



NCOSS Conference Paper

Working Together for Mental Health

NSW Statewide Community and Court Liaison Service

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ABSTRACT

The NSW Statewide Community & Court Liaison Service provides court-based diversion for the mentally ill and mentally disordered from the criminal justice system towards treatment in mental health facilities based in hospitals, community mental health clinics and in goal. Our Service provides psychiatric assessment and court reports to assist the judiciary in making timely and better informed decisions about mental health matters. Contrary to the belief of many, court diversion does not equate with discontinuation of criminal prosecution but allows for the two systems to co-exist in a collaborative manner. The NSW Statewide Community & Court Liaison Service is presently provided in 7 metropolitan and 7 rural courts in NSW and is available to those who are charged with relatively minor (summary) offences at the local Magistrate's Court.

During the first 14 months of operation, approximately 1,600 people were referred. 71% were found to be mentally ill or disordered, and more than half (596) were diverted to community-based mental health services rather than custodial prison settings. For every one person diverted to inpatient mental health facilities, three were diverted to community mental health facilities. The remaining 45% were linked up with mental health services in correctional centres.

1. AIM:

THE NSW STATEWIDE COMMUNITY & COURT LIAISON SERVICE

The NSW Court & Community Liaison Service, Corrections Health is a whole-of-government initiative, which provides court based diversion. It is funded by Health NSW and supported by Department of Corrective Service, Police, DPP, Magistrates and Legal services. Court diversion means diversion from the criminal justice system towards treatment in mental health facilities. Diversion of persons with mental health problems and disorders is available to those who face charges for a minor (summary) offence, and where the process of prosecution has begun.

The service provides psychiatric expertise and advice to magistrates when mentally ill people in court. The aim is to divert this target group of people to appropriate treatment programs and to prevent unnecessary incarceration. Clinical Nurse Consultants supervised by forensic psychiatrists are available in courts to make an immediate psychiatric assessment and provide a report on options for further psychiatric treatment.

2. JUSTIFICATION FOR NEW INITIATIVE: PREVALENCE OF MENTAL ILLNESS IN NSW CORRECTIONAL CENTRES

The literature states that 6 to 7% of all detainees in court holding cells have previously been diagnosed with a serious mental health problem or disorder. Correctional Health Service survey revealed that 42% of males and 62% of females have been diagnosed with a mental illness in 12 months prior to incarceration. Approximately 20% of males and 30% of females have attempted suicide at some time. The high prevalence of severe mental illness in the prisons is several times that of that found in the general community. In many cases, the large numbers of mentally ill people charged with summary offences are difficult to manage in remand centres and correctional centres, and could be better served by immediate referral to appropriate Area Mental Health Services.

In addition the implementation of section 33 under the Mental Health (Criminal Procedures) Act 1990, has proved difficult for the Magistrates. Mentally ill detainees referred to hospital under this section were constantly being returned from hospital to the court without any benefit of treatment. Improved liaison services between the courts and local hospitals were in need of attention.

The NSW Statewide Community & Court Liaison Service has been developed from a need to address these concerns.

3. METHOD: HOW COURT DIVERSION WORKS

Court diversion is a process where mentally ill or disordered individuals are linked to a variety of services in the community, hospitals and correctional centres. It allows for consumers in detention to immediately access the NSW health system.

The evidence based practice model for the Court Liaison Service involves 4 steps: [1] the identification or screening of people with suspected severe mental health problems by solicitors, police and prison officers, [2] assessment by a mental health professional, [3] diversion ordered by the Magistrate to mental health services, and [4] the integration of the individual into the care of appropriate mental health services which can deliver an alternative to prisons.

Court diversion does not equate with discontinuation of criminal prosecution but allows for the two systems to co-exist in a collaborative manner. Court diversion allows the judiciary to get on with job of processing these mentally ill defendants through the courts.

4. PLANNING AND IMPLEMENTATION

In 1999, Corrections Health Service established two pilot Court Liaison Services at Central Sydney and Parramatta Local Courts. Feedback from a range of stakeholders, including Area Mental Health Services, the criminal justice system and

key consumer and carer groups, was very supportive for the continuation and expansion of these pilot projects. It was noted there was a marked decrease in the number of referrals under Section 33 of the NSW Mental Health (Criminal Procedures) Act. Section 33 was previously the most common means for the courts to obtain a psychiatric opinion and the effectiveness of the operationalisation of this section proved to be difficult.

The NSW Government has now funded Corrections Health Service to further expand the Court Liaison Service, which presently involves 14 Local Courts:

<i>Metropolitan</i>	<i>Rural & Regional</i>
Penrith	Lismore
Sutherland	Tamworth
Central Sydney	Gosford
Liverpool/Fairfield	Wyong
Parramatta	Moree
Burwood	Wagga
Campbelltown	Dubbo

5. OUTCOMES AND EVALUATION

The NSW Statewide Community & Court Liaison Service commenced in March 2002. Activity and outcomes data have since been collected on a daily basis. A comprehensive database, captures service performance on a range of health and judiciary indicators, including the need for hospitalisation and potential to assess recidivism.

Findings to date suggest that almost 1,600 people facing charges were screened during the first 14 months. A total of 71% of the screened population were identified with a serious mental health problem or disorder.

Approximately 55% of those diverted were successfully transferred into care of mainstream community and inpatient mental health services. For every one person diverted to inpatient mental health facilities, three were diverted to community mental health facilities. The remaining 45% were linked up with mental health services in correctional centres. This liaison between courts, Area Mental Health Services and prisons will foster the principle of continuity of care of these consumers entering and leaving the correctional centres.

Importantly, 4 out of every 5 people transferred by Magistrates to local hospitals for psychiatric assessment are now admitted. This is a dramatic improvement and gives mentally disordered defendants a much better chance for rehabilitation and positive health outcomes.

6. FUTURE SCOPE

Further expansion of the service and inclusion of other smaller courts via Telehealth is currently being considered. This is part of a new initiative by health NSW to establish a comprehensive forensic mental health services' in NSW, which will support this, disadvantaged stigmatised group of consumers in better meeting their health needs.