

26/10/2018

Queensland Productivity Commission
PO Box 12112
George Street
BRISBANE QLD 4003



To the Queensland Productivity Commission,

SUBMISSION: Inquiry into imprisonment and recidivism

Queensland Alliance for Mental Health (QAMH) is pleased to provide this submission to the Queensland Productivity Commission (QPC).

QAMH is the peak body for the community mental health sector in Queensland. We represent more than 140 organisations and stakeholders involved in the delivery of community mental health services across the state. We work with our members to build capacity, promote professionalism in the sector and to advocate on their behalf on issues which impact their operations and people experiencing mental health issues in our community.

QPC's Issues Paper highlights that:

- research suggests that mental impairment is a possible influence on crime rates (page 6);
- untreated mental health issues are likely to impact the rate of reoffending (page 10); and
- untreated mental health problems are a risk factor for recently released prisoners (page 15).

QAMH strongly believes that an increased focus on support and rehabilitation for people with mental health conditions can have positive benefits in reducing rates of reoffending, lowering prisoner numbers and making our community safer. While our submission will not address all the questions raised in the Issues Paper, we will provide insights to those areas where we can best contribute to this important discussion.

Mental health in the prison population

It is clear from available research that mental illness is highly prevalent amongst the prison population in Queensland. The Criminology Research Council Consultancy found that rates of a wide variety of mental health disorders are disproportionately high within the criminal justice system compared to the general populationⁱ.

According to the Australian Institute of Health and Welfare (AIHW) the proportion of prison entrants who have been told by a doctor, psychologist or nurse that they have a mental health disorder is 49%ⁱⁱ. The AIHW reports that this rate has increased, compared to the last reporting period, and that women are more likely than men to report high levels of distressⁱⁱⁱ.

"Strong, inclusive and resilient mental health communities."

07 3252 9411 
admin@qamh.org.au 
433 Logan Road 
Stones Corner QLD 4120 
www.qamh.org.au 

Queensland Alliance for Mental Health Ltd

A 2010 study from the New South Wales Bureau of Crime Statistics and Research (BOCSAR) also found that high rates of mental illnesses and substance use issues have been found amongst prison populations at both the State and National level^{iv}. Walter Sofronoff QC, in the Queensland Parole System Review Final Report (QPSRFR), found that a massive proportion of prisoners suffer from various mental illnesses and that in many cases these illnesses are implicated in the offence that led to imprisonment^v. A 2012 study published in the Medical Journal of Australia also found a very high prevalence of mental disorder among Aboriginal and Torres Strait Islander adults in custody^{vi}.

When reflecting on this evidence, it's clear that any study looking at imprisonment and recidivism rates in Queensland needs to consider:

- Potential alternatives to imprisonment where the offender has a mental health condition;
- More training to identify pathways for assessment and management of offenders;
- The types of mental health support available to people in prison to support their recovery;
- The discharge process for prisoners with mental health conditions to ensure they continue to receive support, if required;
- The types of services available to assist people re-entering the community after a period of imprisonment to enhance their social participation and reduce rates of reoffending.

Imprisonment rates

The Issues Paper notes the majority of Queenslanders are imprisoned for non-violent offences and that this proportion has increased in recent years (page 7), citing data from the Australian Bureau of Statistics.

QAMH is unaware of any studies that show an increasing rate of imprisonment for non-violent offences amongst people with mental health conditions. However, we make the following observations:

1. That AIHW figures highlight an increasing number of prison entrants who have been told they have a mental health disorder^{vii}.
2. That the QPSRFR highlighted the increase in prisoner numbers has also resulted in an increase in the number of prisoner referrals to the Prison Mental Health Service^{viii}.

Noting the above information, it stands to reason that an increasing number of people with mental health conditions are being imprisoned for non-violent offences. While the circumstances surrounding individual cases will be different, QAMH believes there should be further consideration of alternatives to prison in these instances. This is in keeping with the view of the World Health Organisation, which states "for people with mental disorders who have been charged with committing minor offences, the introduction of mechanisms to divert them towards mental health services before they reach prison will help to ensure that they receive the treatment they need and also contribute to reducing the prison population"^{ix}.

QAMH is mindful the court considers many factors when deciding on a sentence, including custodial and non-custodial sentences. We believe this review is an opportunity to explore a range of non-custodial and other options in appropriate circumstances, such as:

- Alternative sentencing options, inclusive of treatment, for people with identified mental health conditions;
- More targeted and flexible community-based orders which emphasise treatment and rehabilitation as their core component;



- Justice reinvestment strategies that direct funding to community-based initiatives which look to address root causes of crime;
- Expansion of drug court programs, recognising the significant number of adult offenders with mental health conditions; and
- Restorative justice programs for young offenders.

There are a range of potential benefits in adopting these approaches, including: improving the level of treatment provided, which can reduce the likelihood of reoffending; not putting the individual in an environment which can further exacerbate their condition (such as an overcrowded prison); and reducing the cost to the state of imprisoning an individual.

Recent research indicates there is a willingness from the community to accept alternatives to prison. A 2011 paper from Victoria’s Sentencing Advisory Council found the community was open to increasing the use of alternatives to prison, as a policy change. The level of acceptance to alternatives to prison was greatest for mentally ill offenders^x.

Community based orders allow people to serve their sentence in the community and include intensive corrections orders and probation. However, the QPSRFR identified restrictions on imposing these orders which may have contributed to courts imposing terms of imprisonment where they feel the community based orders are inflexible^{xi}. It urged consideration of community corrections orders, as used in Victoria. In NSW, a 2017 report from BOCSAR identified a 11%-31% reduction in the odds of reoffending for an offender with an intensive corrections order compared with a prison sentence of up to 24 months^{xii}. “These results further strengthen the evidence base suggesting that supervision combined with rehabilitation programs can have a significant impact on reoffending rates.”

Justice reinvestment programs are being increasingly used across the world. The design and effectiveness of these programs is explored in a 2018 paper published in the Australian Institute of Criminology^{xiii}. The paper concludes, “at both the Commonwealth and state and territory levels, Australia is at a point where enthusiasm and support for JR (justice reinvestment) has the potential to manifest into effective and practical strategies which can contribute to lasting outcomes of real social benefit”.

Some examples of initiatives that are making a difference in the community include Life Without Barriers’ Multisystemic Therapy program on Brisbane South and North, which is being delivered through the YouthChoices Social Benefit Bond^{xiv}. QAMH members Sisters Inside do fantastic work helping women who have been criminalised in a range of ways, including work pathways, helping women to readjust after the trauma of being imprisoned and with mental health support services. These services support the objective of having less people in remand through alternative and effective approaches.

Available mental health services in the Queensland prison system

The QPSRFR highlights that the availability and effectiveness of programs, services and interventions for Queensland’s prisoners is an important component of the criminal justice system^{xv}. The Review also highlights the services available to prisoners, including access to Queensland Corrective Services psychologists, counsellors and cultural liaison officers. In addition, referrals can also be made to the Queensland Health, Prison Mental Health Service (PMHS). The Review identified the most recent state-wide PMHS audit found 11.8% of the prison population were active clients of the PMHS.

QAMH believes the PMHS is invaluable and the service provided in Queensland compares favourably to other Australian jurisdictions. The PMHS plays a significant role in connecting



patients with community-based mental health services to ensure reintegration after their release from prison. However, the QPSRFR did make the following points:

- Only 15 per cent of PMHS clients receive the services of the PMHS Transition Coordination Program; and
- Due to long waiting lists, some prisoners are released from custody before even being assessed for mental health treatment by PMHS.

The QPSRFR made recommendations (numbers 24 and 25) that the Queensland Government should review the resourcing of prison and community forensic mental health services and the provision and resourcing of services for Aboriginal and Torres Strait Islander people and women in the correctional system. The Queensland Government's response supported these recommendations. QAMH believes these findings and the Government's response could help to inform the current review being undertaken by QPC.

QAMH would also draw QPC's attention to the Offender Health Services Governance Improvement Project that is currently being conducted through Queensland Health^{xvi}. A consumer perspective of the provision of health services in prisons, conducted as part of this review, identified mental health – access and treatment options as one of five key themes. QPC's work may also be informed by some of the initial evidence gathered for this project.

Transitioning back into the community

Queensland Health currently funds the Transition from Correctional Facilities (TFCF) program, which is targeted towards adults with severe and persistent mental illness who are being released from correctional facilities and have been referred by the PMHS. Under this program, non-government providers support individuals in a range of ways, including (but not limited to):

- Accessing ongoing treatment and mental health services;
- Assisting with training and employment opportunities;
- Supporting people to find accommodation;
- Supporting people to live independently; and
- Connecting people to relevant community-based services.

These providers will link in with the PMHS prior to a person's release and ensure continuity of mental health care and other supports from a correctional facility into the community.

An evaluation report into Community Mental Health Transition to Recovery Programs (including the TFCF program), released in 2012, found the programs had resulted in a range of positive outcomes for clients^{xvii}. A notable outcome was the improved management of mental health issues, evidenced by the shift in service usage away from the acute mental health sector to the community sector.

Some of the key information highlighted in that evaluation report regarding the TFCF program includes:

- The service providers' management and monitoring of relationships with pre-release and post-release stakeholders was seen as crucial to the integrity of the service model;
- Service providers reported that the double stigma of mental illness and a prison background affected access to housing, in particular; and
- It was a specific challenge delivering the program to clients over vast geographical areas.



The evaluation also reported specific cases where clients avoided reincarceration as a result of the program, however the full extent to which the TFCF program impacted recidivism was not assessable from the data.

From a QAMH perspective, this program plays a vital role in ensuring community-based treatment is available to people who need support in making this transition. A range of circumstances may impact recidivism for an individual, but the research makes it clear that when people are supported and continue to receive treatment to address their condition they are less likely to reoffend.

QAMH is supportive of this program and notes the work of all involved in contributing to its success. This review provides an opportunity to look at expanding these types of community-based supports to help more people exiting the prison system with a diagnosed mental illness.

As highlighted above, there are opportunities to strengthen the referral system for people transitioning back into the community by reducing waiting lists so that fewer prisoners are released into the community before being assessed for treatment and by better coordinating discharge services to ensure that every prisoner with a severe mental illness has a coordinated care plan for their discharge from prison.

There are many benefits to this approach. For example, the 2012 evaluation report into the Transition to Recovery Programs identified a cost of less than \$17,000 per client for the TFCF program. The Issues Paper reports costs of almost \$110,000 per year to keep a person in prison in Queensland. There are obvious cost savings to the State if these people are assisted to stay out of the corrections system. And if more people are assisted to transition back into the community so that they don't reoffend, this can take pressure off the existing prison mental health services – which can reduce waiting times and further improve outcomes.

Other issues for consideration

First responders

Our police and first responders do a fantastic job in what can be very difficult circumstances. However, this review also provides an opportunity to consider how we can improve interactions and outcomes for people coming into contact with police. These issues have been discussed by the National Mental Health Commission:

Police are involved more and more frequently as first responders in crisis situations involving people with mental health difficulties. In New South Wales for example, there was a 25 per cent increase in the annual number of police incidents involving people with a mental health problem between 2008-2009 and 2011-2012. This period saw the number grow from about 22,000 incidents in 2007-2008 to around 30,000 in 2011-2012.

There are some promising approaches being taken by police to train their officers and to improve their integration with mental health professionals. The Commission visited the ACT Police this year and saw one such program in operation.

Use of skills training of police forces, such as through Mental Health First Aid, and the establishment of specialist crisis intervention teams have indicated reduced arrest rates, reduced use of force and cost savings.



Training of other frontline workers in the justice system who come into frequent contact with people who experience mental health difficulties, such as corrections or court staff, should also draw upon evidence-based approaches^{xviii}.

QAMH also supports more investment in the Co-Responder Mental Health Care Model across all Hospital and Health Services and communications centres for Queensland Police^{xix}.

National Disability Insurance Scheme

Research suggests that between 1.3% to 5.3% of prisoners are eligible for the National Disability Insurance Scheme (NDIS)^{xx}. The Federal Parliament's Joint Standing Committee on the NDIS has identified the NDIS has the potential to decrease imprisonment rates for people with complex disability support needs, particularly Aboriginal and Torres Strait Islander people.

The Queensland Audit Office report into the NDIS transition highlighted a number of shortcomings in regard to Queensland Corrective Services' (QCS) preparedness for the rollout of the NDIS. QAMH would draw QPC's attention to the specifics of that report, notably the important role QCS should play in linking people with NDIS packages in with service providers post-release to ensure they are able to access supports. This is important to breaking the cycle of reoffending.

We visited three correctional centres and found they were unprepared to identify or transition potentially eligible prisoners with disability to the NDIS when being released into the community. This has the potential to reduce the number of new individuals connecting to the NDIS during transition. It also increases reoffending rates as research has shown that prisoners with a cognitive disability have a higher risk of re-offending than other prisoners.

- Page 10

It is also vital that screening processes identify those people who are potentially eligible for the NDIS, so those people are supported to make an application. This includes people who have a psychosocial disability – it is estimated approximately 14% of NDIS participants will have a primary psychosocial disability. A number of reports have highlighted the difficulties prisoners face in making applications and delays to the processing of their applications. If the Queensland Government can support people to access this Federally-funded program it could lead to better outcomes and impact the rate of reoffending.

Rural and regional

There remain significant challenges in the provision of services to people living in rural and regional locations in Queensland. In the mental health space this is reflected in the lower numbers of mental health professionals living in country locations and the cost and distances people have to travel to access services. QAMH would also highlight the need to identify ways of eliminating the 'tyranny of distance' and ensuring that future options and programs to reduce rates of imprisonment and reoffending are made available to all Queenslanders, regardless of their postcode.



Concluding remarks

I would like to thank QPC for the opportunity to respond to the Issues Paper. QAMH would be happy to provide any further information to assist QPC in conducting its work.

Kind regards,



Kris Trott
Chief Executive Officer
Queensland Alliance for Mental Health

-
- ⁱ Ogloff, J., Rivers, G., Ross, S. 2006. The identification of mental disorders in the criminal justice system. Criminology Research Council Consultancy. Pg 1. Accessed online on 16/10/2018 at - <http://crg.aic.gov.au/reports/2006-ogloff.pdf>
- ⁱⁱ Australian Institute of Health and Welfare. 2015. The health of Australia's prisoners 2015. Cat. no. PHE 207. Canberra. Pg 37. Accessed online on 16/10/2017 at - <https://www.aihw.gov.au/getmedia/9c42d6f3-2631-4452-b0df-9067fd71e33a/aihw-phe-207.pdf.aspx?inline=true>
- ⁱⁱⁱ Ibid
- ^{iv} New South Wales Bureau of Crime Statistics and Research. 2010. Comorbid substance and non-substance mental health disorders and re-offending among NSW prisoners. Pg 2. Accessed online on 17/10/2018 at - <https://www.bocsar.nsw.gov.au/Documents/CJB/cjb140.pdf>
- ^v Sofronoff, W. 2016. Queensland Parole System Review Final Report November 2016. Pg 8. Accessed online on 17/10/2018 at - <https://parolereview.premiers.qld.gov.au/assets/queensland-parole-system-review-final-report.pdf>
- ^{vi} Heffernan, E at al. 2012. Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. Accessed online on 17/10/2018 at - https://www.mja.com.au/system/files/issues/197_01_020712/hef11352_fm.pdf
- ^{vii} Australian Institute of Health and Welfare. 2015. The health of Australia's prisoners 2015. Cat. no. PHE 207. Canberra. Pg 36. Accessed online on 16/10/2017 at - <https://www.aihw.gov.au/getmedia/9c42d6f3-2631-4452-b0df-9067fd71e33a/aihw-phe-207.pdf.aspx?inline=true>
- ^{viii} Sofronoff, W. 2016. Queensland Parole System Review Final Report November 2016. Pg 144. Accessed online on 17/10/2018 at - <https://parolereview.premiers.qld.gov.au/assets/queensland-parole-system-review-final-report.pdf>
- ^{ix} Beynon, J., Drew, N. Mental Health and Prisons – Information Sheet. Accessed online on 17/10/2018 at - http://www.who.int/mental_health/policy/mh_in_prison.pdf
- ^x Sentencing Advisory Council, State of Victoria. 2011. Alternatives to Imprisonment: Community Views in Victoria. Page 24. Accessed online on 17/10/2018 at - <https://www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Alternatives%20to%20Imprisonment%20Community%20Views%20In%20Victoria.pdf>
- ^{xi} Sofronoff, W. 2016. Queensland Parole System Review Final Report November 2016. Pg 97. Accessed online on 17/10/2018 at - <https://parolereview.premiers.qld.gov.au/assets/queensland-parole-system-review-final-report.pdf>
- ^{xii} Wang, JJ Joanna & Poynton, S. (2017). Intensive correction orders versus short prison sentence: A comparison of re-offending (Crime and Justice Bulletin No. 207). Sydney: NSW Bureau of Crime Statistics and Research.
- ^{xiii} Willis M & Kapira M. 2018. Justice reinvestment in Australia: A review of the literature. Research Reports No. 9. Canberra: Australian Institute of Criminology. Accessed online on 18/10/2018 at <https://aic.gov.au/publications/rr/rr09>



-
- ^{xiv} Queensland Treasury. 2018. Youth Choices Social Benefit Bond. Accessed online on 24/10/2018 at - <https://www.treasury.qld.gov.au/growing-queensland/social-benefit-bonds-pilot-program/youthchoices-social-benefit-bond/>
- ^{xv} Sofronoff, W. 2016. Queensland Parole System Review Final Report November 2016. Pg 142. Accessed online on 17/10/2018 at - <https://parolereview.premiers.qld.gov.au/assets/queensland-parole-system-review-final-report.pdf>
- ^{xvi} Clinical Excellence Division, Queensland Health. 2018. Information available at - <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>
- ^{xvii} Australian Healthcare Associates. 2012. Evaluation of the Community Mental Health Transition to Recovery Programs. Pg 10. Accessed online on 17/10/2018 at - https://www.ahaconsulting.com.au/wp-content/uploads/2015/07/ttr_final_report_november2012.pdf
- ^{xviii} National Mental Health Commission. 2013. The justice system and mental health. Accessed online on 19/10/2018 at <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2013-report-card/feeling-safe,-stable-and-secure/the-justice-system-and-mental-health.aspx>
- ^{xix} See examples of Co-Responder Model being employed in Queensland: <https://www.westmoreton.health.qld.gov.au/news/latest-news/2018/april/police-co-responder-program-expands-to-seven-days/>
- ^{xx} Queensland Audit Office. 2018. The National Disability Insurance Scheme Report 14: 2017–18. Pg 10. Accessed online on 18/10/2018 at <https://www.qao.qld.gov.au/reports-parliament/national-disability-insurance-scheme>

