



Griffith Criminology Institute



PRISON MENTAL HEALTH SERVICES

A COMPARISON OF AUSTRALIAN JURISDICTIONS



THE UNIVERSITY OF
MELBOURNE



ACKNOWLEDGMENTS

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STATEWIDE DIRECTORS OF FORENSIC MENTAL HEALTH SERVICES AND CHIEF PSYCHIATRISTS

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INTRODUCTION

The high prevalence of mental disorder for individuals in custodial settings has been well established in Australia and internationally (Butler et al., 2006; Fazel & Seewald, 2012). *The health of Australia's prisoners 2015* report outlines that in Australia, almost half of prison entrants (49%) reported being affected by a mental health issue (AIHW, 2015). Further, studies have shown a disproportionate prevalence rate of serious mental illness amongst prisoner populations when compared with the community (e.g. Butler et al., 2006).

The need for mental health services in custody, in transition to the community and to support diversion processes, has been clearly demonstrated (Heffernan, Andersen, Dev, & Kinner, 2012; White & Whiteford, 2006). In recognition of this need, all Australian jurisdictions provide mental health treatment to correctional populations; however there is limited information about how these services are delivered and what are the strengths and challenges of different models.

The health of Australia's prisoners 2015 report included general information on prison health services in terms of full time staffing per 100 prisoners (AIHW, 2015). Unlike previous versions of the report, which included information regarding mental health, allied health and other specialist practitioners, the 2015 report restricted staff reporting to doctors/general practitioners (GPs) and nurses only. The basis for this restriction is a view that there is sufficient consistency across jurisdictions in the provision of primary care services to permit comparison, whereas other staffing arrangements are subject to variability in terms of employment across health, corrections and private providers (AIHW, 2015). This variability is particularly relevant for prison mental health services, which are delivered by a range of government and non-government providers across jurisdictions.

Reliable and validated information regarding mental health service delivery in prisons is critically important for identifying how services are currently being delivered, and the strengths and challenges of these models. Additionally, establishing data collection mechanisms that take account of the variability issues identified by the AIHW (2015) against a background of increasing numbers of full-time prisoners (ABS, 2016) is important for informing future service delivery and funding decisions that prioritise effective and efficient prison mental health services.

In view of the identified challenges associated with quantifying prison mental health services, the first national comprehensive descriptive survey of prison mental health services in Australia was undertaken in late 2016. The aim of this survey was to identify current approaches to the treatment of mentally ill people in custody and in transition to community; identify relevant service providers responsible for delivering prison mental health services, and quantify the current mental health service delivery to custodial populations in Australia. A copy of the survey is provided at Appendix 1. This report outlines the findings of the national survey.

METHODOLOGY

Participation in the survey was requested by writing to the Statewide Directors of Forensic Mental Health Services and Chief Psychiatrists in each jurisdiction, seeking involvement and a nominated representative for the prison mental health service. Endorsement and support of the project was provided by all Chief Psychiatrists and Directors of Forensic Mental Health Services.

By reply correspondence, each jurisdiction provided a nominated representative (primarily the Clinical Directors of prison mental health services) and consent to participate in the survey. A list of nominated representatives and other key jurisdictional contacts is provided at Appendix 2.

The nominated representative from each jurisdiction was contacted by phone and email from the research team, and a meeting or teleconference was scheduled to discuss the survey. The nominated representative was then responsible for coordinating the response in each jurisdiction across relevant agencies, including health departments, justice health agencies, and corrective services departments. Completed surveys were returned by the nominated representatives and follow up meetings and teleconferences were held to discuss responses or seek further clarification.

New South Wales' (NSW) participation in the survey was contingent on ethics approval being granted by the Justice Health & Forensic Mental Health Network (JH&FMHN) Human Research Ethics Committee and the Aboriginal Health and Medical Research Council of NSW Ethics Committees. All required approvals were finalised on 17 October 2017.

The survey responses were compiled into a master datasheet for analysis. Data collected from each jurisdiction related to the 2015/16 financial year, with the exception of NSW which provided data from 2016/17 due to the delay in commencing participation in the project. This point of difference has been noted in relevant tables throughout the report.

A draft of this report was provided to all nominated representatives for validation and amendment of information prior to the report being finalised.

During the validation process, Victoria advised the research team that they were not able to participate in the project. All data relating to Victoria which is not publicly available has therefore been removed from the final report.

OVERVIEW OF PRISON POPULATIONS

As at 30 June 2016, there were 38,845 people in Australian prisons on any one day, with a national imprisonment rate of 208 prisoners per 100,000 adult population (ABS, 2016).

In order to consider the need for a prison mental health service, data were firstly collected in relation to the prison population in each jurisdiction. Table 1 outlines these data. The majority of prisons in Australia are publicly run however there are also large, privately operated prisons in NSW, Queensland, South Australia, Western Australia and Victoria.

The Ravenhall Correctional Centre, which opened in Victoria on 12 October 2017, has dual governance of both public and private correctional providers. The Ravenhall Correctional Centre is not included in Table 1 due to it commencing operations after the census date of 30 June 2016 (prisoners were first received at Ravenhall Correctional Centre on 13 November 2017)¹.

¹ <http://www.corrections.vic.gov.au/home/prison/ravenhall+prison+project.shtml>

Table 1. Overview of Prison Population

	Total number of Prisons	Number Public	Number Private	Built Bed (total)	Prison Pop (total) at 30/06/16	Pop ²	Rate per 100000
NSW	36	34	2	Data not available	12629	6007323	210.23
VIC	15	13	2	7549 ³	6522	4739255	159.29
QLD	19	17	2	7184	7746	3767994	205.57
SA	9	8	1	2744	2948	1347278	218.81
WA	16	14	2	6798	6328	2018968	313.48
TAS	5	5	0	649	569	405183	140.43
NT	3	3	0	1500	1666	181255	919.15
ACT	2	2	0	561	441	307473	143.43

PRISON MENTAL HEALTH SERVICES OVERVIEW

All jurisdictions in Australia deliver a specialist mental health service to mentally ill people in prison. In this context, specialist prison mental health services are in-reach tertiary mental health services that aim to provide services to individuals in prisons that are equivalent to State and Territory-funded mental health services in the community. This section of the report outlines the prison mental health service in each jurisdiction, governance arrangements, models of service and relevant legislative frameworks.

The survey identified dedicated prison mental health services operating in each jurisdiction, primarily as part of a wider forensic mental health service. The national survey requested jurisdictions to identify whether prison mental health services in their jurisdiction were delivered through government or private providers, and whether the services provided facility-specific or jurisdiction wide services (refer Table 2). All jurisdictions also identified additional service providers that delivered services in their jurisdiction (refer Table 3).

The national survey also requested responses in relation to legislative mechanisms available in each jurisdiction relevant to the treatment of mentally ill people in custody. Jurisdictions were asked to firstly identify the legislation that was relevant to the delivery of prison mental health services in their jurisdiction. Then jurisdictions were asked specific questions regarding access to treatment in custody, outside of custody, diversionary processes, and eligibility criteria. All jurisdictions have an

² ABS, 2016. Estimated resident population data for adults has been used to align with prison populations. In all jurisdictions other than Queensland, this data includes persons older than 17. Queensland data includes persons older than 16 due to Queensland adult prison populations including 17 year olds.

³ The Ravenhall Correctional Centre has a bed-built capacity of 1,300 for prisoners and includes a 75-bed mental health unit. This would bring the Victorian bed-built total to 8924.

ability to transfer out of custody to a public sector mental health service or a specialist forensic mental health service.

Table 2. Provider and scope of specialist prison mental health service

	Provider Type	Scope
NSW	Government provider	Jurisdiction (excluding Junee Prison ⁴)
VIC	Not available	Not available
QLD	Government provider	Jurisdiction
SA	Government provider	Jurisdiction
WA	Government provider	Jurisdiction
TAS	Government provider	Facility
NT	Government provider	Jurisdiction and Facility
ACT	Government provider	Jurisdiction

Table 3. Other providers of in-reach mental health services

	Private provider	Correctional facility psychology	Primary health	Other
NSW	Yes – in private prison (Junee)	Yes	Yes	Not applicable
VIC	Not available	Not available	Not available	Not applicable
QLD	No	Yes	Yes	Not applicable
SA	No	Yes	Yes ⁵	Not applicable
WA	Yes - in private prisons	Yes	Yes	Department of Corrective Services Mental Health and AOD Service
TAS	No	Yes	No	Not applicable
NT	Yes	No	Yes	One prison has an AOD service that may provide input for dual diagnosis clients
ACT	No	Yes	Yes	Not applicable

⁴ Services are provided by a private health provider to Junee Prison

⁵ South Australian Prison Health (Central Adelaide Local Health Network)

NEW SOUTH WALES

Justice Health and Forensic Mental Health Network (JH&FMHN) has responsibility for the delivery of prison mental health services in NSW. Prison mental health services are provided to all NSW prisons by Custodial Mental Health (a service within JH&FMHN), with the exception of services provided to Junee Correctional Centre which has access to private health providers.

There is statewide coordination of the prison mental health services under a governance structure which establishes Custodial Mental Health as part of JH&FMHN. This network is a statutory health corporation which provides for all health services in correctional settings, some forensic mental health services, and the Long Bay Hospital.

MODEL OF SERVICE

The aim of the prison mental health service is to divert acutely mentally ill prisoners into treatment; provide treatment of those prisoners with severe and enduring mental illness; and manage forensic patients in custodial settings.

A model of care has been developed for the prison mental health service which clarifies responsibilities for the management of patients with mental health issues across all JH&FMHN sites. This model of care is premised on the policy that no patient requiring ongoing specialist mental health review should remain housed in a custodial centre which has no regular on-site specialist psychiatry coverage.

The model of care provides for the management of stable or non-acute prisoners by GPs, with a referral pathway to the specialist prison mental health service. Additionally, the model outlines that nursing staff from the primary health service should contact the prison mental health service for more acutely unwell prisoners, or prisoners requiring treatment in facilities where a specialist psychiatrist is not readily available.

If ongoing specialist mental health treatment is required, the prison mental health service provides advice to the primary health service regarding follow up requirements, and potential transfers to different custodial settings (depending on the level of care required).

The prison mental health service provides a range of services to prisoners in NSW, who present with severe mental disorders with a high degree of clinical complexity, including:

- mental health screening and outreach mental health services in specified correctional centres;
- the JH&FMHN *1800 Mental Health Helpline* which can be accessed free of charge by all adults and young persons in custody;
- psychiatry outpatient clinics in person and by telehealth in selected correctional centres
- case management of patients with severe and enduring mental illness and other complex mental health needs
- case management of forensic patients with mental illness
- perinatal and infant mental health services; and

- specialist mental health services for older people⁶.

LEGISLATION

The legislation relevant to the NSW prison mental health service includes the *Crimes (Administration of Sentences) Act 1999 (NSW)*, *Health Records and Information Privacy Act 2002 (NSW)*, *Mental Health Act 2007 (NSW)*, and the *Mental Health (Forensic Provisions) Act 1990 (NSW)*.

The *Mental Health Act 2007 (NSW)* provides that patients under that Act may only be treated involuntarily within a declared mental health facility. Selected parts of NSW correctional centres have been declared under the *Mental Health Act NSW (2007)* for this purpose (e.g. Long Bay Hospital).

The *Mental Health (Forensic Provisions) Act 1990 (NSW)* provides at section 55 that the Secretary for the Ministry of Health (or delegate) may order a prisoner to be transferred to a mental health facility. This order may only be made on the basis of two certificates issued by medical practitioners (one of whom must be a psychiatrist). In practice, prisoners requiring hospital admissions for mental health treatment are transferred to the Long Bay Hospital within the Long Bay Correctional Complex and, therefore, remain in the custody of correctional services while receiving mental health treatment.

VICTORIA

Prison mental health services in Victoria are primarily delivered by a team operating out of the Victorian Institute of Forensic Mental Health (Forensicare). Forensicare is a statutory service created under section 117B of the *Mental Health Act 1986 (Vic)*. Prison mental health services are provided by Forensicare through a contractual arrangement with the Victorian Department of Justice and Regulation⁷.

The prison mental health service provides treatment and care services at the Melbourne Assessment Prison, the Dame Phyllis Frost Centre, and the Metropolitan Remand Centre. Services are also provided by visiting consultant psychiatrists and nurse practitioners to all publicly-run prisons.

Since September 2017, Forensicare has delivered the prison mental health services at Port Phillip Prison and, since it commenced in November 2017, also has responsibility for the prison mental health services delivered at the Ravenhall Correctional Centre.

Mental health services in Victoria are also delivered through primary health services by contractual arrangements with Justice Health, a business unit of the Department of Justice & Regulation. In addition to services provided by Forensicare, the following contracts are currently in place:

- *Correct Care Australasia (a subcontractor of GEO Group Australia) which provides primary health services at all public prisons and the Judy Lazarus Transition Centre*

⁶ Custodial Mental Health Referral and Case Management Policy, NSW Health, Justice Health and Forensic Mental Health Network, issued 6 March 2017

⁷ <http://www.forensicare.vic.gov.au/our-services/prison-services/>

- *G4S (the operator of Port Phillip Prison) which sub-contracts St Vincent's Correctional Health Services to provide primary health services, outpatient mental health services and secondary residential mental health services (through St Paul's Psycho-Social Unit) at Port Phillip Prison.*
- *GEO Group Australia which provides primary health and mental health services at Fulham Correctional Centre.*
- *Caraniche which provides alcohol and other drug treatment programs at all public prisons. GEO Group provides alcohol and drug treatment programs at Fulham Correctional Centre and G4S provides similar programs at Port Phillip Prison.*⁸

The governance arrangements for Justice Health consists of a Joint Management Committee comprised of the major stakeholders in the justice sector including Corrections Victoria, the Department of Health and Human Services, and Victoria Police.

MODEL OF SERVICE

Forensicare's prison mental health services include:

- bed based services for acutely mentally ill men and women;
- delivering outpatient and outreach programs for prisoners requiring ongoing care while held in general or protection-type units of the prisons;
- providing intake assessment at the reception prison;
- ongoing specialist care for serious mental illness; and
- specialist assessment and intervention (individual and group) services.

LEGISLATION

Victoria has three pieces of legislation relevant to the delivery of prison mental health services within that jurisdiction; the *Mental Health Act 2014 (Vic)*, the *Crime (Mental Impairment and Unfitness to be Tried) Act 1997 (Vic)*, and the *Corrections Act 1986 (Vic)*.

Involuntary treatment is precluded from being provided in Victorian prisons and must be provided by a designated mental health service.

A secure treatment order may be made for a prisoner under the *Mental Health Act 2014 (Vic)* to enable their transfer from a prison to a designated mental health service for treatment. The Secretary to the Department of Justice and Regulation may make a secure treatment order if an examination has been undertaken by a psychiatrist of the person in custody and an authorised psychiatrist from the designated mental health service where the person is to be transfer has also provided a report supporting the making of a secure treatment order.

The following criteria must be met before a secure transfer order can be made:

- the person has mental illness; and

⁸ <http://www.corrections.vic.gov.au/utility/justice+health/>

- because the person has mental illness, the person needs immediate treatment to prevent—
 - serious deterioration in the person's mental or physical health; or
 - serious harm to the person or to another person; and
- the immediate treatment will be provided to the person if the person is made subject to a Secure Treatment Order; and
- there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.

QUEENSLAND

Prison mental health teams in Queensland are employed within the mental health services of five independent Queensland Health Hospital and Health Services across the state (Central Queensland, West Moreton, Cairns, Townsville and Wide Bay). The teams provide specialist prison mental health services to 13 of Queensland's 19 correctional centres. The six facilities without dedicated services are able to access specialist mental health services through linkage with prison mental health teams at other locations or via community mental health services.

There is statewide coordination for strategic purposes from within the forensic mental health service in the Metro North Hospital and Health Service. This statewide coordination covers policy and practice development, interdepartmental coordination, service evaluation and development. There is no statewide line management of staff operating in the different Hospital and Health Services. The budget for each prison mental health team is managed by the independent Hospital and Health Service, with a service agreement currently in place with the Department of Health requiring the delivery of prison mental health services.

MODEL OF SERVICE

Queensland's prison mental health teams work in a collaborative fashion with other forensic mental health services. A specific model of service is in place for the delivery of prison mental health services in Queensland and this covers all of the teams operating out of the five Hospital and Health Services. The model of service provides that the purpose of the service is:

- early identification of mental illness in people incarcerated in Queensland correctional centres;
- to provide ongoing high quality mental health assessment, treatment and care including diversion to a community hospital for treatment if necessary;
- to facilitate continued access to mental health services as required upon release from custody;
- to provide intensive assistance to individuals with complex mental health needs who are integrating back into the community (as transition resources allow);
- support affiliated organisations to assist in meeting the mental health needs of consumers through the provision of education and training; and

- establish partnerships with community and government organisations to assist in better meeting the needs of consumers.

While the prison mental health service provides tertiary level care, there is also mental health input at a primary care level provided by the Queensland Health Offender Health Services and private primary care health providers contracted by Queensland Corrective Services in the two private correctional centres. Primary care input is largely criminogenically focused, with the addition of suicide risk management (primarily related to environmental risks). These services interface, including through patient referrals, with the specialist prison mental health service.

LEGISLATION

The *Mental Health Act 2016 (Qld)* and the *Hospital and Health Boards Act 2011 (Qld)* are relevant to the Queensland prison mental health service. The *Mental Health Act 2016 (Qld)* only commenced on 5 March 2017 and at the time of completing the national survey, the *Mental Health Act 2000 (Qld)* was operational. The frameworks for both pieces of legislation are therefore discussed below.

Under the repealed *Mental Health Act 2000 (Qld)*, the ‘classified patient’ provisions enabled a prisoner who required assessment or treatment in a mental health service to be transferred from custody to an authorised mental health service (a gazetted public hospital or a secure mental health service) on the recommendation of a doctor or authorised mental health practitioner. The Administrator of the service must provide agreement for the admission and the custodian (e.g. the manager of the prison) must provide agreement for the prisoner to be transferred. Once transferred to hospital, the custody of the prisoner is transferred to the health service entirely. The classified patient provisions have essentially been continued under the *Mental Health Act 2016 (Qld)*.

The criteria for transfer for mental health treatment under the classified patient provisions of the *Mental Health Act 2016 (Qld)* are:

- a doctor or authorised mental health practitioner believes the person meets criteria for involuntary assessment, or requires treatment as a voluntary patient or under the Act;
- the administrator of the authorised mental health service where the person is to be admitted provides agreement for the admission having regard to:
 - the person’s mental state and psychiatric history,
 - the person’s treatment and care needs, and
 - the security requirements for the person; and
- the custodian provides agreement for the transfer of the patient to an authorised mental health service.

In regards to the provision of involuntary treatment, the repealed *Mental Health Act 2000 (Qld)* and *Mental Health Act 2016 (Qld)* operate under the principle that involuntary treatment can only occur within a gazetted authorised mental health service. For example, the *Mental Health Act 2016 (Qld)* provides that if a person is detained as an involuntary patient, they must be detained in inpatient unit of an authorised mental health service. Prisons are not gazetted as authorised mental health services and therefore, while the legislation does not explicitly address the matter, in effect involuntary mental health treatment does not occur within correctional centres. Additionally, the

Mental Health Act 2016 (Qld) provides that a person in custody cannot be commenced on an involuntary treatment authority within the custodial setting. The person must be transferred to an inpatient unit of an authorised mental health service for the assessment to take place.

In addition to the mental health legislation in Queensland, the *Corrective Services Act 2006* includes a provision for involuntary medication. However, this provision is not specific to mental health service provision and is therefore not utilised by the prison mental health service.

SOUTH AUSTRALIA

The South Australian prison mental health service consists of regular psychiatric clinics staffed by visiting psychiatrists and registrars. Clinics are provided to eight prisons in South Australia by clinicians from the forensic mental health service. These services are coordinated by the forensic mental health service; there is a 'head of unit' position for prison mental health within the forensic mental health service to manage these services, as well as collaboration more generally with the Department of Correctional Services and the prison health service. The service has no dedicated operating budget.

MODEL OF SERVICE

The aim of the forensic mental health service is to assess, treat and improve outcomes for prisoners with a mental illness. The visiting psychiatrists provide care to prisoners and also to a group of declared forensic patients who are in custody rather than the secure mental health facility (James Nash House) due to bed pressures. A prison in-reach pilot project was underway in 2016 and early 2017 which provided additional input from a mental health nurse. This identified additional model of service needs for prison mental health care including, multidisciplinary care, full case management of forensic patients, monitoring of patient follow up across the system and ensuring assertive community follow-up post release. In addition, the project aimed to improve communication between corrections, prisoner health services and mental health services.

Psychology services provided by the South Australian Department for Correctional Services and primary health care services delivered by the South Australian Prison Health Service (operating from the Central Adelaide Local Health Network) also deliver specialist mental health services to prison populations in South Australia. However, these are limited in scope to largely risk management in the former and basic services in the latter.

LEGISLATION

The *Mental Health Act 2009 (SA)* and the *Criminal Law Consolidation Act 1935 (SA)* provide a legislative framework in South Australia for mentally ill prisoners to access mental health services in custodial and hospital settings.

Involuntary treatment may be authorised within the custodial setting, however in practice, alternatives to delivering involuntary treatment in custody are often utilised. Prisoners who do not consent to treatment and actively resist are generally transferred to a general mental health inpatient service or a secure forensic mental health facility (James Nash House) for administration of medication. However, the *Mental Health Act 2009 (SA)* also provides for the administration of medication in prisons. Department for Correctional Services officers can also be designated "Authorised Officers" for the purposes of the *Mental Health Act 2009 (SA)*.

If a person is too mentally unwell to remain in custody, they can be transferred to an approved facility for treatment under the *Mental Health Act 2009 (SA)*, or the consumer can be ordered into hospital under 269X of the *Criminal Law Consolidation Act 1935 (SA)* whilst on remand.

WESTERN AUSTRALIA

The prison mental health services in Western Australia are provided in partnership between the forensic clinical stream of the North Metropolitan Health Service (NMHS), (a statutory public health service provider) and the Department of Corrective Services (DCS), Health Services Directorate, providing a Mental Health and Alcohol and Other Drug (MHAOD) Service. The State Forensic Mental Health Service (SFMHS) operates as an in-reach psychiatry service to metropolitan publicly operated prisons. A mental health transition service, to be operated by the SFMHS for prisoners to be released within three to six months, is due to be implemented. The DCS Mental Health and AOD service is a component of Prison Health Care Services.

The specialist in reach psychiatry service provided by NMHS, SFMHS is funded by the Western Australian Mental Health Commission by way of a Commission Service Agreement with NMHS pursuant to the *Health Services Act 2016 (WA)*. The DCS 'MHAOD' funding for 2015-16 was \$4.342 million. This includes salaries (psychiatry/nursing), on-costs, administrative expenditure and equipment. Pharmaceuticals and transport costs are not included. The budget also captures additional medical staff and two full time equivalent (FTE) group counsellors providing AOD counselling.

Funding for specialist mental health services purchased from NMHS in 2015-16 was \$750,000, increasing to \$1.550 million for the 2016-17 funding period to reflect the commencement of a prison mental health transition service.

MODEL OF SERVICE

The model of service for the prison in-reach service provided by the NMHS articulates the following key objectives:

- improve access to specialist mental health care for consumers in prisons;
- improve continuity of care for consumers through their prison journey and transitioning to the community; and
- to provide care in partnership with the MHAOD nurses and prison primary care teams.

The objectives are achieved by early identification of need through assessment and early intervention and through ongoing review and multi-modal treatment, thereby reducing symptoms of mental illness and suffering, and reducing risks of self-harm and risks to others. This will also improve the functioning of consumers in prisons to enable them to participate and benefit from available services. The in-reach service patients are identified and prioritised by the Corrective Services Co-morbidity service.

The DCS MHAOD service provides mental health and addiction services that are evidence based.

Services include:

- mental health nursing care encompassing assessment, care planning, treatment and discharge planning;
- referral to Specialist Psychiatry Services;
- management of acute withdrawal;
- ongoing assessment and support;
- individual counselling and addictions group work;
- discharge planning including referral to community agencies; and
- Methadone Maintenance Treatment Program.

Prisoners arriving at the prisons who appear to be suffering from, or are receiving treatment for, mental illness will be identified in the medical reception process, an adjunct to the prisoner reception process. These prisoners are referred to the DCS Mental Health and AOD team. Where prisoners have a major mental illness that necessitates involuntary treatment they are referred under the *Mental Health Act 2014 (WA)* for admission to the SFMHS Frankland Unit.

Private providers deliver specialist prison mental health services in Western Australia's private prisons (Acacia Prison and Wandoo Reintegration Facility). Prisoners in public correctional centres may also access DCS Psychology and Counselling Services.

LEGISLATION

If a person brought before the courts is deemed to require psychiatric assessment by a magistrate, and bail is denied, a Hospital Order (seven day assessment) can be ordered by the magistrate under the *Criminal Law (Mentally Impaired Accused) Act 1996 (WA)*, with the assessment carried out in the Frankland Centre. If bail is granted and an authorised mental health practitioner takes the view that the person meets the criteria for assessment for involuntary treatment under the *Mental Health Act 2014 (WA)*, the person can be transferred to an authorised hospital under that Act accompanied by a 'Referral for Examination by Psychiatrist' (Form 1A).

The issue of involuntary treatment in custody is not expressly dealt with in legislation. If prisoners meet the criteria under the *Mental Health Act 2014 (WA)* for assessment for involuntary treatment, they are referred under that Act, which requires that they be transported to specialist mental health facilities accompanied by a Form 1A as above.

The criteria for an inpatient treatment order are set out in sections 25-26, Part 6 of the *Mental Health Act 2014 (WA)*:

(1) *A person is in need of an inpatient treatment order only if all of these criteria are satisfied —*

(a) that the person has a mental illness for which the person is in need of treatment;

(b) that, because of the mental illness, there is —

(i) a significant risk to the health or safety of the person or to the safety of another person; or

- (ii) a significant risk of serious harm to the person or to another person;
- (c) that the person does not demonstrate the capacity required by section 18 to make a treatment decision about the provision of the treatment to himself or herself;
- (d) that treatment in the community cannot reasonably be provided to the person;
- (e) that the person cannot be adequately provided with treatment in a way that would involve less restriction on the person's freedom of choice and movement than making an inpatient treatment order.

Prisoners may be transferred to specialist mental health authorised facilities if they have been referred under the *Mental Health Act 2014 (WA)* for assessment and involuntary treatment for a severe mental illness. While receiving treatment outside of the custodial environment, prisoners remain subject to the *Prison Act 1981 (WA)* and return to custody at the end of treatment.

TASMANIA

The Tasmanian prison mental health service operates from within a broader Mental Health and Statewide Services structure as part of the Tasmanian Department of Health and Human Services. Mental Health and Statewide Services incorporates adult mental health services, older persons mental health services, child and adolescent mental health services, alcohol and drugs services, correctional primary health services (including mental health services) and forensic mental health services. The forensic mental health service includes teams servicing the secure mental health service (the Wilfred Lopes Centre) and community forensic mental health services.

The prison mental health service provides specialist mental health services to all of Tasmania's prisons and the Wilfred Lopes Centre. Funding for the service is managed through the Mental Health and Statewide Services.

MODEL OF SERVICE

With regard to a model of service operating within the prison setting, the Tasmanian prison mental health service provides “*assessment and treatment in the prison service and in the community for people involved in the criminal justice system*”. In terms of the service provided to prisoners at the Wilfred Lopes Centre; “*professional and appropriate care and treatment [is provided] in a secure health setting. The Wilfred Lopes Centre is staffed by highly trained specialist mental health nurses, psychiatrists, allied health professionals and support staff*”.⁹

Specialist mental health services may also be provided by psychology services within Corrective Services Tasmania, and through referral to the Wilfred Lopes Centre forensic mental health service.

LEGISLATION

In Tasmania, the delivery of prison mental health services is governed by the *Mental Health Act 2013 (Tas)* and the *Corrections Act 1997 (Tas)*.

⁹ http://www.dhhs.tas.gov.au/service_information/service_delivery_points/prison_health_service;
http://www.dhhs.tas.gov.au/mentalhealth/mhs_tas/gvt_mhs/forensic_mental_health_service

The *Corrections Act 1997 (Tas)* provides at section 29 that prisoners who are mentally ill have the right to have reasonable access within the prison, or, with the Director's approval, outside the prison to such special care and treatment as a medical officer considers necessary or desirable in the circumstances.

Under section 36A of the Corrections Act 1997, a prisoner or detainee who is suffering from a mental illness can be admitted to a secure mental health unit. Admission may occur if both the Director of Corrective Services (or delegate) and the Chief Forensic Psychiatrist agree. The Director of Corrective Services must be satisfied that the prisoner or detainee's removal from prison to a secure mental health unit is in the best interests of the prisoner or detainee, or other persons in the prison, hospital or institution in which the prisoner or detainee is being detained. A prisoner or detainee may also ask to be moved to a secure mental health unit.

The Chief Forensic Psychiatrist must also be satisfied that the prisoner or detainee is suffering from a mental illness; that the prisoner or detainee's admission is necessary for his or her care or treatment; and that adequate facilities and staff exist at the secure mental health unit for the appropriate care and treatment of the prisoner or detainee.¹⁰

Involuntary treatment in custody is expressly prevented in custody. Treatment in a secure mental health unit can only be provided with consent or authorisation by the Mental Health Tribunal.

NORTHERN TERRITORY

The Northern Territory Department of Health is responsible for the delivery of prison mental health services within the Northern Territory's three prisons (Alice Spring Correctional Centre, Barkly Work Camp and Darwin Correctional Centre). The prison mental health service is part of the forensic mental health service that delivers services across corrections, community and court settings. The service has a self-managed budget of \$1.4 million recurrent funding. In 2016, the forensic mental health team sitting in the Department of Health's Top End Mental Health Service was in the process of developing service level agreements to formalise delivery of these services.

MODEL OF SERVICE

The Northern Territory prison mental health service model of service is included within the overarching forensic mental health service model; to provide adult forensic mental health services in Darwin and Alice Springs hospitals, courts and communities. The Northern Territory forensic mental health service is comprised of specialist multidisciplinary clinical staff that support a proactive rigorous recovery regime in both correctional and judicial settings.

Currently in the Northern Territory, the forensic mental health service provides:

- At-Risk assessments for prisoners in the Darwin Correctional Precinct, Alice Springs Correctional Service and at the local court in Darwin which is staffed by two full time Designated Mental Health Practitioners.
- A collaborative risk review process that includes 77 primary health staff and correctional services in the prison and at the court.

¹⁰ http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0006/151926/6_Chapter_5_Forensic_Patients.pdf

- Advice regarding treatment and mental health care of prisoners to the primary health service in both Darwin and Alice Springs and at the local court in Darwin.
- Advice and reports to the local courts in accordance with Mental Health Act legislative provisions.
- Temporary case management of prisoners with a major mental illness diagnosis that enter prison mentally unwell.
- Temporary case management of clients in correctional services who are case managed by community services in the Top End and Alice Springs.
- Case management of all clients in custody who are subject to Part IIA of the Criminal Code (matters relating to determining criminal responsibility).
- Case Management of clients subject to Part IIA of the Criminal Code as they transition out of the custodial setting into community settings.
- Case management of prisoners and clients subject to Part IIA of the Criminal Code when they are admitted to hospital.
- Report writing obligations for all clients subject to Part IIA of the Criminal Code in the Northern Territory.

Private providers and primary health services (managed by the Department of Health) may also provide specialist mental health services to prisoners in the Northern Territory.

LEGISLATION

The relevant pieces of legislation for the Northern Territory prison mental health service are the *Mental Health and Related Services Act (NT)* and the *Correctional Services Act 2014 (NT)*.

A designated mental health practitioner or authorised psychiatric practitioner may examine and assess a prisoner to determine whether the person requires a voluntary or involuntary admission to a public mental health service that is an approved treatment facility under the *Mental Health and Related Services Act (NT)*. The criteria for voluntary admissions includes that the prisoner is likely to benefit from being admitted and consent (or willingness) is provided. The criteria for involuntary admission are:

- the person requires treatment that is available at an approved treatment facility; and
- without the treatment, the person is likely to:
 - cause serious harm; or
 - suffer serious mental or physical deterioration; and
- the person is not capable of giving informed consent or has unreasonably refused; and
- there is no less restrictive means of providing the treatment.

The Commissioner of Correctional Services must permit the transfer out of custody. While a prisoner is admitted to an approved treatment facility, they are taken to be in lawful custody

A practitioner may also make an interim community management order for a person in custody, if the custodian agrees that the treatment proposed for the person can be implemented in the custodial environment. An interim community management order authorises treatment to prevent serious harm, physical or mental deterioration, and to relieve acute symptomatology.

Although interim community management orders enable treatment to be provided in acute circumstances, the use of force to provide involuntary treatment in custody is expressly prevented by the *Mental Health and Related Services Act (NT)* and the provision of treatment requires admission to an approved treatment facility.

ACT

The ACT prison mental health service operates out of ACT Health and is part of the jurisdiction's forensic mental health service. The forensic mental health service operates under the Mental Health, Justice Health and Alcohol and Drug Service Directorate, reporting to a Clinical and Operational Director, who manage primary health care delivery for correctional populations, the forensic mental health service and the Dhulwa secure mental health unit. The prison mental health service has a self-managed budget and provides services to both prisons in the ACT (the Alexander Maconochie Centre (AMC) and Symonston Correctional Centre).

MODEL OF SERVICE

The model of service for the prison mental health service is included in the jurisdiction's overarching forensic mental health service model. The ACT forensic mental health service is a specialist mental health assessment and treatment service for people who have a history of, are currently involved with, or at high risk of becoming involved with, the criminal justice system. The ACT forensic mental health service provides mental health care across the lifespan and across a range of settings, including a centralised community health facility, youth and adult custodial settings, off campus community outreach and court settings.

The forensic mental health service AMC team provides specialist mental health services to people held in custody (remand or sentenced) at the AMC. A range of service elements in a specialist mental health service exist to determine suitable pathways in and out of direct psychiatric care and clinical management for the priority cohort of detainees with serious mental illness and complex psychological needs. Specialist mental health services encompass the provision of a number of different service elements including:

- screening;
- assessment;
- collaborative care-planning and referral;
- direct psychiatric care and clinical management;
- assertive treatment response;

- group interventions;
- multidisciplinary clinical review;
- release planning and transition; and
- consultation-liaison regarding the treatment and management by ACT Department of Corrective Services of detainees with significant personality pathology or severe behavioural problems.

Mental health services in the ACT may also be provided by psychological services employed by the ACT Department of Corrective Services and through the primary health services for mild to moderate presentations.

LEGISLATION

The ACT prison mental health service identified the *Mental Health Act 2015 (ACT)* and the *Human Rights Act 2004 (ACT)* as relevant to their service.

The *Mental Health Act 2015 (ACT)* makes provision for prisoners to be transferred out of the correctional system and into the mental health system for treatment and care. Transfers may occur to either a specialist forensic mental health facility or a public mental health facility/hospital. The use of force to provide involuntary treatment may only be undertaken in a gazetted mental health facility and the ACT's prison are not gazetted for this purpose.

The process for transferring a prisoner to receive mental health treatment can be undertaken on a voluntary basis or through the utilisation of the *Mental Health Act 2015 (ACT)*. The *Mental Health Act 2015 (ACT)* has provisions for emergency action assessments and also the making of psychiatric treatment order or a forensic psychiatric treatment order (FPTO) by the ACT Civil and Administrative Tribunal (ACAT) on application by the Chief Psychiatrist.

Eligibility criteria for making an FPTO for a person in a correctional facility include:

- the person has a mental illness; and
 - is doing or is likely to do serious harm to themselves or others; or
 - is suffering or is likely to suffer serious mental or physical deterioration;
- because of the person's mental illness the person has seriously endangered or is likely to seriously endanger public safety; and
- psychiatric treatment, care and support is likely to
 - reduce the harm, deterioration or endangerment; or
 - result in an improvement in the person's psychiatric condition; and
- treatment, care or support cannot be adequately provided in another way that would involve less restriction of the freedom of choice and movement.

If a FPTO is made for a person, the Chief Psychiatrist must determine whether the person needs to be treated in a mental health facility. A new mental health secure unit opened in the ACT in November 2016 and correctional staff are not required to maintain supervision of prisoners transferred to this unit. However, for prisoners who are transferred to an acute mental health unit for mental health treatment and care, correctional staff maintain custody of the patient and are required to remain with the prisoner in the unit. The FPTO can be ended by the ACAT following an application by the Chief Psychiatrist.

INVOLUNTARY TREATMENT

Table 4 summarises responses to the survey question regarding whether there are legislative provisions allowing the use of force to provide involuntary treatment in custody in each jurisdiction. Generally, involuntary treatment is expressly prevented under legislation or the legislation is silent. NSW and South Australia advised that involuntary treatment is expressly provided for under their legislation, although the NSW position is the result of mental health facilities within correctional centres being declared under the *Mental Health Act 2007 (NSW)* for the purposes of providing involuntary treatment. Otherwise operationally, prison mental health services in Australia do not utilise involuntary treatment in custody.

Table 4. Mental Health Legislation – Use of force to provide involuntary treatment in custody

	Expressly prevented	Expressly allowed	Legislation is silent
NSW	No	Yes ¹¹	Not applicable
VIC	Yes	No	Not applicable
QLD	Yes ¹²	No	Yes ¹³
SA	No	Yes ¹⁴	Not applicable
WA	No	No	Yes
TAS	Yes	No	Not applicable
NT	Yes	No	Not applicable
ACT	Yes	No	Not applicable

STAFFING

¹¹ The *Mental Health Act 2007* (NSW) provides that patients may only be treated involuntarily within a declared mental health facility. Declared facilities in NSW include facilities within specified correctional centres (e.g. Long Bay Hospital).

¹² The *Mental Health Act 2016* (QLD) expressly prevents involuntary treatment from being commenced in custody; however the Act is silent in regards to ongoing involuntary treatment.

¹³ Involuntary treatment can only occur within a gazetted authorised mental health service. Involuntary mental health treatment does not occur in custody.

¹⁴ The Department of Corrective Services (DCS) does not always support involuntary treatment being provided in custody and other alternatives are often used e.g. transfer to hospital for the purposes of administering medication. DCS officers can also be designated “Authorised Officers” under the mental health legislation.

The Sainsbury Centre for Mental Health has provided estimates of the staffing profile for prison mental health service provision to mentally ill people in prison that is equivalent to mental health service provision in the community (Sainsbury Centre for Mental Health, 2007). These estimates equate to approximately 11 fulltime specialist mental health FTE per 550 prisoners for sentenced male prisoners. The Sainsbury model also recommends an additional 3.2 clinical FTE per 550 prisoners for the provision of substance misuse services. For more complex populations such as women, Indigenous populations and remandees, it is reasonable to presume that staffing ratios should be higher.

A key aim of this national survey was to quantify the staffing levels in each prison mental health service, to support the development of an agreed quantifiable measure of staffing levels for Australian prison mental health services in future. To this end, jurisdictional representatives were asked to provide the staffing profile for their service in terms of funded and filled full-time equivalent positions. Although the Sainsbury model estimates do not include administrative staff, the national survey has included support staff to ensure a complete picture of the current FTE dedicated to the delivery of prison mental health services in each jurisdiction.

All jurisdictions have access to psychiatry services (either consultant psychiatrist or registrars) within their prison mental health service, although South Australia's services are not specifically funded. Of the funded positions, the majority of these were filled across jurisdictions.

Responses to the survey showed considerable variability across the jurisdictions with regards to the health disciplines (psychology, nursing, social worker etc.) that comprised prison mental health services (see Table 5).

Table 5. Funded Full Time Equivalent Positions for Prison Mental Health Service Provision (as at 30/6/2016ⁱ)

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Consultant Psychiatrist	12.8 ⁱⁱ	N/A	7.7 ⁱⁱⁱ	0 ^{iv}	0.7 ^v + 1.5 ^{vi}	1 ^{vii}	2	2.2
Registrar	3	N/A	6.5 ^{viii}	0	0	0	1	1
Nurse	0	N/A	2	0 ^{ix}	21.18	38	6	5
Psychology	0 ^x	N/A		0	0	0	1	0
Social Work	0	N/A	0	0	0	0	1	0
Occupational Therapy	0	N/A	0	0	0	0	0	0
Multi-disciplinary	0	N/A	38.8	0	0 ^{xi}	0	1	3
			Nursing, Allied Health		Psychology, Social Work		Court Coordinator	Psychology, Social Work
Team Leader	4 ^{xii}	N/A	1	0	0	1	1	1
Total Clinical FTE	19.8	N/A	56	0	23.38	41.8	13	12.2
Total Other funded FTE ^{xiii}	2	N/A	8	0	0	2.8	2	0
Admin	4	N/A	6.2	0	0	3	0.5	0
Total FTE funded	25.8	N/A	70.2	0	23.38^{xiv}	47.6	15.5	12.2

ⁱ Data from NSW is provided for 30/06/2017.

ⁱⁱ Positions include staff specialists and visiting medical officer positions, as well as two psychiatry medical officer positions based at Long Bay Hospital.

ⁱⁱⁱ Medical staff from the broader Forensic Mental Health Service in south-east Queensland provide sessions in addition to the 7.7 funded FTE (8 Consultants provide one session per week).

^{iv} 11 Consultants from the Forensic Mental Health Service provide an average of 9 sessions per week (clinics range in frequency from weekly to monthly).

^v Staff employed by the Department of Corrective Services (Corrective Services funded Mental Health and Alcohol & Other Drugs services).

^{vi} Staff employed by State Forensic Mental Health Service (Mental Health Commission-funded). The total funded FTE for Mental Health & AOD Services is 27.72

^{vii} 1.8 FTE Prison Medical Officer provides additional medical coverage (included in total other funded FTE).

^{viii} Medical staff from the broader Forensic Mental Health Service in south-east Queensland provide sessions in addition to the 6.5 funded FTE (5 registrars provide two sessions per week).

^{ix} A nurse has been taken offline from the forensic community mental health service (with no backfill) to conduct a project reviewing prison mental health service delivery.

^x Psychology services are provided by Corrective Services NSW.

^{xi} Counselling services are provided to offenders in custody under the Psychological Assessment, Counselling and Support (PACS) branch of DCS. PACS employs Psychologists and Social Workers, who provide crisis intervention services (risk of self-harm/suicide assessment and crisis counselling), as well as brief targeted counselling services. The current FTE across public prisons in WA includes; 2 x Managers; 3 x Team Leaders; 24.1 x Psychologists/Social Workers. These positions provide services to the general prison population and include those referred from Mental Health services, where clinically indicated.

^{xii} Nurse Unit Managers x3, Nurse Manager x1

^{xiii} FTE Other: NSW –Aboriginal Mental Health Clinician x 1, Health Manager x 1; **QLD** - Indigenous Mental Health Worker x 7, Statewide Program Coordinator x 1; **TAS** – Prison Medical Officer x 1.8, cleaning position x1; **NT** - Aboriginal Health Workers x 2; **ACT** - Senior Manager x1.

^{xiv} WA advised that the total funded FTE for mental health and alcohol and other drugs services is 27.72, however data provided did not equate to this figure.

Table 6. Occupied Full Time Equivalent Positions for Prison Mental Health Service Provision (as at 30/6/2016¹)

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Consultant Psychiatrist	11 ⁱⁱ	N/A	6.2 ¹⁵	0 ¹⁶	0.7 ^v + 1.5 ^{vi}	1 ¹⁷	2	1.7
Registrar	2	N/A	4.5 ¹⁸	0	0	0	1	0
Nurse	0	N/A	2	0 ¹⁹	21.18	27.9	6	2.6
Psychology	0	N/A	0	0	0	0	1	0
Social Work	0	N/A	0	0	0	0	1	0
Occupational Therapy	0	N/A	0	0	0	0	0	0
Multi-disciplinary	0	N/A	34.8	0	0 ^{xi}	0	1	3.0
			Nursing, Allied Health		Psychology, Social Work		Court Coordinator	Psychology, Social Work
Team Leader	4 ^{xii}	N/A	1	0	3	1	1	1
Total Clinical FTE	17	N/A	48.5	0	26.38	31.7	13	8.3
Total Other funded FTE ²⁰	2	N/A	5	0	0	2.8	2	0
Admin	3	N/A	6.2	0	0	3	0.5	0
Total FTE funded	22	N/A	59.7	0	26.38	37.5	15.5	8.3

¹⁵ Medical staff from the Forensic Mental Health Service in south-east Qld provide sessions in addition to the 7.7 funded FTE (8 Consultants provide one session per week).

¹⁶ 11 Consultants from the Forensic Mental Health Service provide an average of 9 sessions per week (clinics range in frequency from weekly to monthly).

¹⁷ 1.8 FTE Prison Medical Officer provides additional medical coverage (included in total other funded FTE).

¹⁸ Medical staff from the broader Forensic Mental Health Service in south-east Queensland provide sessions in addition to the 6.5 funded FTE (5 registrars provide two sessions per week).

¹⁹ A nurse has been taken offline from the forensic community mental health service (with no backfill) to conduct a project reviewing prison mental health service delivery.

²⁰ FTE Other: **NSW** - 1 – Indigenous Mental Health Clinician, 1 Health Manager; **ACT** - 1 Senior Manager; **NT** - Aboriginal Health Workers x 2; **QLD** - Indigenous Mental Health Worker x 7, Statewide Program Coordinator x 1; **TAS** – 1.8 Prison Medical Officer, 1 cleaning position.

The funded and occupied FTE for each jurisdiction has been converted to a rate per 550 prisoners to enable comparison with the Sainsbury model recommended FTE for prison mental health services (see Figure 1 and 2). Currently, only Tasmania and the ACT are funded and delivering (e.g. have staff occupying positions) to meet the recommended number of FTE required to deliver a prison mental health service equivalent to community mental health services. These estimates do not take account of service delivery models for each jurisdiction, for example the extent to which services are provided to women, Indigenous populations, or for substance misuse, where the staffing requirements should be higher.

Figure 1. Funded clinical FTE per 550 prisoners

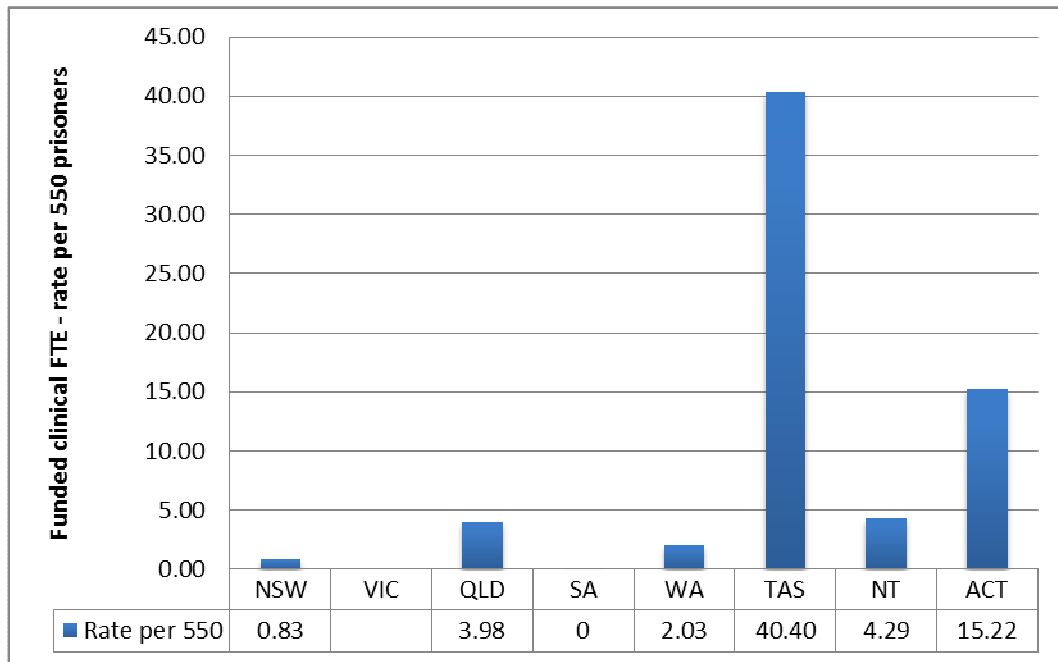
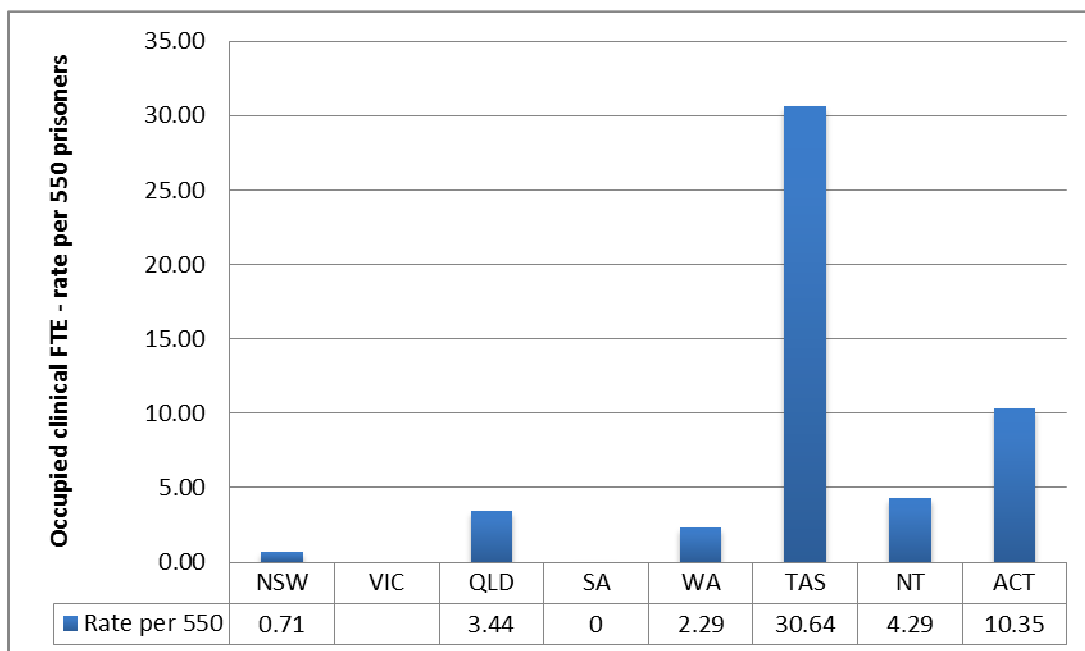


Figure 2. Occupied clinical FTE per 550 prisoners



SERVICE PROVISION

SETTINGS

The custodial settings in which prison mental health services are delivered in Australia is reasonably consistent across jurisdictions; that is, prison mental health services are delivered solely in correctional facilities. Mental health services in other custodial settings (e.g. watchhouses or police custody) is outside of the scope of Australian prison mental health services and are provided by other health or justice services.

Within correctional settings, NSW, the ACT and Tasmania deliver services routinely at reception to custody. In Queensland this service is provided by the Department of Corrective Services psychology services and the Queensland Health primary health services rather than the prison mental health service, with a similar arrangement operating in Western Australia.

All prison mental health services provide treatment and care throughout incarceration periods and prior to release. South Australia does not provide a transitional service for prisoners returning to the community; while in the ACT this service is delivered by the forensic community outreach service. In NSW and Western Australia a transitional service is being established.

Table 7. Specialist Prison Mental Health Service Settings

	In police custody	At reception to custody	Throughout custodial	Prior to release	Transition to community
NSW	No ²¹	Yes	Yes	Yes	No ²²
VIC	N/A	N/A	N/A	N/A	N/A
QLD	No	No ²³	Yes	Yes	Yes ²⁴
SA	No	No	Yes	Yes	No
WA	No	No ²⁵	Yes	Yes	No ²⁶
TAS	No	Yes	Yes	Yes	Yes
NT	No	No	Yes	Yes	Yes
ACT	No	Yes	Yes	Yes	Yes ²⁷

²¹ Telephone advice is provided by Justice Health as required.

²² A transition service is in development.

²³ Services provided by the Department of Corrective Services psychology services and Queensland Health Primary Health services

²⁴ This service operates for two weeks post release for selected patients

²⁵ Prison Officer followed by a clinical nurse who refers to mental health nurse for assessment.

²⁶ A transition service is in development.

²⁷ Delivered by the community forensic mental health team.

SCREENING

All jurisdictions routinely undertake mental health screening of new arrivals to prison. Each jurisdiction has a consistent or uniform set of questions addressing mental health and cognitive impairment issues for use in this screening process.

Table 8 outlines the clinician or service responsible for undertaking this function.

Table 8. Mental Health Screening in custody

	Who conducts screening process?	Is a uniform screening format used?
NSW	Primary health nurse	Yes – Kessler 10
VIC	Not available	Not available
QLD	Brief screening questions are conducted by primary health care services and Corrective Services psychology services.	Offender Health Service Medical In-Confidence form
SA	Department of Corrective Services officers and Social Workers; Prison Health Services nurses	Yes – accessed via SA Prison Health Service
WA	Prison Officer followed by a clinical nurse who refers to mental health nurse for assessment if required ²⁸ .	Yes
TAS	Registered nurses	Yes - Prison Health Pro ²⁹ ; MMSE
NT	Primary Health Nurses (MSE); Correction Officers (Risk Assessment)	Yes
ACT	Senior forensic mental health clinician	Yes

REFERRALS

Prison mental health services in Australia accept referrals from a broad range of referring sources, including health and justice agencies. The ACT and Queensland services accept referrals from any source, with the remaining jurisdictions identifying prison officers, prison health staff, mental health teams, forensic court liaison services, and criminal justice stakeholders as referring agencies. The ACT and Queensland also accept self-referrals to their prison mental health services.

²⁸ The Psychological Assessment, Counselling and Support (PACS) also conduct initial screening which can trigger referral to MHAOD team.

²⁹ Prisoner Health Pro is a database system that keeps all health information has a proforma for intake questions related to health including mental health. This process is called a tier one assessment process.

All jurisdictions triage the referrals received, primarily using standard mental health triaging processes based on acuity and situational factors. Queensland has developed a specific Prison Mental Health Triage Prioritisation Guide and referral form. The ACT utilises an electronic record tool which comprises three main components; current presentation, risk of violence, and drug and alcohol use. A triage rating is then attached to the referral along with the Psychiatric (P) rating system.

INITIAL ASSESSMENTS

Jurisdictions were asked to indicate what percentage of initial mental health assessments is undertaken by each discipline within their service, following referral and screening (Table 9).

Queensland did not allocate proportions. Queensland advised that the proportions vary across the different prison mental health service teams. With the exception of South Australia, initial assessments were primarily undertaken by nursing and allied health staff.

Table 9. Discipline conducting initial mental health assessments in custody (by percentage)

	Nursing	Psychology	Consultant Psychiatrist	Psychiatric Registrar	Social Work	Occupational Therapy	Other	Total %
NSW	100	0	0	0	0	0	0	100
VIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
QLD	x	x	0	x	x	x	IMHW ³⁰	N/A
SA	10	0	60	30	0	0	0	100
WA	100	0	0	0	0	0	0	100
TAS	100	0	0	0	0	0	0	100
NT	70	15	10	5	0	0	0	100
ACT	50	40	0	0	10	0	0	100

The national survey also sought responses from each jurisdiction about the primary purpose of initial mental health assessments carried out by the specialist prison mental health service (i.e. post referral) (Table 10). In all jurisdictions, the primary purpose was to identify persons in custody in need of mental health treatment. A number of jurisdictions also outlined concurrent purposes for the assessment (e.g. risk assessment, court purposes, or for transfer to a health service).

Uniform questioning and locally developed forms were used for intake assessments in all jurisdictions except for Western Australia. New South Wales utilises the Mental Health Outcomes and Assessment Tool which provides for standardised clinical documentation and outcome measures. The formats identified across the remaining jurisdiction included:

³⁰ Indigenous Mental Health Workers (IMHW) are non-clinical positions. IMHW do not conduct the assessment, however where resources allow they support the intake assessment for patients who identify as Aboriginal and Torres Strait Islander.

- ACT: Electronic record tool comprising current presentation, risk of violence, drug and alcohol use, ACT Health Screening Induction Form
- Northern Territory: HCR-20 (for forensic order patients) and MSE
- SA: Forensic intake form
- QLD: Queensland Health Forensic Intake Form
- Tasmania: MMSE and sentinel questionnaire in Prisoner Health Pro.

Table 10. Initial Mental Health Assessment in Custody – purpose

	Identify persons requiring mental health treatment	Identify the need for transfer to mental health service	Assessment of risk at intake	Court reports	Other
NSW	Yes	No	Yes	No	Not applicable
VIC	N/A	N/A	N/A	N/A	Not available
QLD	Yes	Yes	Yes	No	Not applicable
SA	Yes	Yes	Yes	No	Not applicable
WA	Yes	Yes	Yes	No	Not applicable
TAS	Yes	No	Yes	No	Not applicable
NT	Yes	Yes	HCR-20	Yes	Supreme Court Orders
ACT	Yes	Yes	Yes	No	Not applicable

TREATMENT AND CARE

Jurisdictions were asked to provide a description of the nature and duration of direct mental health treatment and care provided to people with serious mental illness in custody by the prison mental health service.

Table 11 outlines the responses provided.

Table 11. Direct treatment and care

	Care provided in custody	Involvement of the PMHS if the person is transferred to another facility to receive mental health treatment and care
NSW	<ul style="list-style-type: none">• Mental health service provision ranges from treatment in quasi-inpatient settings to outpatient treatment in rural prisons.	Direct service provision ceases if the person is transferred.
VIC	Not available	Not available
QLD	<ul style="list-style-type: none">• Psychiatric review and treatment (frequency depending on need and resources)• Care coordination by a clinician, including discharge planning which may include referral to the transition program for complex cases• Involvement of an IMHW for Indigenous consumers on a referral basis• Discipline specific interventions (such as psychological interventions) as available.	Direct service provision ceases however the PMHS remains indirectly involved for the purposes of treatment planning, continuity of care, etc.
SA	<ul style="list-style-type: none">• Prisoners who are declared forensic patients under the relevant legislation and remain in custody rather than hospital receive regular face to face contact for review of MSE, medication compliance, and discharge planning.	Not generally but this can occur if required or deemed helpful for continuity of care purposes.
WA	<ul style="list-style-type: none">• Consultation liaison• Assessment• Treatment and follow up.• At risk management.• Referral to inpatient forensic mental health facility	Liaison while the person is an inpatient with direct involvement resuming on return to custody.

TAS	<ul style="list-style-type: none"> • Medical treatment via nursing clinics • Medication administration • SASH risk screening • Psychological support and crisis intervention 	Co-ordination of care and provision of admission discharge summary, medication and collateral information on presentation
NT	<ul style="list-style-type: none"> • Case management for Custodial Supervision Ordered consumers and those with a mental health diagnosis, with appointment dependent on acuity of illness and court orders. • CBT psychological groups, education groups (medication, recovery focused).³¹ 	Daily visits by the forensic mental health team and team consultant/registrar at the hospital.
ACT	<ul style="list-style-type: none"> • Assertive response team provides acute assessment and treatment • Case management team provides ongoing care for individuals with an enduring mental illness 	Electronic record allows for monitoring and there is capacity to provide reviews whilst an inpatient.

³¹ Medication is dispensed by primary care.

TRANSITIONS AND ONWARD REFERRAL

Jurisdictions were asked to provide information on whether their specialist prison mental health service provides a transition service for people leaving custody. All jurisdictions except NSW, Western Australia and South Australia had some form of transition service. New South Wales and Western Australia were in the process of establishing a service and South Australia utilised referrals to James Nash House to manage complex patient discharges from custody.

Jurisdictions were also asked to provide information about referrals made to other types of mental health services or programs in custody and in the community. All services provided referrals to other services either in custody, in the community, or both. All jurisdictions with the exception of the Northern Territory and Western Australia advised that they provide referrals to community mental health services at the point of release from community, with most services also identifying other referral pathways including General Practitioners and non-government organisations.

Table 12. Transition and Onward referral services offered by prison mental health services

	Transition Services	Onward Referral - custody	Onward Referral - community
NSW	A transition service is being developed.		Yes Community mental health teams.
VIC	Not available	Not available	Not available
QLD	Yes For open consumers on a referral basis. PMHS clinician provides up to 3 months pre-release and 2 weeks post-release intervention to address transition needs. Consumer can also be referred to an affiliated NGO funded specifically for this purpose.	Yes Primary health care/GP management for lower level or well contained mental health issues.	Yes Community mental health services, alcohol and drug services, GPs, and NGOs
SA	No Can be transferred to secure MH facility if complex discharge plan required.	Yes DCS psychologists, in house treatment programmes	Yes Community MHS, Drug & Alcohol Services, Private Psychiatrists, psychologists and NGO support services
WA	No Referral to GPs and community mental health services. A Transition Service is being established.	Yes Psychological and Counselling Services.	Yes Community mental health services, AOD services, GPs and NGOs.
TAS	Yes As part of Multi-disciplinary offender management service in conjunction with Justice Department personnel		Yes Older Persons psychiatric services, Child and Adolescent psych services and Forensic inpatient services.

NT	Yes	Yes	
	For persons on custodial supervision orders and persons case managed in prison.	Alcohol and Drugs who sit in the prison and are now an extension of our service.	
ACT	Yes	Yes	Yes
	High risk offenders with enduring MI have access to the Forensic Community Outreach Service who provides ongoing care in the community. (FCOS and prison based team managed by same manager).	Primary health, correctional psychology support service, AOD services, Women's Health Service	Community MHS, correctional through care services, GPs and NGOs

INFORMATION SHARING

Jurisdictions were asked to provide details on where information obtained during screening, assessment and treatment processes is recorded and stored, in addition to whether specialist mental health services have access to a statewide mental health data system. All jurisdictions advised that they had access to some form of statewide database; however significant differences were noted regarding which department has ownership of the database and the type of access to mental health information both in custody and in the community. Table 13 details the type of mental health records and access across jurisdictions.

Jurisdictions were also asked to provide information regarding access to criminal justice data (offence, re-offence, rearrest, custody, release dates, probation and parole information) for individuals who access prison mental health services. All jurisdictions with the exception of ACT advised that they have access to criminal justice data. Queensland, Victoria, Northern Territory and Tasmania advised that access was limited to read-only in the prison setting. New South Wales advised that very limited information is transferred from the Corrective Services NSW database Offender Integrated Management System (OIMS) to the Patient Admin System (PAS) and that this access is read-only in the prison setting. South Australia advised that they have very limited access via the forensic mental health community team.

Information was sought on information sharing protocols, specifically whether information about prisoners accessing mental health services can be shared across the health/justice/correctional systems. All jurisdictions with the exception of Western Australia and Northern Territory are able to share information about prisoner mental health access across health/justice/correctional systems. However, in the Northern Territory it was noted that corrections staff members have access to information recorded in a shared database. They advised that an MOU is currently under development.

Table 13. Mental Health Information Management

	Where MH information is stored	Access to community mental health information in custody	Access to prison mental health service information in the community
NSW	On electronic record (Patient Admin System – PAS, JHCHS, CHIME) and paper-based records		Information may be shared under a MoU.
VIC	Not available	Not available	Not available
QLD	State-wide mental health database: Consumer Integrated Mental Health Application (CIMHA)	Previously access has only been via hospital/administrative settings, however a project to facilitate access to health systems within custodial settings has commenced.	Available on CIMHA.
SA	Paper based prison health case notes and MHS data base Community Base Information System (CBIS)	Read only access in prison to CBIS.	CBIS - Full access to specialist staff in both prison and community
WA	Department of Corrective Services, Health Services Directorate Electronic Medical record (ECHO).	All mental health staff have access in prison with some staff given limited remote access.	
TAS	On electronic record PHP	Access available within correctional setting to Digital Medical Record	Available on electronic record
NT	CCIS and PCIS	PCIS access in prison.	CCIS and PCIS access in community
ACT	ACT Health electronic record	All mental health staff have access to ACT health records in prison. Nil access to custodial information.	Available on ACT electronic records

The jurisdictions that share information noted that this primarily occurs with consent or under legislative provisions. Queensland has a Memorandum of Understanding (MOU) enacted under the *Hospital and Health Boards Act 2011* that provides for the sharing of health information with corrections for the purpose of managing shared consumers in the custodial environment. New South Wales has a similar MOU that enables information to be disclosed by the prison mental health service in accordance with clause 297 of the *Crimes (Administration of Sentences) Regulation 2008*.

DATA COLLECTION

The national survey aimed to collect data about the current state of prison mental health services, to inform in part, the feasibility of future benchmarking work that could be undertaken on a routine basis. To this end, the national survey asked participants to provide information about the data that is routinely collected by prison mental health services. Routine data collection did not distinguish between electronic or paper records, however jurisdictions were requested to provide advice regarding whether data was readily accessible. An important strength of benchmarking is that it enables data to be collected locally and compared nationally against comparable services. All jurisdictions collect comprehensive routine data related to the delivery of prison mental health services, with considerable overlap in the collections evident. Table 14 outlines this data.

Table 14. Routine data collection completed by prison mental health services

	Indigenous	Dx	Education	Custodial status	Index offence	MH Hx	Current MH	Self-harm	MH Tx	Living arrangement	Referral date	Ax date	Wait list (Ax)	Wait list (transfer)	Referral source	Inpatient info	CMHS info	NMHOCC
NSW	Yes	Yes	No	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	No	No	No	No	Yes
VIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
QLD	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Variable
SA	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
WA	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	No	No
TAS	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	No
NT	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes

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ABBREVIATIONS

ACAT	ACT Civil and Administrative Tribunal
ACT	Australian Capital Territory
AMC	Alexander Maconochie Centre
AOD	Alcohol and Other Drug
CBIS	Community Base Information System
CIMHA	Consumer Integrated Mental Health Application
DCS	Department of Corrective Services
ECHO	Department of Corrective Services, Health Services Directorate Electronic Medical record
FPTO	Forensic Psychiatric Treatment Order
FTE	Full Time Equivalent
GP	General Practitioner
HCR-20	Historical Clinical Risk – 20 item
MHS	Mental Health Service
MHAOD	Mental Health and Alcohol and Other Drugs
MMSE	Mini Mental State Examination
MOU	Memorandum of Understanding
MSE	Mental State Examination
NGO	Non-Government Organisation
NMHS	North Metropolitan Health Service
NSW	New South Wales
NT	Northern Territory
OIMS	Offender Integrated Management System
PAS	Patient Admin System
QLD	Queensland
SA	South Australia
SFMHS	State Forensic Mental Health Service
TAS	Tasmania
VIC	Victoria
WA	Western Australia

Prison Mental Health Services National Survey

The Prison Mental Health Services National Survey aims to collect information to describe the service approaches currently available throughout Australia for delivering mental health services to people in custody. The Survey forms part of a national benchmarking project that aims to work with relevant stakeholders in each jurisdiction to establish an agreed set of prison mental health service indicators that quantifies mental health service delivery for prisoners in Australia.

It is intended that responses to the Survey consider approaches to delivering specialist prison mental health services to adult correctional centres. Specialist prison mental health services are in-reach tertiary mental health services that aim to provide services to individuals in prisons that are equivalent to mental health services in the community.

Contacts

State/Territory:

Name of Person Completing Survey:

Contact number:

Contact for statewide coordination of this response (if different to above)

Name:

Position:

Contact:

Please list any other key contact we should contact in relation to this survey:

Name:

Position:

Contact:

Correctional facility information

- 1. Correctional facilities within your jurisdiction are listed in the attached table.** Please check that all listed are correct, please include or update any that we have missed.

If possible, for each facility, please complete and check the information included in the table (or provide overall response in jurisdictional total).

Prison mental health services (*responses should relate to the specialist prison mental health services available within your jurisdiction*)

- 2. Service type (delivered by)**

Government provider

Private provider

- 2.1.** Please indicate whether your responses relate to a jurisdiction-wide or facility specific service:

Jurisdiction

Facility (please indicate how many facilities if more than one): _____

3. Please indicate the settings that your specialist prison mental health service operates:

Setting	Yes	No	Other (describe) e.g. covered by specialist court liaison service
Watchhouse (pre-transfer to a correctional facility)			
Entry to correctional facility			
Throughout period of detention in correctional facility			
Prior to release from correctional facility			
Return to the community (transition service)			
Other (describe):			

4. In addition to the specialist prison mental health service, is there access to **other mental health care for prisoners in your jurisdiction?**

- Private providers
- Correctional facility psychology service
- Primary health service that includes mental health care
- No other access
- Other (describe) _____

If yes, please provide a key contact for these services

Private providers:

Name:

Contact:

Department of Corrections:

Name:

Contact:

Primary health care services:

Name:

Contact:

Other (describe):

Name:

Contact:

5. Is there a model of service available for guiding the delivery of specialist prison mental health services in your jurisdiction?

- Yes
- No

Please attach if available.

6. What are the aims/objectives of the service that you have identified in question 2.1?

7. How are staff of the service that you have identified in question 2 employed? i.e. does the service report to a health /justice agency or organising etc.

Please attach an organisational structure if possible.

- Reports to health agency or organisation
- Reports to justice agency or organisation
- Other (describe) _____

7.1. Does the team operate within a broader health service (e.g. is it part of a community mental health service, a primary offender health service, or a forensic mental health service)?

Please describe:

7.2. Does the specialist service identified in question 2.1 have statewide coordination? If yes please provide detail on the structure

8. Please indicate the staffing profile of your specialist prison mental health service: *If possible, please attach role descriptions.*

	Funded FTE	Filled positions as at 30/06/2016	Comments
Consultant Psychiatrist			
Psychiatric Registrar			
Nurse			
Psychologist			
Social worker			
Occupational therapist			
Multi-disciplinary positions (e.g. able to be filled across allied health and/or nursing positions)			(Please indicate which discipline these positions are currently filled as)
Team Leader positions (identify the FTE ratio related only to prison mental health service provision)			
Other (describe, include administration and management roles)			

9. If able to be provided, please provide the current annual budget of the specialist prison mental health service that you identified in question 2.1?

10. Does the prison mental health service manage its own budget?

- Yes, self-managed budget
- No (if able to, please note where budget is managed)
- Mixed model (partially self-managed, and partially managed outside of service)

Please include additional information:

11. Legislation that is relevant to the delivery of prison mental health services in your jurisdiction has been identified below:

Is this correct? Yes No

11.1. If no or additional relevant pieces of legislation, please provide further details:

12. In relation to **accessing mental health services outside of custodial settings**, does the relevant legislation in your jurisdiction allow for (*tick all that apply*):

	√	Comments
Complete transfer of prisoners out of correctional system to the mental health treatment and care		
Partial transfer of prisoners away from correctional system to mental health treatment and care (e.g. corrections retains custody of the patient while they are accessing mental health services)		
No transfer option available		
Other (please describe)		

13. Is there eligibility criteria that exists for prisoners to access mental health services outside of the custodial setting? Yes No Not applicable

If Yes, please describe the eligibility criteria, and the circumstances in which they apply:

14. In the below table, please tick the option that best describes your jurisdiction's approach to **involuntary treatment** for prisoners.

If this matter is dealt with by policy rather than legislation, please note this and provide detail if possible

	√	Comments
Legislation expressly prevents the use of force to provide involuntary treatment in custody		
Legislation expressly allows use of force for involuntary treatment to be provided in custody		
The legislation does not deal with the issue of involuntary treatment in custody		

15. If your jurisdiction makes provision for prisoners to be transferred out of a correctional facility to another place to receive mental health treatment, please indicate where they may be transferred (tick all that apply):

- Public mental health service/s (e.g. community or district hospitals)
- Specialist forensic mental health facility (e.g. secure forensic hospital)
- Dedicated facility for prisoners requiring mental health services
- Other (describe) _____

Provision of service

16. Initial Screening Process

16.1. Is mental health screening routinely conducted for people who come into the correctional facility?

- Yes No

16.2. If screening is conducted, who conducts this initial screening? E.g. corrections officers, specialist prison mental health workers, etc.

16.3. Is a standardised screening tool or method used?

- Yes No

If Yes, please provide details and a copy of the tool if possible:

17. Referral and triage process

17.1. Who is able to refer to your service?

17.2. Does your service have criteria or a process for triaging people who are referred?

- Yes No

If Yes, please describe:

18. Initial assessment

18.1. What is the primary purpose of initial mental health assessments carried out by your service? (More than one may apply)

- Identifying prisoners that require mental health treatment in custody
- Identifying prisoners requiring transfer out of custody for treatment or care

- Risk assessment
- Court reporting (commenting on charges or sentence)
- Other (describe) _____

18.2. Within your service, who conducts the initial mental health assessments following a referral (e.g. nursing staff/ psychologists/ multidisciplinary approach)?

Please tick, and if able, indicate the proportion of assessments that are undertaken by the following disciplines:

Discipline	% of assessments
<input type="checkbox"/> Nursing	_____
<input type="checkbox"/> Psychologists	_____
<input type="checkbox"/> Consultant Psychiatrist	_____
<input type="checkbox"/> Psychiatric Registrar	_____
<input type="checkbox"/> Social Worker	_____
<input type="checkbox"/> Occupational Therapist	_____
<input type="checkbox"/> Other _____	_____

18.3. Is there a specific assessment tool(s) or standardised assessment approach that your service uses? Yes/No

Please describe and attach if possible:

19. Mental Health Treatment Provision

19.1. Do members of your service provide any direct mental health care for people with serious mental illness in custody? Yes No

*If you answered **yes** to Question 19.1, please provide a brief description of the nature and duration of care that is provided:*

*If you answered **no** to Question 19.1, please indicate who provides treatment for people in custody who require mental health treatment?*

19.2. If a prisoner is transferred from custody to a mental health service, is there ongoing involvement by the prison mental health service of the person's treatment? Yes No

If yes, please describe:

- 19.3.** Does your service refer to other types of mental health services or programs?
 Yes No

If yes, please describe and specify whether referrals are made to services delivered in custody (in-reach) or out of custody (community):

20. Transition services

- 20.1.** Does your specialist prison mental health service provide a transition service for people leaving custody?

If yes, provide detail

Information and data management

- 21.** Where is information obtained during screening, assessment and treatment processes recorded and stored?

- 22.** Does your prison mental health service have access to a statewide mental health data system? Yes No

If yes, please indicate whether this is read-only access, and whether access is available within the correctional setting or whether access occurs outside of correctional facilities (e.g. in hospital or administrative settings)

- 23.** Does the service have access to criminal justice data (offence, re-offence, rearrest, custody, release dates, probation and parole information) for individuals who access prison mental health services? Yes No

- 23.1.** If yes, please indicate the type of information that is available:

- 23.2.** If yes, this information read-only access, and whether access is available within the correctional setting or whether access occurs outside of correctional facilities (e.g. in hospital or administrative settings)

24. Can information about prisoners accessing mental health services be shared across the health/justice/correctional systems? Yes No

If yes, please indicate the type of information that can be shared and how this occurs (under legislation, under an MOU, all parties utilise same data system etc).

Please attach any supporting documents that describe information sharing processes

This section aims to determine the types of data that each service/program collects on a routine basis and that it may be able to access.

Information	Is this information collected and recorded by your service routinely?	If not collected routinely, do you think that your service may be able to access this information?
	Yes/No	Yes/No
Aboriginal and Torres Strait Islander origin		
Mental Health Diagnosis		
Education level		
Age		
Gender		
Custodial status		
Index offence		
Previous contact with mental health services		
Current contact with mental health services		
History of self-harm		
Pharmacological treatment		
Living arrangements prior to custody		
Referral date		
Date of assessment		
Waiting list - for assessments (service data)		
Waiting list – for transfer to mental health service (service data)		
Referral source		
Inpatient mental health admission/treatment information for clients who are diverted to inpatient care		
Community mental health service contact/treatment information for clients who access transition services		
National Mental Health Outcomes & Casemix Collection (e.g. HoNOS)		

25. Does the service publish any regular reports of activities/outcomes? e.g. annual report. Yes No

If yes, please list (and attach a copy if possible)

26. Does the service conduct regular evaluation or audit activities (whether published or not)? Yes No

If yes, please describe the type of activity and data collected

27. Is there anything else that you feel is important to note about the specialist prison mental health service/s provided in your jurisdiction?

Thank you for participating in the National Prison Mental Health Service survey.

The information that has been provided by you will be collated and returned to you for validation.

Attachment

Prison Name	Administration of the prison 1 = Public 2 = Private	Built bed capacity	Prison population as at 30/06/2016	% of population that identified as Indigenous	Does the prison hold remandees (Yes/No)	Does the prison hold sentenced prisoners (Yes/No)	Does the prison include a protection population (Yes/No)	What is the gender of prisoners within facility (M/F)	Are specialist mental health services available? (Yes/No)



APPENDIX 2 – STAKEHOLDER LISTS

In each jurisdiction, a response coordinator was nominated as the key contact for liaison in relation to the national survey. The coordinators also received a copy of the draft report for review of the survey responses prior to finalisation.

Jurisdiction response coordinator

Jurisdiction	Name	Position	Organisation
ACT	Ms Jaime Bingham	Senior Manager	Forensic Mental Health Service
New South Wales	Dr Sarah-Jane Spencer	Clinical Director Custodial Mental Health	Justice Health and Forensic Mental Health Network
Northern Territory	Ms Maraea Handley	A/Operations Manager	Forensic Mental Health Service
South Australia	Dr Bill Brereton	Consultant Psychiatrist	Forensic Community Mental Health Service
Queensland	Ms Elissa Waterson	Operations Manager	Queensland Forensic Mental Health Service
Tasmania	Mr Ray Gregory		Correctional Primary Health Services
Victoria	Dr Maurice Magner	Statewide Director	Forensic Mental Health
Western Australia	Ms Louise Southalan	Assistant Director, Health Liaison	Mental Health Commission

Additional contacts were nominated by the jurisdictional coordinator where services were delivered across multiple agencies and to provide additional information. Contribution from these contacts, where required, was coordinated through the jurisdictional coordinator.

Additional jurisdiction contacts

Jurisdiction	Name	Position	Organisation
ACT	Dr Owen Samuels	Director	Forensic Mental Health Service
	Ms Ahu Kocak		Corrective Services
	Ms Tash Lutz		Primary Health Services
New South Wales	Trevor Perry	Service Director, Custodial Mental Health	Services and Programs
	Anjah Govender		Department of Corrections
	Katerina Legios		Primary Health Services
Northern Territory	Superintendent Bill Carrol	General Manager	Darwin Correctional Precinct
	Ms Jeanette Smith	A/District Manager, Prison Health and	Top End Health Service

		Watchhouse	
	Ms Sarah Gobbert	Operations Manager Alcohol and Other Drugs Service	Top End Health Service
South Australia	Dr Narian Nambiar	Director	Forensic Mental Health Service
	Ms Jenny Williams	Clinical Nurse	Forensic Community Mental Health Service
	Mr Lee MacDonald	Principal Advisor- Offender Services	Corrective Services
	Mr Andrew Wiley	Nursing Director	South Australian Prison Health Service
Queensland	Michelle Perrin	Statewide Coordinator, Prison Mental Health Service	Forensic Mental Health Service
Tasmania	Mr Peter Cairns	Clinical Nurse Consultant – Co- morbidity	Corrective Services
	Ms Helen Gardner		Corrective Services
Western Australia	Dr Edward Petch	Director, Consultant Forensic Psychiatrist	State Forensic Mental Health Service
	Ms Trish Sullivan	Director	Corrective Services, Health Service
	Mr Ian Matthews	Principal Project Officer, MHAOD	Corrective Services, Health Service