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Dear Ryan

Self-harm and Attempted Suicides Reporting

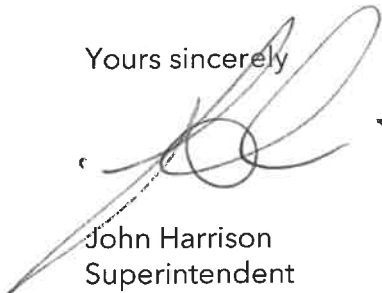
Thank you for the opportunity to comment on the above report.

By way of response, there is certainly merit in reviewing the reporting of suicides and self-harm. I would recommend caution when comparing the management and definition of self-harm/suicide with essentially community-based models which inform the MHC's experience base. The situational context of prison provides the prisoner with a predictable response to self-harming behaviour which places the duty of care very much on the institution. Community based models typically share the duty of care with the patient. For eg, a person presenting with suicidal thoughts to a community-based clinician is likely to be provided with a Safety Plan to which they are expected to comply. Such community-based models of care assume the patient has access to communications with providers such as Lifeline.

To this end, over time, the situational context has allowed for entrenched patient self-harming behaviours particular to the prison environment. Historically, some consideration of intent has been utilised in order for the site to assess the appropriate reporting level and response. In the context of a prison, simpler is usually better although the simpler MHC definition of attempted suicide has the potential to skew the data.

I concur with the recommendation of having Incident Reports reviewed by the PRAG to ensure clinical accuracy, though I note this will likely require adjustments to reporting and finalisation timelines in the COPP.

Yours sincerely



John Harrison
Superintendent
Acacia Prison