Submission to the Royal Commission into Victoria's Mental Health System

JUSTICE SYSTEM AND FORENSIC MENTAL HEALTH

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Contact: Charlotte Jones, Manager
Charlotte.Jones@mhlc.org.au

Ann Jorgensen, Principal Solicitor
Ann.Jorgensen@mhlc.org.au

(03) 9629 4422

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1. The lived experience of people with mental illness who are currently incarcerated must inform the work of the Royal Commission and active face to face engagement with this group must be a priority.

2. The corrections system should be fundamentally re-oriented around the goal of rehabilitation which should be included as a purpose of the *Corrections Act 1986*.

3. Alternatives to imprisonment for people with mental health issues (including drug and alcohol addiction) must be resourced and prioritised.

4. Programs within prison should be resourced sufficiently to enable timely access for all prisoners. Delivery of programs should be integrated with a greater emphasis on individual case management to support people to identify and access the support they need both in prison and upon release.

5. Funding for integrated multi-disciplinary services such as the Inside Access Program should be prioritised to ensure equity for all prisoners with a mental health problem.

6. Inside Access services should be delivered in every prison statewide.

7. The Optional Protocol to the Convention Against Torture (OPCAT) should be implemented in Victoria.

8. A full review of Victoria's prison health care services (including mental health services) should be conducted to evaluate the safety and quality of prison based health care and to make recommendations to improve system governance, ensure optimal service delivery models are in place and address questions of access and equity.

9. Health care services within Victoria's prisons (including mental health care) should be delivered and coordinated by the Department of Health and Human Services (DHHS) and there should be clear delineation of the roles of the Department for Justice and Community Safety and DHHS.

10. Data regarding mental health service provision and performance within prisons should be publicly available to allow benchmarking against other jurisdictions and ensure best practice clinical care and service delivery models.

11. A comprehensive review of program delivery within prisons must be undertaken in the context of an increased remand population including the identification of gaps and addressing access and equity issues.

12. Prisoners on remand should be given access to the Opiate Substitution Therapy Program.

13. Lawyers operating within the prison and acting on behalf of individual prisoners should be able to contact medical services directly to resolve issues in an informal and timely manner.

14. Prisoners should be able to access information from their medical record without going through freedom of information.

15. Prisoners should be given access to the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS).

16. There should be an urgent expansion of psychological treatment and counselling programs within prisons. There should also be a review of services provided to adult victims of historical sexual abuse within the prison system.

17. There should be more step up and step down options for prisoners experiencing mental illness and management units should not be used for suicidal prisoners or prisoners awaiting transfer to a forensic bed.

18. Intensive, wrap-around, post-release support should be provided for all prisoners commencing at least 3 months prior to release and continuing for up to 12 months after release. This service should provide case managers to co-ordinate the range of supports needed for people re-entering the community including housing, income support, access to NDIS if relevant, health care (including mental health care) and psycho-social supports. In the first 28 days post release people should actively supported to physically attend appointments and engage with Centrelink, housing agencies and other priority services.

19. Improve post release supports for people released straight from court.

20. Adequately resource housing service providers within prisons to provide comprehensive assistance to prisoners at an early stage of their sentence so that they can access public housing waiting lists as early as possible.

21. Provide sustainable and safe accommodation options for all people leaving prison.

22. Develop a program to assist people to complete DSP and NDIS applications that could provide continuity for people in prison and in the post release period until applications finalised.

23. Phone call charges should be made fairer to enable women to contact their children which is particularly important when they are re-establishing contact with children. This will have a significant impact on the mental health of female prisoners.

Overview

The Mental Health Legal Centre is a community legal centre based in Melbourne that has been providing legal services for more than 30 years to people who have experienced mental illness. We provide a range of innovative services in the community, in treatment facilities and in prisons. We work in partnership with other agencies to provide integrated services that address the needs of the most complex and vulnerable members of our community.

This submission focuses on the experiences of people with mental illness in the prison system. It draws on our experience providing legal services to prisoners with mental health issues through our Inside Access program.

This submission does not replace the vital need for people who are currently incarcerated to be able to have direct input in the work of the Royal Commission. Prisoners have limited phone access. They cannot access 1800 numbers, it is difficult to add additional numbers to their phone contact list and their calls are time limited. They have no access to the internet. Even if people in prison were aware of the Royal Commission, it is near impossible for them to access it. The MHLC has previously proposed to the Department of Health and Human Services that we could provide assistance to people incarcerated at the Dame Phyllis Frost Centre and Ravenhall to make submissions. We did not receive funding to do this.

Recommendation 1: The lived experience of people with mental illness who are currently incarcerated must inform the work of the Royal Commission and active face to face engagement with this group must be a priority.

This recognises the literacy challenges faced by many prisoners and the impact of mental ill health in the ability to comprehend and focus on information. Inside Access is experienced in being able to support prisoners in their advocacy.

In Victoria, as in other states, incarceration rates are increasing, and the costs of the corrections system are rising significantly. In the decade from 2008 to 2018 the Victorian prison population grew by over 80% far outstripping population growth over the period (Corrections Victoria 2018). Disappointingly some prisoner cohorts grew at an even higher rate. The number of female prisoners grew by 138% and the number of Aboriginal and Torres Strait Islanders in prison has increased by 182%. Over 1 in 10 women in prison as at 30 June 2018 were Aboriginal. The net operating expenditure per prisoner per day in Victoria in 2017/18 was $323.82 (compared to $32.40 per community corrections offender).

There are two key components to addressing prison expenditure, supporting unwell offenders and improving community safety through reducing recidivism:

1) Providing non-prison alternatives for people with mental illness, drug and alcohol addiction and other vulnerabilities so that their underlying issues can be addressed and the likelihood of them reoffending is reduced. This would involve greater use of diversion and significantly more options for mental health and drug and alcohol treatment.

2) Improving the breadth and quality of the services available within prison so that rehabilitation is a real possibility.

This submission focusses on the second component because we work within prisons. The first component is however absolutely vital.

The community has a strong interest in ensuring that the increasing expenditure on prisons is an effective use of funds and leads to improvements in community safety. The prison system is not oriented around rehabilitation. Indeed rehabilitation is not set out as one of the purposes of our current Corrections Act.

Recommendation 2: The corrections system should be fundamentally re-oriented around the goal of rehabilitation which should be included as a purpose of the *Corrections Act 1986*.

People who have experienced mental illness have higher levels of interaction with the justice system. Many people in prison would be more appropriately and effectively dealt with through diversion or comprehensive mental health or drug and alcohol treatment programs.

Recommendation 3: Alternatives to imprisonment for people with mental health issues (including drug and alcohol addiction) must be resourced and prioritised.

At present for many prisoners their time inside prison represents a lost opportunity – with inadequate mental health treatment, insufficient drug and alcohol rehabilitation programs, limited training and workforce readiness opportunities and, in most prisons, a lack of legal support to address non-criminal law issues. Proper resourcing of programs for prisoners would have a significant impact not just on the wellbeing of individual prisoners but on the safety and security of the Victorian community as a whole.

Recommendation 4: Programs within prison should be resourced sufficiently to enable timely access for all prisoners. Delivery of programs should be integrated with a greater emphasis on individual case management to support people to identify and access the supports they need both in prison and upon release.

About Inside Access

Our Inside Access program provides a civil legal clinic for prisoners in Dame Phyllis Frost Centre (DPFC) and Ravenhall. We have also provided a more limited service to male prisoners from other prisons.

Inside Access has been running at DPFC for 9 years with a team of lawyers providing a weekly outreach service in conjunction with a social worker and social work students through RMIT's Centre for Innovative Justice. The team includes a generalist lawyer and co-ordinator, a specialist family violence lawyer and victims of crime lawyer, a specialist child protection lawyer, a fines lawyer and a social worker.

Inside Access is well respected by prison staff and importantly, the women in the prison. Alongside this there is an education program which works across areas of law to educate the women and support them to understand the nature of the legal issues they face and the

requirements. Referrals come almost entirely through word of mouth and through prison staff. Within Ravenhall we offer an education program along with a generalist clinic and a fines service.

Inside Access helps people within prison to transition back into the community by helping them to deal with their legal issues prior to release. This includes helping people to address outstanding fines, Centrelink issues and debts, supporting victims of violence to seek intervention orders or victims of crime compensation, facilitating contact with children and a range of other issues which cause stress and anxiety for people.

The focus on Inside Access in DPFC has expanded over the years to adapt and respond to the needs of the women in prison. When the program started it focussed on sentenced women as this was the majority of women accessing the services. These clients were older and their offences were at the more serious end of the spectrum. Over the years there has been a considerable shift in the prisoners accessing our service with an increasing number of women on short sentences often for drug related offences. As the prison demographics have changed and as we identified areas of particular concern from the women and staff at the prison, we have developed new components of our program.

Our team of lawyers is able to provide a wrap-around service addressing a multitude of legal issues. Some of the areas we cover are set out below.

Generalist Lawyers

We have generalist lawyers at both DPFC and Ravenhall and they assist people with a wide variety of legal matters. These include custodial issues, healthcare complaints, Centrelink, fines, debt, powers of attorneys, wills and estate matters, witnessing documents and dealing with various contracts that people have entered into prior to their imprisonment. Many of our clients have multiple, complex legal issues that our lawyer is able to deal with.

Family Violence Lawyer

A majority of women in prison have been victims of family violence. Our family violence lawyer works with women to support them to obtain intervention orders on release and access ongoing support through the Victims of Crime Assistance Tribunal. Although it is difficult for people with a criminal history to obtain victims of crime compensation, our lawyer has been able to demonstrate in many cases a link between family violence and offending behaviour. A VOCAT award can give women the support they need to recover from the trauma of being a victim of violence and to make plans for a future without further offending.

Case study – family violence

Ricki was serving a sentence in prison when she contacted Inside Access requesting assistance with victim support. A few years earlier, Ricki had been the victim of an extremely violent crime. The trauma of this event caused Ricki's life to rapidly fall apart, she developed severe Post Traumatic Stress Disorder, became addicted to drugs and was imprisoned for drug offences.

To support Ricki moving forward with her life, we assisted her to make an application to the Victims of Crime Assistance Tribunal (VOCAT). We were able to obtain funding for therapy and safety related expenses, as well as training course in counselling that Ricki can complete online. Ricki left prison with a plan in place for her future and options that she hadn't previously thought were possible.

Child Protection Lawyer

The introduction of a specialist child protection lawyer arose from changes made to Victoria Legal Aid's eligibility criteria and the difficulty women were facing in getting legal assistance if it was not considered they had a reasonable prospect of the child being placed in their care.

Our lawyer, with the support of our social worker, initially helps women to identify what is happening with their children and what stage of the child protection or legal process they are at. Many women are not aware of where the children have been placed and under what legal arrangements. Women are then given legal advice and practical information to help them work through the possibility of reunification or future contact with their children. We provide a face to face service that is able to clarify and manage the mother's expectations and find satisfactory practical solutions. When there is no other way for a mother to be represented we are able to file documents and representation at initial hearings. We refer matters to private lawyers where VLA funding is available.

Fines Clinic

Inside Access and the staff at DPFC identified that a number of women were missing out on the opportunity to have their fines addressed while in custody. Together with Fines Victoria, they developed a fines clinic to streamline processes and ensure women were able to apply to have their fines included as part of the "time served" scheme. MHLC is currently advocating for this facility to also be available to people on remand as this is often a longer period than they would have been sentenced for.

Clean Slate program

In 2017/2018 Inside Access ran a bulk debt negotiation program at DPFC. The program was very successful with over $300,000 of debt being waived for women in prison, enabling these women to leave prison with a 'clean slate'. Women involved in the project reported that the project had a significant impact on their mental health. One woman said without the project she "*would be sitting in financial crisis and facing a bleak future when I get*

released from here. The help in reducing the bills has helped to reduce my anxiety levels and depression levels". This service was only funded for a limited period and is no longer running.

Social work support

The MHLC runs a multi-disciplinary practice with RMIT's Centre for Innovative Justice (CIJ). CIJ provides a social worker who supervises social work students on placement. A key part of the social worker's role is to support the Inside Access program and women at DPFC. The social work team supports women to apply for public housing early in their sentence to move them through the long waiting lists, seeking to prevent a return to highly unstable accommodation. The social work program also works to initiate and maintain contact with family members and children and alongside this provide supports both during the period of incarceration and post release.

Recommendation 5: Funding for integrated multi-disciplinary services such as the Inside Access Program should be prioritised to ensure equity for all prisoners with mental ill health.

Recommendation 6: Inside Access services should be delivered in every prison state wide.

Oversight of Prisons and Health Care within Prisons

There is a need for greater transparency about the workings of prisons within Victoria and for comprehensive, centralised and independent oversight of the corrections system. At present there are limited options for prisoners or their representatives to raise issues about an individual's experience within prison or broader systemic concerns. The options are to raise matters with prison management, attempt to engage with Corrections Victoria, seek judicial review (rarely an option) or involve the Ombudsman or the Health Complaints Commissioner (for health service issues). Consideration should be given to developing an independent complaints management scheme.

Transparency and accountability is vital in a system that has enormous power over individuals and where the ability to individually raise issues is significantly constrained. Independent, external agencies must have access to prisons, prisoners and all levels of prison staff to ensure that prisons are operating in accordance with our international and state based human rights obligations.

Recommendation 7: The Optional Protocol to the Convention Against Torture should be implemented in Victoria.

There is a particular need for oversight of prisoner healthcare in Victoria given the centrality of private sector providers.

Recommendation 8: A full review of Victoria's prison health care services (including mental health services) should be conducted to evaluate the safety and quality of prison based health care and to make recommendations to improve system governance, ensure optimal service delivery models are in place and address questions of access and equity.

Recommendation 9: Health care services within Victoria's prisons (including mental health care) should be delivered and coordinated by the Department of Health and Human Services (DHHS) and there should be clear delineation of the roles of the Department for Justice and Community Safety and DHHS.

All Victorians have an interest in our prisons operating in a manner that respects people's dignity and provides individualised support to try to reduce offending and increase community safety. There is however minimal publicly available information and data around the provision of mental health care (and general healthcare) within Victoria's prisons. We note that Victoria withdrew its participation from the first ever national survey of mental health service provision for prisons in Australia (Clugston et al. 2017) meaning we are unable to see how Victoria performs against other jurisdictions and identify priorities for improvement.

Recommendation 10: Data regarding mental health service provision and performance within prisons should be publicly available to allow benchmarking against other jurisdictions and ensure best practice clinical care and service delivery models.

Impact of increased remand population

Changes made to bail laws over recent years have seen a steady increase in the prison population and the proportion of prisoners who are on remand. Many remand prisoners are ultimately sentenced to time served and released straight from court. It is difficult to ascertain just how many prisoners end up serving more jail time than they would have received but it is certainly common. This also means that they are unable to call in their fines.

Short prison sentences are incredibly disruptive to an individual's life. Women in particular have to deal with their caregiving responsibilities while in prison and struggle to maintain housing and other supports while in prison without an income. Alongside this the changes to the Disability Support Pension Rules and the lack of direct Centrelink contact means that supports are terminated plunging families into crisis.

There are less programs available for remand prisoners. Alongside this there are significant waiting lists for the programs available. This means that prisoners incarcerated for a short period are unable to undertake a wide range of programs.

Of significant concern is the fact that prisoners on remand cannot access the Opiate Substitution Therapy Program. This represents a lost opportunity for some prisoners to access appropriate drug and alcohol treatment at a time when they have stability and more limited access to illicit drugs. For remand prisoners that were on opiate medication in the community, the impact of this policy is very serious.

The release of people on their court date on time served also means that they are released straight from court rather than from the prison. This means that there is minimal transition support and they will not have their medication, prescriptions or discharge paperwork with them.

Recommendation 11: A comprehensive review of program delivery within prisons must be undertaken in the context of an increased remand population including the identification of gaps and addressing access and equity issues.

Recommendation 12: Prisoners on remand should be given access to The Opiate Substitution Therapy Program.

Mental health treatment within prison

Inside Access has a particular focus on clients with a lived experience of mental illness and we regularly hear from our clients regarding their mental health treatment within prison.

The Targeting Zero report identified that 17% of people being arrested were being treated by a public mental health service at the time of arrest. Many others have untreated mental illness or are being treated in the primary care setting at the time of imprisonment. The Australian Institute of Health and Welfare found that 40% of prison entrants reported that they had previously been diagnosed with a mental health condition (Australian Institute of Health and Welfare 2018).

As in non-prison settings, people with mental illness would benefit from integrated, personalised services that comprehensively address the issues underlying their offending. At present program delivery is disjointed and treatment within prison is not integrated with that in the community upon incarceration or release. The frontline delivery of mental health treatment in Victorian prisons is through mental health nurses. Prisoners have irregular visits from psychiatrists and regular psychological treatment is almost impossible to access. Many people within prison have a history of severe trauma and this is not well understood or treated within the prison system.

Access to care

Justice Health, a business unit of the Department of Justice and Community Safety, is responsible for the delivery of health services to Victorian prisoners. Health services are contracted out to a number of organisations. Correct Care Australasia delivers primary health care services (including mental health services) to all prisons in Victoria. Victoria is unique among Australian states and territories in having primary health care services provided by a private sector company. Forensicare is contracted to provide secondary mental health services at all public prisons and provides services within the Marmak Unit at DPFC and the Acute Assessment Unit at Melbourne Assessment Prison. Our clients have the most contact with Correct Care staff.

Prisoners have a medical review on arrival but some report that, while they are assessed, they do not feel like they receive appropriate treatment. It can be a long wait to access an appointment with Correct Care clinical staff. Correct Care staff are effectively the gatekeepers to secondary mental health treatment and it can be extremely difficult for prisoners to access a higher level of care.

It is difficult to obtain information from outside the prison regarding a person's health prior to entry and very little information is provided on exit. This must be reviewed with a full and

complete handover of information and current medications. We are aware of a woman not being advised that she had cancer as a failure to communicate post release.

Our lawyers assist people with access to medical and mental health treatment or to escalate issues that cannot be resolved with Correct Care. Dealing with Correct Care can sometimes be difficult. Our lawyers are unable to contact the medical centre at DPFC directly to raise issues on behalf of clients. They are required to go through Correct Care's head office. Correct Care have 21 business days to respond. This is a problem when inquiries are being made about appointments or acute situations. This contrasts with our ability to contact other units in the prison to resolve issues quickly. It is also very difficult for prisoners or their representatives to obtain medical information or access medical records. Information will only be provided through a freedom of information request which involves a wait of at least 30 days, often significantly longer. This inability to obtain information limits the ability of prisoners to understand their mental and physical health and actively participate in decisions about their health care.

Recommendation 13: Lawyers operating within the prison and acting on behalf of individual prisoners should be able to contact prison medical services directly to resolve issues in an informal and timely manner.

Recommendation14: Prisoners should be able to access information from their medical record without going through freedom of information.

Case study –access to treatment

Jemima had a very extensive history of family violence. She started counselling while in prison but found the limited number of sessions challenging as they were opening up a lot of trauma for her and she felt she needed more intensive support than was available to her. Another trigger was in relation to a previous relationship and here her mental health spiralled. She was placed under observation for a couple of days which meant that she was placed in a management unit with limited time outside of her cell. She was prescribed psychotropic medication despite telling the psychiatric nurse that she had an allergic reaction to it in the past. She took it because she was concerned about her mental state and there was nothing else on offer. She proceeded to have an allergic reaction to the medication but her numerous requests for a medical appointment were not acted on. There was no follow-up or ongoing monitoring on the medication. Inside Access wrote to Correct Care asking for an appointment to be made but did not receive a response.

Medication

Medication issues arise throughout the period of incarceration from first arrest to release. Twenty-three percent of prison entrants reported that they were currently taking medication for a mental health condition (Australian Institute of Health and Welfare 2018).

If a prisoner has been held in police cells or in the cells at the Magistrates' Court prior to prison they may have had a number of days without any medication including opiate substitution medication.

Medication does not follow people into prison. Once a medical assessment has been conducted medications can be prescribed but these may differ from the medications people were taking in the community or they may no longer receive any medication. Some medications are not available in prison or the prison based clinicians may not be prepared to prescribe some medications.

Mental health treatment in prison is heavily reliant on psychiatric medication but prisoners are, for the most part, excluded from the Pharmaceutical Benefits Scheme (PBS). This limits the range of medications available (due to cost restraints) and the Australian Medical Association has identified that exclusion from the PBS means that prisoners "are frequently prescribed psychiatric medications in a manner that would not attract a PBS subsidy in the community. As such, adherence to these medications after release from prison is likely to be poor, with the result being recurrence of psychiatric symptoms and, for some, an avoidable relapse to self-medication with illicit substances." (Johnson and Tatz 2017).

Clients report that it can be difficult to have medications changed and that there is limited monitoring of side effects and whether the need for medication continues. One prisoner reported to our lawyer that she had not had her medication reviewed by a psychiatrist for more than 4 years.

Upon release prisoners face the sudden return to managing their own medication. They will be given a prescription to be filled at a pharmacy. Medication looks different to that provided in prison and for clients taking medication for multiple issues this can be extremely confusing.

Recommendation15: Prisoners should be given access to the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS).

Other forms of treatment

Many of our clients identify psychological treatment as something that would be of enormous benefit to them. However psychological treatment is extremely difficult to access within prison.

CASA provides an excellent program at DPFC providing trauma based counselling (not just in relation to sexual assault). This is a vital service as a history of trauma underlies many people's mental health issues and their offending behaviour. An intake is conducted on referral and there is some prioritisation according to need. Waitlists are however very long and it can take over a year to begin counselling. Other services such as Caraniche (providing drug and alcohol services) also have long wait lists.

Group programs, such as Out of the Dark (addressing family violence issues for women) are easier to get into but for some women they trigger issues that can't be dealt with in a group setting. They can't however then access the individual counselling they need to process their experience.

Prisoners are able to privately access health care but must cover the cost of it making it an impractical option. Prisoners cannot access the Medical Benefits Schedule (MBS) which means that they cannot utilise the subsidised services of private psychologists or psychiatrists. If the Federal Government were to remove the limitation on prisoners accessing MBS subsidised service, more options for telehealth would be available which could address some of the shortages in the system.

We have had numerous male clients who are coming to terms with a history of child sexual abuse while in prison and there are no services available to support them through this. Men are simply not considered as victims within the system. One of our clients found himself coming face to face with the perpetrator of his abuse in the visits centre of a prison he had just been transferred to. Greater consideration needs to be given to the placement of perpetrators of child sex abuse given the devastating impact of this offending and the increased likelihood of a victim coming into contact with the criminal justice system.

Recommendation 16: There should be an urgent expansion of psychological treatment and counselling programs within prisons. There should also be a review of services provided to adult victims of historical sexual abuse within the prison system.

Case studies – accessing appropriate mental health services in prison

Peter sought the assistance of Inside Access to help with parole issues. During a conversation with our lawyer he disclosed that he had been a victim of sexual abuse as a child. He was unable to stop thinking about it and he wanted to take steps to deal with its impact before his release. Peter struggled to access appropriate counselling services from within prison. One service providing telephone counselling only provided access through a 1300 number which cannot be called from a prison. Another service was blocked by the prison because it was a service for victims and there was no recognition that men within the prison could also be victims. Eventually Peter gave up on seeking counselling.

John had a history of mental health issues and PTSD. He had been a victim of institutional child sex abuse. John received various psychiatric medications while he was in prison and had occasional reviews with a psychiatrist. He wanted to access psychological treatment, but this was very difficult. He felt that psychological treatment would help him to address his history of trauma and help him to prepare for his upcoming release. Despite numerous requests and the involvement of our service, John had only a handful of appointments with a psychologist during his four year sentence. He was lucky to have a supportive family who helped him to arrange for appointments so that he was able to access mental health treatment immediately upon release.

Compulsory treatment

It has been clearly identified by the Auditor General, the Ombudsman and the 'Targeting Zero' report that there is a lack of capacity within the prison system for dealing with

prisoners with acute mental health conditions. Despite investment in this area, there remain extremely unwell individuals within the general prison population who are not being appropriately treated because prisons are not designated mental health services for the purposes of the Mental Health Act 2014. This is a problem for the individuals involved but also puts a heavy strain on the prison system more broadly and prison staff who are not trained or resourced to be delivering frontline care to acutely unwell people.

Management Units

Prisoners with behavioural issues, suicidal prisoners, and prisoners awaiting transfer to a forensic bed are sometimes held in management units. This involves remaining in a cell for 23 hours each day with limited access to programs and services within the prison such as the gym or the library. Management units are an inappropriate placement option for people with mental health issues. The issues in regard to seclusion not being of benefit to people who are unwell is well documented but this is often the only response in the prison environment.

Case study – long term management

Fran had a history of behavioural issues within the prison as well as mental health and addiction issues. The prison was unable to deal with her behavioural issues but had no placement alternatives other than the management unit. As a result she was in long term management. She had a good understanding of her triggers and what she needed to do to deal with them but was unable to access any programs to address them.

Recommendation 17: There should be more step up and step down options for prisoners experiencing mental illness and management units should not be used for suicidal prisoners or prisoners awaiting transfer to a forensic bed.

Workforce issues

The volume of prisoners who have serious mental illness within our prisons puts an incredible strain on the prison workforce. Prison officers are not trained to provide care to people experiencing acute mental health issues or those with Acquired Brain Injuries or intellectual disabilities. It is incredibly distressing for prison staff when prisoners are inappropriately placed within mainstream prisons or in management units because there are no other options available to manage their behaviours.

Transitioning out of prison

The support provided to prisoners transitioning out of prison falls short of the level required to have a meaningful impact and to help people re-engage with society and break cycles of poverty, drug use and incarceration. The services available to prisoners are overwhelmed due to a lack of resourcing and only able to provide limited services. After a period (sometimes many years) of not making their own decisions and living a highly regulated life, people exiting prison are suddenly expected to get themselves to appointments, identify

and articulate their needs, access housing and income support and manage their own healthcare. The failure to adequately invest in transition support is a false economy. While intensive, long term support to people transitioning out of prison is a costly model, it is significantly cheaper than the costs of incarcerating people. Effective post release support reduces the risk of recidivism and the cost to the community and the state of offending.

Recommendation 18: Intensive, wrap-around, post-release support should be provided for all prisoners commencing at least 3 months prior to release and continuing for up to 12 months after release. This service should provide case managers to co-ordinate the range of supports needed for people re-entering the community including housing, income support, access to NDIS if relevant, health care (including mental health care) and psycho-social supports. In the first 28 days post release people should actively supported to physically attend appointments and engage with Centrelink, housing agencies and other priority services.

Increasing numbers of people are being released directly from court because they are found not guilty, receive a Community Corrections Order or are sentenced to time already served. In this situation there is minimal support, people are given a handout with information about the services to call if they need money, crisis housing, medication or healthcare and opiate substitution therapy. They need to navigate these processes on their own without access to a mobile phone. They are able to obtain a Myki card from court but the list of things to arrange for themselves (including collecting any property from prison) is a long one. They will also not have access to the short term housing support that is able to be provided to other prisoners on release.

Recommendation 19: Improve post release supports for people released straight from court.

Housing

Stable, affordable housing is fundamentally important to breaking the cycle of incarceration and maintaining stable mental health.

Many people who are imprisoned come from a situation of unstable housing. Even if a person does have housing, imprisonment is very disruptive and it is often impossible to maintain housing while inside. The AIHW recorded that in 2018 33% of prison entrants said that they were homeless in the 4 weeks before prison and more than half of prisoners (54%) expected to be homeless on release (AIHW 2018).

Case Study

Jamie was in community housing when she was taken into custody unexpectedly. She was not granted bail. She lost her housing and all of her personal property was destroyed because it was deemed to be of insufficient value to justify storage costs. The property was of enormous value to her personally and represented everything she owned. She was extremely upset. When she was due to be released she had nothing. She had to buy new clothes and household goods to re-establish herself.

Periods of imprisonment have a significant impact on an individual's ability to maintain housing. In Victoria, the Department of Health and Human Services will place a hold on a person's public housing tenancy and significantly subsidise the rent for people imprisoned for 6 months or less. People on longer sentences or those not in public housing, have no similar protection.

Housing services within prison are limited and many individuals leave prison without a place to live. Housing support services are offered in the later stages of a person's sentence, meaning that they miss the opportunity to be placed on public housing waitlists early. If a person is homeless on release, they are given access to 3 nights of accommodation in a motel or similar. The three nights may not even be at the same place. Better housing support upon release would improve their ability to transition back into society, stabilise living arrangements, seek training or employment and importantly avoid being pulled back into offending.

Recommendation 20: Adequately resource housing service providers within prisons to provide comprehensive assistance to prisoners at an early stage of their sentence so that they can access public housing waiting lists as early as possible.

Recommendation 21: Provide sustainable and safe accommodation options for all people leaving prison.

Centrelink and the National Disability Insurance Scheme

Prison presents an opportunity for people with serious, ongoing mental illness (and other conditions) to begin the process of applying for Disability Support Pension (DSP) and the National Disability Insurance Scheme (NDIS).

Access to the Disability Support Pension (DSP) is important for people with serious, ongoing mental illness. The payment rate for DSP is significantly higher than for Newstart allowance. Surviving on Newstart is difficult for anyone but it is particularly difficult for someone struggling with mental illness. The difference between receiving DSP and not, is the ability to afford the gap payment to see a GP in a rural area, the ability to travel to a psychologist's appointment or to engage with social and counselling support on the phone.

Changes to the DSP from 1 January 2019 reduced the time in which a person's DSP could be suspended while incarcerated from 2 years to 13 weeks. This means that anyone in prison for more than 13 weeks (including those who have not been found guilty yet and are on remand) will have to reapply for the DSP once they are released. The Victorian government should advocate for this change to be reversed. Vulnerable prisoners with serious disabilities should not be doubly punished by Centrelink and have to wade through the difficult and lengthy application process in order to receive appropriate income support.

Gathering evidence in support of a DSP application is a difficult undertaking, particularly for someone who has not been receiving treatment in the community for a period of time. Support should be provided to prisoners near the end of their sentences to gather the necessary supporting documentation with the assistance of prison medical services. Ensuring that a DSP application is well supported and robustly prepared is key to its timely processing and a successful application.

Similarly supports should be given in prison to individuals who will be eligible for NDIS upon release to apply while in prison and collect relevant medical and other evidence from the prison based services. Getting appropriate NDIS supports online when released can have a significant impact on the ability of individuals to transition back into the community successfully.

Recommendation 22: Develop a program to assist people to complete DSP and NDIS applications that could provide continuity for people in prison and in the post release period until applications finalised.

Contact with children

A number of women identify the removal of their children (often as a result of family violence) as the trigger for increased drug use and related offending that lead to their imprisonment. The separation from their children has a serious impact on their mental health and anxiety.

A key barrier to women having contact with their children and families is the cost of making phone calls to mobile phones. The cost of calling a mobile phone is very high compared to calling landlines, but landlines are not an option for many calls.

Recommendation 23: Phone call charges should be made fairer to enable women to contact their children which is particularly important when they are re-establishing contact with children. This will have a significant impact on the mental health of female prisoners.