



**JUSTICE HEALTH CONSUMER AND  
COMMUNITY GROUP FORUM**

**HEALTH PRIORITIES FOR PRISONERS AND YOUNG OFFENDERS**

**5 MAY 2011**

Following are the detailed notes from the Forum.

**Aboriginal and Torres Strait Islander People**

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Pre-Imprisonment (in the Community)	<p>Inadequate screening and assessment</p> <p>Parental permission needed for medication of young offenders</p> <p>Inadequate numbers of aboriginal staff and high turn over</p> <p>Lack of welfare staff</p>	<p>Medication to be kept up with the person's movements</p> <p>Provision of holistic mental health services</p> <p>Provision of culturally specific and holistic healing programs to address social and emotional wellbeing</p> <p>Expos to include justice health</p> <p>Collaboration between services</p> <p>Pharmacy pick-up for missed release medication</p>
Post Release	<p>Lack of intensive case-management</p> <p>Lack of access to GPs</p>	<p>Provision of holistic mental health services</p> <p>Referral to connections in the community re. Culturally specific healing</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Medicare</p> <p>Parental permission for JJ medication</p> <p>Through-care – mediation and access to information</p>	<p>programs for social and emotional wellbeing</p> <p>Aboriginal support person</p> <p>Collaboration between services</p> <p>Aboriginal Involvement Development Committee</p> <p>“Closing the Gap”</p>

## Juvenile Justice

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Post-Release	<p>Consistent messages need to be given to providers and carers</p> <p>Young people have a fear of attending services and especially that probation and parole will breach them if they attend particular types of services</p> <p>Parents are in custody (generational incarceration) and the young person does not know anything different</p> <p>Return to dysfunctional families</p> <p>Having to deal with family’s drug and alcohol issues</p> <p>Culturally appropriate services that meet individual needs</p>	<p>Holistic approach that addresses mental, physical and social wellbeing of the young person</p> <p>More and better consultation with young people while in JJ but must:</p> <ul style="list-style-type: none"> <li>- Be anonymous</li> <li>- Be appropriate to young people</li> <li>- Ask what the young person wants</li> <li>- Address fears of disclosure</li> </ul> <p>Have focus groups with young people while in JJ and post-release, facilitated by an NGO, to evaluate health service provision. Challenge will be engaging those most at risk.</p> <p>Set realistic goals that the young person can achieve</p> <p>Engage the community to support young people to access services (mentoring)</p> <p>Skilling the young person through health promotion and empowering them to deal with their family</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Transition into the community</p> <p>Level of access to services is more limited</p> <p>Social/Peer pressure to re-offend</p> <p>Lack of positive support</p> <p>Empowerment to change behaviours</p> <p>Disconnection of case management between agencies – continuity of care</p> <p>Carer confusion about how to handle the physical and mental health needs of the young person</p> <p>While in JJ the young person has services, support and structure on release they return to chaotic lifestyles</p> <p>Safety of the ex-offender and the family</p> <p>If the young person has a child their capacity to cope with the child</p> <p>How well funding is used to provide services and if withdrawn or decreased can impact on service partnerships and young people accessing services</p> <p>Young people want to be productive but it becomes ‘too hard’</p>	<p>Justice Health to engage better with the NGO sector to engage the trust of the young person</p> <p>Justice Health to provide a package of information to NGOs (i.e. what services are available, phone numbers, support groups etc) who can take these to families</p> <p>Justice Health to help NGOs broker services into the family home – young people are unlikely to go to a service or may be unable to access a service (i.e. cost of transport or no transport etc)</p> <p>Reduce red-tape – bureaucracy of Justice Health blocks better work with NGOs, young people etc.</p> <p>Carer Support Helpline and Counselling Service</p> <p>Justice Health works with NGOs to meet with carers prior to the young person returning home and then to conduct a follow-up visit</p> <p>More systemic approach needed</p> <p>If the young person is living alone – establish trust and case conference with a community member, home visits to track how the person is going</p> <p>Outreach services are needed</p> <p>Information on how to get and replace Medicare cards</p> <p>Provide incentives to get young people to engage with health services</p> <ul style="list-style-type: none"> <li>- Market to ‘appeal to young people’</li> <li>- Use social media like Facebook and Twitter</li> <li>- I-Phone Apps</li> <li>- SMS messaging</li> <li>- Website</li> </ul>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Recidivism and being a victim of crime themselves</p> <p>Community excludes the young person (especially rural and remote) reinforces the wrong behaviour, becomes self-fulfilling</p>	<p>The young person must be central to and drives the planning</p> <p>Assistance for young parents</p> <p>Services based in places that young people access</p>
Health Promotion	<p>Large number of young people with mental health issues</p> <p>General drug and alcohol use including IV drugs</p> <p>Awareness about Blood Borne Viruses</p> <p>Empowerment to change behaviours</p>	<p>Establish an NSP</p> <p>Include health promotion education within the school curriculum (justice health could influence this)</p> <p>Health promotion activities have to be short and sharp to address short stay issues and continue the 'message' externally</p> <p>Through education young people can become peer educators</p> <p>Use alternate, interesting ways to education young people – don't talk 'at' them:</p> <ul style="list-style-type: none"> <li>- Get the young people involved in the production of a magazine on health issues aimed at young people</li> <li>- Use art and art therapy</li> <li>- Provide an outreach service on release to continue this work</li> <li>- Use other creative mediums such as music</li> <li>- Be hands-on so the young person engages directly and its fun</li> <li>- Social Media/websites/apps/sms</li> </ul> <p>Messages and education process must be able to be replicated and reinforced</p> <p>Break down the stereotypes of mental health and negative self-labelling</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
		<p>Train staff and raise their awareness of health issues, especially drug use and blood borne viruses</p> <p>Bring in other services such as NGOs and partnership with them to provide education</p> <p>Evaluate programs pre and post release to determine if they are effective</p> <p>Utilise role models to promote health messages i.e. footy players</p> <p>Address issues of diet and nutrition, exercise, sports – connect young people with external sporting clubs</p> <p>Have to address immediate health issues while skilling the person up for coping on release</p>

### Substance Dependency and Blood Borne Viruses

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Harm Reduction	<p>No NSEP</p> <p>Users less likely to seek medical help as may disclose user-status</p> <p>Fear of requesting clean supplies (fear of identification)</p> <p>Illegal status of drug use – decreased access to associated harm reduction and health promotion services e.g. cleaning equipment</p> <p>Steroid use in prisons and JJ</p>	<p>Trial a needle and syringe exchange program in prisons (e.g. Switzerland, Germany)</p> <ul style="list-style-type: none"> <li>- Identify models available internationally</li> <li>- Identify appropriate models to NSW justice context</li> <li>- Education for justice health and corrective services staff</li> </ul> <p>Have a supervised injecting room</p> <p>Investigate the provision of NARCAN (nasal not IV)</p> <p>Provide prisoners with education on safe injecting practices</p> <p>As part of the broader corrective services/justice health staff attitudes/cultural change/education program include education on harm</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Un recognised populations – pregnant women, juveniles and adolescents</p> <p>Sensitive populations – injecting/smoking</p> <p>Need for culture change in corrective services/justice health re. People with substance issues – treat as ‘criminal’ – there is a need for diversion and alternative treatment options to custody</p> <p>Increased prisoner movement makes it difficult to maintain support groups and continuity</p>	<p>reduction. Need cultural change – rights of prisoners to healthy lifestyles vs punitive measures</p>
Pharmacotherapy and Substance Management	<p>Methadone program – limited access, unless you are already on a pharmacotherapy program it’s very difficult to get on it in prison)</p> <p>Pharmacotherapy options are limited (need to check)</p> <p>Prisoners not linked into post-release programs and don’t have support/pathways to access pharmacotherapy and services in the community</p>	<p>Peer groups and support groups</p> <p>Access to holistic treatment options</p> <p>Broader roll out of SMART recovery groups</p> <p>Review access to treatment for people entering prison with substance use</p> <p>Medically supervised real detoxification options – not just valium – it must be adequate</p> <p>Adequate dosing</p> <p>Review intake procedures with proper assessment and screening to</p> <ul style="list-style-type: none"> <li>- Determine drug/substance dependency</li> <li>- Provide information to the person on the range of options available</li> <li>- Provide access to the same range of treatment options available in the community i.e. naltrexone</li> </ul>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
		<ul style="list-style-type: none"> <li>- Provide a range of complimentary supports and a holistic treatment plan including counselling, healthy lifestyles, case management, life skills training</li> <li>- Recognise the different needs of the individual – may not ‘quit’ or ‘manage’ their substance dependency</li> </ul>
Health Promotion	<p>Less range of healthy options for people with substance use</p> <p>Greater risk of increased injecting and starting drug use as a result of</p> <ul style="list-style-type: none"> <li>- Mental health (depression, anxiety)</li> <li>- Boredom</li> <li>- No access to other non-IV substances like marijuana</li> </ul> <p>Increased % of undiagnosed and unsupported mental health issues</p> <p>Access to condoms – quantity and distribution</p> <p>Transition/post-release: lack of supports to integrate back into community can contribute to relapse</p> <p>Lack of support groups for people with substance use post-release</p> <p>Lack of education about drug and alcohol in prisons and health promotion</p> <p>Lack of choice – appropriate supports to maximise effectiveness e.g. group</p>	<p>Education programs</p> <ul style="list-style-type: none"> <li>- Healthy living to manage blood borne viruses and conditions</li> <li>- Making healthy choices</li> <li>- Exercise and diet</li> </ul> <p>Education about relapse prevention</p> <ul style="list-style-type: none"> <li>- Self-management techniques</li> <li>- Impact of substance use</li> <li>- Self-esteem building</li> </ul> <p>Group therapy</p> <p>Education about mental health awareness</p> <p>Early identification of mental health needs</p> <p>Hepatitis appropriate diet options available for prisoners</p> <p>Education about</p> <ul style="list-style-type: none"> <li>- Safe injecting practices and safe sex</li> <li>- Blood borne virus prevention (including sex education)</li> <li>- Vein care</li> </ul> <p>Range of products – brochures, active learning etc.</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	session vs 1:1, choice of counsellor	
Smoking	<p>No smoke free cells/can't choose a non-smoking cell mate</p> <p>Prisoner's rights to smoke free environment (healthy options)</p>	<p>Nicotine replacement therapy</p> <ul style="list-style-type: none"> <li>- Adequate dosing and quantity</li> <li>- Free</li> </ul> <p>Support groups to help quit smoking</p> <p>Holistic quit interventions</p> <ul style="list-style-type: none"> <li>- NRT</li> <li>- Counselling</li> <li>- Group sessions</li> <li>- Behaviour change</li> <li>- Acupuncture, hypnotherapy</li> </ul> <p>Proportion of smoke free</p> <ul style="list-style-type: none"> <li>- Communal areas</li> <li>- Cells: choice of smoking or non-smoking</li> </ul> <p>Justice Health staff to proactively ask client's interest in quitting (as part of holistic approach) when addressing other health issues (must still be a choice)</p> <p>Information about quit support options in prison on induction</p> <p>Greater range of courses and diversional therapy for prisoners (keep engaged and motivated and avoid boredom)</p>

## Post-Release

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Continuity of Health Care on Transition	<p>General discharge planning doesn't happen</p> <p>Mental health</p> <p>Alcohol and other drug use</p> <p>Dental care</p> <p>Hepatitis</p>	<p>Care plans are computerised with the ability to send to GPs, hospitals, NGOs, pharmacies, COSPs etc</p> <p>Care in community and a justice health worker to assist on release day and follow-up</p> <p>Policies based on framing health in a socially determined way</p> <p>Release of information form to next of kin, contacts etc.</p> <p>Identification of systemic issues</p> <p>Transition Planning</p> <ul style="list-style-type: none"> <li>- Occurs up to 6 months ahead</li> <li>- Plan for high mobility</li> <li>- Project to follow individuals and ascertain gaps</li> <li>- Case manager follows client</li> </ul> <p>More justice health staff within and outside gaol</p> <p>Provide a resource directory</p>
Participation in Inter-Sectoral and Interdepartmental Care Planning and Implementation	<p>Better case workers</p> <p>Continuity of care lacking</p>	<p>Resource directory</p> <p>Staff cultural change</p> <p>Networking – strengthen relationships/collaboration with NGOs</p> <p>Identification of gaps and issues</p> <p>Education of GPs, medical centres, corrections and pharmacies</p> <p>Justice Health Coordinator in each gaol</p> <ul style="list-style-type: none"> <li>- Liaise with welfare worker</li> </ul>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
		<ul style="list-style-type: none"> <li>- Liaise with local GPs, pharmacists</li> <li>- Assist with release planning</li> </ul>

## Women

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Shift approach to AOD issues – instead of maintenance aim for reduction, holistic approach to services	<p>Goal is cessation</p> <p>Reduced recidivism where drugs are impacting/causing offending</p> <p>Higher needs especially around drug treatment and post-release</p> <p>Methadone post-release – reduction plan</p> <p>Methadone used/given to women who are not drug addicted</p>	<p>Holistic drug treatment service (funds for transition)</p> <p>Drug and Alcohol Counsellors (CS NSW) – collaborative model needed with pharmacists and counselling</p> <p>Give women informed choice</p> <p>Health education about transmitted diseases should be part of health assessment</p>
Continuity of Care on Release	<p>Support does not end when they walk out the door</p> <p>Higher needs especially around drug treatment and post-release</p> <p>Methadone post-release – reduction plan</p> <p>Ad hoc outreach services</p> <p>Need support services</p>	<p>Link into community support systems</p> <p>Referral to existing services</p> <p>Planning pre-release as housing is the key to continuity of delivery of health services</p> <p>Mentoring program</p> <p>Referral systems are easier and more streamlined</p> <p>Have a network of service providers</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Connections and eligibility need to be expanded</p> <p>Dental services – restricted/limited services as short sentences are an issue for women</p> <p>Ageing an issue – 24hr care is limited in prison – no ‘hostel’ care and problems of early release</p>	<p>Examine why referrals are not made or made – look at other community sectors that have resolved the issue</p> <p>Ensure that Justice Health is aware of discharge and has access to information about clients</p> <p>Access to Medicare – when is it double dipping needs exploring</p> <p>Private referrals</p>
Addressing the impact of trauma – adult survivor of child sexual assault, domestic violence, sexual violence etc.	<p>Recognition of victims</p> <p>History of child sexual assault/drug addiction etc – the need for rehabilitation and counselling in prison and mental health services</p> <p>Return of children impossible/highly unlikely – connected to children in care repeating the cycle of detention</p> <p>Split in service delivery – no counselling in prison however small pilot currently being run but reluctance by corrective services</p>	<p>Ask about needs – counselling as a primary need as opposed to mental health</p> <p>Make referrals to Corrective Services counsellors, despite lack of service?</p> <p>Group model</p> <p>On reception ask about trauma needs</p> <p>Ensure information about services is available</p> <p>Issues of the role of justice health needs to be addressed – is there an opportunity with the change of government to have a change of role? NGOs take up the demarcation issues with Government</p> <p>Greater responsibility around occupational health and safety – ensure that OH&amp;S systems are in place in prison industries</p> <p>Need an Aboriginal focus</p>

## Forensic Patients

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Programs to Improving/maintain relationships between forensic patients and their family and significant others	<p>Need to improve maintaining relationships for people while either in forensic or corrections</p> <p>How can we influence more social connections for people with mental illness in Corrections</p>	F&C coordinators
Support for family members and significant others	<p>Sometimes families live too far away from forensic facilities</p> <p>Not likely to leave system quickly – social connections need to be nurtured</p>	<p>Support can be quite simple sometimes: it may be education and support</p> <p>Increased access to internet, telephone etc</p> <p>More escorted visit opportunities</p>
Equal access to recreational, educational and health services as experienced in main correctional facilities	<p>Patients with mental illness in corrections do not have access to forensic services. This would impact on their recovery process.</p> <p>People with identified mental illness in corrections are having problems maintaining good health (diet/exercise)</p> <p>Urine testing – people don't trust it</p> <p>Boredom due to lack of recreational facilities</p> <p>Opportunities for education</p>	<p>Better collaboration with Corrections</p> <p>Funding bodies share resources</p> <p>Big picture issue – from law and order to community \$ (political)</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Development of more step-down programs on being discharged - and connections to pre discharge	<p>Lack of step down programs for people with mental illness being released from corrections.</p> <p>People with mental illness in corrective services might be released without support or appropriate accommodation</p> <p>Forensic patients might be detained longer due to lack of exit places</p> <p>Issue of continuity of care in justice health</p> <p>How can we make the system more therapeutic (effective treatment in a non-therapeutic environment)</p>	<p>More community connections/partnerships and case managers</p> <p>Connections have been very successful for Drug &amp; alcohol services</p> <p>Programs for people with mental health need to be developed</p>
Forensic Consumer Representative needed on the CCG	<p>Forensic patients not accommodated in forensic facilities due to lack of beds</p> <p>A problem with the gap between arrest and determination of their status</p>	Representation from forensic consumers on CCG including Morriset FLAMES

### **People with Disability and/or Acquired Brain Injury**

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
Appropriate assessment on entry to prison, detention centre or hospital	<p>No questions are asked about Acquired Brain Injury (ABI) or Intellectual Disability (ID)</p> <p>People don't want to be identified as having a disability or limited abilities</p> <p>There is no assessment or training in</p>	<p>Diversion not incarceration</p> <p>Post-assessment – different facilities and different results for ID and ABI (treatment, rehabilitation and support)</p> <p>Training and rehabilitation for people with ABI or ID (if available) – capacity can be developed: will need a specialist team</p>

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	Juvenile Justice Assessment of forensic patients	Support plans for both groups (s32 assistance)
Access to general health care – equality of access and quality of care	Frustration/violence – no voice for expressive communications Dual diagnosis – better training with mental health issues	Holistic approach
Security of administration of medication	Use of psychotropic medications makes people vulnerable	
Post release – need for co-ordination of services including health services	Not enough service provision for ABI/ID	ABI related to Alcohol and Other drug use – treatable  Suitable supported accommodation needed for ABI/ID for stability  Post release setup and options – set up to succeed – supports such as income, support plans, community access, housing and capacity building  Holistic approach

### Other Issues

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	Women, people from CALD and Aboriginal backgrounds the most vulnerable  Increased prisoner movement impacts on support and continuity of care	Target the most vulnerable communities  Culturally appropriate services for CALD and Aboriginal people  Post-release support for aboriginal young people – break the cycle

<i>Area</i>	<i>Issues</i>	<i>Strategies</i>
	<p>Healthy prisoner communities</p> <p>Family Violence Women experiencing domestic violence Children who have experienced sexual assault</p> <p>No exit from custody into homelessness – what role does Justice Health have in this?</p>	<p>Health promotion and community building National health prevention strategy – another funding source e.g. chronic illness and obesity</p> <p>Case workers - funding</p>

### **Issues from last Work Plan**

1. *The need to improve consumer engagement and the role of prisoners and young offenders in service planning and delivery across the organisation – Ongoing*
2. *Service provision to patients with intellectual disability and Acquired Brain Injury – Ongoing*
3. *Needle and Syringe Program – Ongoing*
4. *Communication and information flow between consumers, the community and Justice Health, in regard to service available, processes and coordination - Ongoing*
5. *Unmet demand for services (mental health, oral health, drug and alcohol etc) – Ongoing but focus more on mental health and drug and alcohol*
6. *Culture and attitude of Justice Health staff - Ongoing*