of self-harm or suicide. Forensic Hospital incorporated into the Implementation guide Transition from RIT and risk of harm to others sections added. Referral to Drug and Alcohol Services added. Reconfigured to align with the current Policy template.
2	Jan 2020	1.380 Clinical Care of People Who May Be Suicidal	Preface-Rates of suicide in custody updated to reflect current data 2.2.1 Managers role in implementation added. 3.1.5 Cultural needs and assessment updated to include current percentage of suicides completed by Indigenous people and 2019 best practice guidelines for psychosocial assessment added. 3.3.2 Moving patients to locations with onsite mental health services added. 3.3.4 Cell placement recommendations and HPNF in regard to patients assessed to be at risk of harm to others added.
3	Nov 2021 (updated on August 2022)	1.380 Clinical Care of People Who May Be Suicidal	Updated processes to be followed for Adult Custody, Youth Custody and Forensic Hospital areas Updated direction in relation to following CSNSW and YJNSW policies and procedures

**PRINT WARNING**

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.  
Always refer to the electronic copy for the latest version.

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## 2. Preface

Around one quarter of all deaths in adult prisons are self-inflicted, the majority of which are by hanging.<sup>1</sup> Suicide of adults in custody remains approximately three to five times that of the general population and has increased from 0.03 per 100 inmates between 2005 to 2008, to 0.05 per 100 inmates in 2016/17.<sup>2</sup> However, the base rate of suicide is still low, which makes the assessment of suicide risk a difficult task.<sup>3</sup>

Adolescents who self-harm can have poorer health outcomes and shorter life spans than expected.<sup>4</sup> Suicide is the leading cause of death among adolescents in Australia.<sup>5</sup> Therefore, suicide and self-harm among young people is a significant health concern.

This implementation guide provides direction for Justice Health and Forensic Mental Health Network (Justice Health NSW) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risks for patients in custody. Justice Health NSW clinical staff have a key role in the identification, assessment and management of adult and adolescent patients with suicidal behaviour and ideation. This document provides specific Justice Health NSW guidance and processes in accordance with NSW Health [PD2016\\_007 Clinical Care of People Who May Be Suicidal](#), whilst taking into consideration the partnership with Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW).

In this implementation guide, the term 'suicidal behaviour' includes the range of behaviours such as; suicidal and deliberate self-harm (DSH) thoughts, expressions of suicidal and DSH intent, attempted suicide, DSH and suicide death.

## 3. Policy Content

### 3.1 Mandatory Requirement

#### 3.1.1 Ministry of Health Policy and Guidelines

Justice Health NSW clinical staff must adhere to the guidance provided in Policy [PD2016\\_007 Clinical Care of People Who May Be Suicidal](#). Justice Health NSW clinical staff who are in contact with patients with possible suicidal behaviour should be proficient in the identification, assessment and management of patients with suicidal behaviour.

Nursing staff who work in youth detention centres or correctional centres must complete the

Suicide in Custody training (or equivalent), which is available on [My Health Learning](#).

Forensic Hospital clinicians must complete the following mandatory training, Clinical Care of People who may be suicidal: Education and training Initiative (COPSETI) through My Health Learning.

<sup>1</sup> Baker A and Cussen T, (2015) *AIC Reports Monitoring Reports 26 Deaths in custody in Australia: National Deaths in Custody Program 2011–12 and 2012–13*, at <[www.aic.gov.au](http://www.aic.gov.au)>

<sup>2</sup> Cannoni A and Bricknell S (2019) National Deaths in Custody program. Deaths in Custody in Australia 2016/17. ISSN: 2206-7930 >

<sup>3</sup> O'Driscoll C, Samuels A and Zacka M, (2007) Suicide in New South Wales Prisons, 1995 – 2005: towards a better understanding. *Australian and New Zealand Journal of Psychiatry*, 41:519–524.

<sup>4</sup> Hawton K, Saunders KE, O'Connor RC, (2012) Self-harm and suicide in adolescents. *The Lancet*, 379(9834):273–82.

<sup>5</sup> Australian Bureau of Statistics.–Causes of Death, Australia, 2019, Released 23/10/2020 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release/intentional-self-harmsuicides-key-characteristics>

### 3.1.2 Corrective Services Policy and Procedures

CSNSW is responsible for the safe custody of patients in NSW correctional centres. In discharging these duties, CSNSW has developed policy and procedures for the identification, assessment and management of DSH and suicide risk.

For staff working in correctional centres and Police cells, this implementation guide must be read in conjunction with the following Corrective Services NSW (CSNSW) documents, which are available on the Justice Health NSW Intranet:

Custodial Operations Policy and Procedures (COPP) [3.7 Management of inmates at risk of self-harm or suicide](#)

Mandatory Notification of inmates at risk of suicide or self-harm:

- [Part 1 Mandatory notification](#)
- [Part 2 Immediate Support Plan](#)
- [Part 3 Risk Intervention Team Management Plan](#)
- [Part 4 Risk Intervention Team Discharge Plan](#)

[Suicide and self-harm: Risk factors for consideration - reference Guide](#)

[Suicide and self-harm: Inmate interview questions to further evaluate risk](#)

### 3.1.3 Youth Justice Policy and Procedures

Youth Justice NSW (YJNSW) is responsible for the safe custody of patients in NSW Youth Justice Centres. In discharging these duties, YJNSW has developed policy and procedures for the identification, assessment and management of DSH and suicide risk. For staff working in Youth Justice Centres, this implementation guide must be read in conjunction with the following YJNSW document:

- [Self-Harm and Attempted Suicide Policy](#)

### 3.1.4 Forensic Hospital Policy and Procedures

For staff working in the Forensic Hospital, this implementation guide must read in conjunction with Justice Health NSW Policy [1.078 Care Coordination, Risk Assessment, Management, Planning and Review – Forensic Hospital](#) and Forensic Hospital Procedure [Clinical Risk Assessment & Management \(CRAM\)](#).

### 3.1.5 Incident Management System (ims+) Report

Where a patient has engaged in suicidal or deliberate self-harming behaviour, the clinician who was involved in the assessment and/or management of the patient must log an incident via the Incident Management System (IMS+) using the clinical form, and selecting Concerning Behaviour

### 3.2 Implementation – Roles and Responsibilities

#### Managers

Managers are responsible for ensuring all clinical staff adhere with education requirements regarding the management of patients who may be suicidal via My Health Learning and relevant Network, YJNSW and CSNSW policies and procedures.

#### Justice Health NSW Clinical Staff

Justice Health NSW clinical staff may be responsible for:

- assessing a person's risk of DSH or suicide and must comply with the guidance in this policy and relevant Justice Health NSW and CSNSW/YJNSW policies or procedures, and
- completing any mandatory training/education requirements.

## 4. Procedure Content

### 4.1 Suicide and Deliberate Self-Harm Assessment

#### 4.1.1 Assessment Principles

The assessment of a patient's risk of suicidal behaviours is dependent upon a well documented evaluation of the complete clinical picture. The evaluation should include a thorough assessment of the patient's presentation, history, static and dynamic risk factors and current mental state. An important element of suicide and DSH risk assessment is the identification of risk and protective factors associated with DSH and suicide. The presence of a major mental illness, that is, a psychotic illness or mood disorder, personality disorder, substance use and history of DSH have been linked to suicidal behaviours in custody<sup>2</sup>. Other factors associated with an increased risk of suicidal behaviours include but are not limited to:

- 'at risk mental state' – depression, hopelessness, despair, agitation, shame, guilt, anger, psychosis, elevated/irritable mood,
- recent interpersonal crisis,
- recent DSH or suicide attempt,
- recent loss,
- trauma,
- family or community exposure to suicide,
- exposure to known stressors,
- drug or alcohol intoxication or withdrawal,
- lack of social supports,
- first custodial experience and
- impending legal prosecution/ remand status

**Risk factors identified in the literature specifically for young people include:**

- family breakdown,

- exposure to trauma,
- history of substance misuse,
- mental illness,
- impulsivity,
- peer ostracism and bullying,
- victimization,
- disruption to education, and
- adverse life events

**Potential higher risk times may include:**

- following incarceration (noting that 74 per cent of prison suicides occur within six months of incarceration, and that 32 per cent occur in the first week of incarceration),
- following conviction,
- following sentencing, and
- key anniversaries.

The Ministry Policies [PD2016\\_007 Clinical Care of People Who May Be Suicidal](#) and [PD2012\\_053 Mental Health Triage](#) provide further guidance on the assessment of risk.

#### 4.1.2 Risk Management Plan

A risk assessment is not complete without the development and implementation of a documented risk management plan. Within each area, adult custody, YJ and the Forensic Hospital the risk management plan is documented on the applicable document outlined in the relevant policy or procedure.

#### 4.1.3 Cultural Needs

The Australian Institute of Criminology found that Aboriginal and Torres Strait Islander persons made up 21% of all self-inflicted deaths in custody in 2016/17. In conducting an assessment and formulating the management of a patient at risk, the clinician must consider the cultural and spiritual needs of the patient. In the case of an Aboriginal or Torres Strait Islander patient, the clinician should refer the patient to a Justice Health NSW Aboriginal service provider, wherever possible. However, it is the responsibility of all Justice Health NSW staff to maintain Aboriginal cultural awareness, in line with the training framework mandated under [PD2011\\_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health](#) [PD2012\\_066 NSW Aboriginal Health Plan 2013-2023](#) and [IB2021\\_002 NSW Aboriginal Mental Health and Wellbeing Strategy](#). The health status and health service needs of Aboriginal and Torres Strait Islander people, differ from those of the general population in many ways. Improving appreciation, understanding and knowledge of Aboriginal and Torres Strait Islander culture, customs, heritage and protocols is of paramount importance in ensuring improved health outcomes for Aboriginal and Torres Strait Islander peoples.

[The 2019 best practice guidelines for psychosocial assessment of Aboriginal and Torres Strait Islander people](#) support non-Indigenous practitioners to increase their cultural responsiveness and to meet their responsibility to build genuine and respectful relationships with Aboriginal and Torres Strait Islander people and communities. The assessments aim to gather information about the risks, needs, and strengths of an individual to establish the most useful and timely, appropriate care and treatment for underlying mental health concerns. When done well, these assessments can foster hope and improve outcomes for Aboriginal and Torres Strait Islander people presenting with self-harm and suicidal thoughts.

## **4.2 Management of Patients at Risk of Suicide and/or Deliberate Self-Harm**

### ***4.2.1 Management of Patients at Risk of Suicide/Deliberate Self-Harm in Adult Custody***

Adult patients who are at risk of suicide or DSH in **custody** are managed jointly between CSNSW and the Justice Health NSW as per Custodial Operations Policy and Procedures (COPP) below and this policy:

[3.7 Management of inmates at risk of self-harm or suicide](#)

[RIT Protocol Part-1-Mandatory Notification](#)

[CSNSW RIT Protocol Part-2 Immediate Support Plan](#)

[CSNSW RIT Protocol Part-3 Risk Intervention Team Management Plan](#)

[CSNSW RIT Protocol Part-4-Risk Intervention Team Discharge Plan](#)

[CSNSW RIT Protocol Risk Factors for Consideration Reference Guide](#)

[CSNSW RIT Protocol RIT Assessment Interview Guidelines](#)

As per COPP [3.7 Management of inmates at risk of self-harm or suicide](#) the Risk Intervention Team (RIT) is responsible for:

- ongoing assessments of an inmate's risk of suicide or self-harm
- assessing an inmate's risk of harm to and from others
- developing and reviewing a RIT Management Plan to manage an inmate's risk of suicide or self-harm
- where appropriate, referring inmates to specialist assessment or treatment services to address immediate and ongoing needs
- providing a continuity of crisis and management interventions while an inmate is being managed by the RIT, and after the inmate is discharged from the RIT (Part 4: RIT Discharge plan) so that future risk factors for suicide or self-harm are appropriately managed.

The RIT must have three members, RIT Coordinator (Senior Correctional Officer rank or above), Justice Health NSW Clinician (Registered Nurse – Primary Health or Mental Health Nurse where available and the patient has a major mental illness that is increasing the patients risk) and OS&P staff member.

Justice Health NSW clinicians must follow the processes outlined in COPP [3.7 Management of inmates at risk of self-harm or suicide](#), in addition the following processes must also be followed:

- During the first RIT review the Primary Care Nurse must:
  - Provide the patient with the Mental Health Helpline phone number to ensure the patient has access to mental health services.
  - Inform the patient that they can now, or at any stage while they are managed on an RIT, provide written consent for Justice Health NSW to liaise with relevant third parties. This liaison would occur where it could be useful or necessary for the management and support of the patient. This could include, family and friends, external health providers and cultural or religious supports.
  - Where the patient has consented for Justice Health NSW to liaise with a third party, the Primary Care Nurse must ensure this is completed as per Policy [4.030 Requesting and Disclosing Health Information](#) utilising [JUS020.035 Consent to Liaise](#) form. The Primary Care Nurse must inform the Health Centre NUM of the patient's consent to liaise with third parties, upload the JUS020.035 Consent to Liaise form to JHeHS and document in the patient's health record.  
Where the patient has not consented for Justice Health NSW to liaise with relevant third parties, this must be documented in the patient's health record. The use of the [JUS020 Consent to Obtain Health Information For Continuation of Care](#) form can indicate a patient's refusal, the refusal must be signed and filed in the health record
  - Where the patient does not have capacity to provide consent due to their current mental state or severity of risk and collateral information is required to be sought to assist with the management of the patients risks, then consent is not required to seek collateral information in this incidence. The [JUS020 Consent to Obtain Health Information For Continuation of Care](#) form, under the Patient Authority section, staff must tick the box for 'Consent is not able to be obtained because patient is too unwell'.
  - The Health Centre NUM or delegate will liaise with relevant third parties as required to ensure collateral information is gathered, support is provided, and health information provided regularly. This liaison with third parties must be documented in the patients' health record. This collateral information must be reviewed by the clinician allocated to RIT and may be used to assist in RIT decision making processes.
  - Inform the patient that they may withdraw their consent in writing at any time. The Primary Care Nurse must document this withdrawal of consent in the patient's notes.
- As set out in Justice Health NSW Policy [1.231 Health Problem Notification Form \(Adults\) \(HPNF\)](#). Justice Health NSW staff must use the HPNF in the Patient Administration System (PAS) to advise CSNSW staff of any actual or potential 'at-risk' health problems and recommendations for management of a patient.
- Where a Justice Health NSW Primary Care Nurse is undertaking the RIT and requires advice in relation to the risk assessment and management processes they are able to either contact an on-site Custodial Mental Health clinician or contact the Remote Offsite After-Hours Medical Services (ROAMS) 1300 076 267 option 4.
- Where the RIT members are unable to reach a unanimous decision in relation to the assessment or management of a patient at risk, they must document this in the health record, advise their line manager, and lodge an IMS+ report.
- A PAS alert must be placed by the Justice Health NSW clinician who was involved with the assessment and/or management of the patient. An entry must be made identifying which of the four categories (listed below) has occurred and the RIT review date:

Alert name	Alert Definition	Alert Rationale
Report of a risk of self-harm or suicide	Applies to any patient that on assessment is believed to be at risk of self-harm or suicide but there has been no self-harm act or threat	Alert to be placed on any patient who is at risk of selfharm
Threat of self-harm or suicide	There has been a verbal threat of self-harm	Alert to be placed on any patient who has indicated a verbal threat of self-harm
Act of self-harm	There has been an act of self-harm	Alert to be placed on any patient who has carried out an act of self-harm
Suicide attempt	Patient has previously attempted suicide	Alert to be placed on any patient who has attempted suicide in their lifetime

- After each RIT review the Justice Health NSW clinician must document the assessment/review in JHeHS and complete all PAS requirements.
- Where a patient is discharged by a RIT from Mandatory Notification, the Justice Health NSW clinician must indicate on PAS whether the patient was discharged to routine or more intensive (focused) case management and the Mandatory Notification alert must be end-dated.
- Where a patient has not been referred by a RIT to specialist care, a follow-up appointment with a Primary Health Nurse should be made for all patients discharged from a RIT within a period of time indicated by the patient's clinical condition, but not exceeding three months.

## Referral

Where the RIT or a clinical staff member has conducted an assessment of a patient who is suspected to be at risk of suicide or DSH in conjunction with suspected mental health issues, or there has been a significant escalation of the patient's suicide/DSH behaviour (where surgical intervention has been required or an external hospital psychiatry team has made recommendations for ongoing monitoring of identified risks), the patient should be referred for specialist mental health assessment via a PAS Waitlist.

Please refer to Justice Health NSW Policy [1.443 Custodial Mental Health Referral and Case Management](#) in relation to referring to specialist mental health services.

Where a patient with suicidal behaviour has been assessed and found to have current substance use issues, which warrant clinical attention, the patient should be referred to Drug and Alcohol services via a PAS Waitlist and managed in compliance with the relevant Drug and Alcohol [Procedures](#).

Whether the patient has a medical issue. Where the RIT identifies a medical issue the Justice Health NSW staff member should refer the patient to a Primary Health Nurse or appropriate Medical Officer via a PAS Waitlist.

## Adult Custodial Severe Self Harm Clinical Governance

There are a small number of adult patients in custody who engage in severe self-harm behaviour on a frequent basis. This group of patients are resource intensive, both financially and in terms of the impact they have on the emotional wellbeing of the staff working with this group. These patients have increased morbidity and mortality and despite best efforts of all involved may have adverse outcomes.

Justice Health NSW chairs a joint Adult Custodial Severe Self Harm Clinical Governance Committee with CSNSW, this Committee provides high level oversight of this challenging group, support to the local team and develops strategies to strengthen relationships with key stakeholders.

#### *4.2.2 Management of Patients at Risk of Suicide/Self-Harm in Youth Justice NSW*

Young people who are at risk of suicide or self-harm in custody are managed as per YJNSW [Self-Harm and Attempted Suicide Policy](#)

YJ staff will engage with a Justice Health NSW mental health clinicians to collaborate in relation to a patient's safety plan. Where this occurs the Justice Health NSW clinician must document the assessment/review in JHeHS and complete all PAS requirements.

The *Health Problem Notification and Escort Form (HPNEF)* is a formal communication tool utilised by Adolescent Health to provide advice and recommendations regarding a young person's clinical status to partner agencies. For detailed guidance see [1.235 Health Problem Notification Escort Form \(Adolescents\)](#) where a patients HPNEF requires updating due to risk of suicide or DSH.

Where YJNSW or Justice Health NSW staff member conducts an assessment of a patient who is suspected to be at risk of suicide or self-harm in conjunction with a suspected mental health issue, or there has been a significant escalation of the patient's suicide/ self-harm behaviour, the patient should be referred for specialist mental health assessment via a PAS Waitlist.

#### *4.2.3 Management of Patients at Risk of Suicide/Deliberate Self-Harm at the Forensic Hospital*

The Policy must be read in conjunction with Justice Health NSW Policy [1.078 Care Coordination, Risk Assessment, Management, Planning and Review Forensic Hospital](#) outlines the risk management and Forensic Hospital Procedure [Clinical Risk Assessment & Management \(CRAM\)](#).

Care coordination, risk assessment, management, planning and review are pivotal aspects of mental health delivery that reflect, support and nurture the principles of person centred care and carer participation. The process involves identification of an individual patient's needs, implementing and monitoring progress towards meeting those needs in consultation with the patient, their carers and others as nominated by the patient. Risk assessment forms an integral part of care coordination and assessment improves the validity of decisions regarding risk management. There are a number of approaches to risk assessment, Justice Health NSW has adopted the Structured Professional Judgement (SPJ) approach endorsed in the Clinical Risk Assessment and Management (CRAM) Framework.

The NSW Health Policy Directive [PD2017\\_025 Engagement and Observation in Mental Health Inpatient Units](#) replace previous guidance on mental health nursing observations within Suicide Risk Assessment and Management Protocols.

#### 4.2.4 Assessment of harm to others

While this implementation guide is primarily concerned with the assessment and management of the risk of DSH and suicide risk, risk of harm to self and risk of harm to others are not mutually exclusive categories of risk. There have been rare instances of a person in a correctional centre engaging in violence, as part of a reported plan to suicide.<sup>11</sup> Conversely, risk factors associated with suicide have been correlated with the risk factor for violence.

Where a patient is considered to be a risk of harm to others, irrespective of whether the patient poses a risk to themselves, Justice Health NSW staff at correctional or detention centres must complete an updated HPNF/ HPNEF that specifies risk of harm to others and makes recommendation for placement alone/one out either in an assessment cell safe environment or in a normal cell, for staff to use caution, the recommendations for observation and access to amenities e.g. exercise alone, safe clothing/ blanket, 24 hour CCTV observation, 15 minute in person checks. Justice Health NSW staff are responsible for providing both written and verbal advice to YJNSW and CSNSW staff.

Within the Forensic Hospital, Justice Health NSW staff must follow the advice outlined in Justice Health NSW Policy [1.078 Care Coordination, Risk Assessment, Planning and Review Forensic Hospital](#) outlines the risk management and Forensic Hospital Procedure [Clinical Risk Assessment & Management](#) (CRAM).

## 5. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 6. Related documents

Legislations	<a href="#">Health Records and Information Privacy Act 2002</a> <a href="#">Mental Health Act 2007</a> <a href="#">Mental Health and Cognitive Impairment Forensic Provisions Act 2020</a>
Justice Health NSW Policies, Guidelines and Procedures	<a href="#">1.010 Access to Patients – Medical Emergencies</a> <a href="#">1.078 Care Coordination, Risk Assessment, Management, Planning and Review Forensic Hospital</a> <a href="#">1.120 Management of a Death</a>

[1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells](#)

[1.231 Health Problem Notification Form \(Adults and Young people\)](#)

[1.319 Patients Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit](#)

[1.443 Custodial Mental Health Referral and Case Management Policy](#)

[2.030 Incident Management Implementation Guide – Ministry of Health PD2014\\_004](#)

[2.155 Enterprise Wide Risk Management Implementation Guide to NSW Ministry of Health Policy directive PD2015\\_043 Risk Management - Enterprise-Wide Policy and Framework](#)

[Adolescent Health Clinical Pathway – Mental Health](#)

Forensic Hospital Procedure - [Clinical Risk Assessment and Management \(CRAM\)](#)

Justice Health NSW Forms	<a href="#"><u>JUS020.035 Consent to Liaise</u></a> <a href="#"><u>JUS020.083 Consent to Obtain Health Information For Continuation of Care</u></a>
NSW Health Policy Directives and Guidelines	<a href="#"><u>GL2014_002 Mental Health Clinical Documentation Guidelines</u></a> <a href="#"><u>PD2011_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</u></a> <a href="#"><u>PD2012_053 Mental Health Triage Policy</u></a> <a href="#"><u>PD2012_066 NSW Aboriginal Health Plan 2013-2023</u></a> <a href="#"><u>PD2020_047 Incident Management Policy</u></a> <a href="#"><u>PD2015_043 Risk Management – Enterprise-Wide Policy and Framework – NSW Health</u></a> <a href="#"><u>PD2016_007 Clinical Care of People Who May Be Suicidal</u></a> <a href="#"><u>PD2017_025 Engagement and Observation in Mental Health Inpatient Units</u></a> <a href="#"><u>PD2017_034 Aboriginal Health Impact Statement</u></a> <a href="#"><u>Framework for Suicide Risk Assessment and Management for NSW Health Staff</u></a> <a href="#"><u>Suicide Risk Assessment and Management Protocols: Justice Health Long Bay Hospital</u></a>
Youth Justice NSW	<a href="#"><u>YJNSW Self-Harm and Attempted Suicide Policy</u></a>

Other documents and  
resources

*Corrective Services NSW, Custodial Operations Policy and  
Procedures 3.7 Management of Inmates At Risk of Self-Harm or  
Suicide.*