

Queensland Forensic Mental Health Policy

*Guiding the development and management of effective
mental health services to mentally ill offenders*

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**Queensland
Government**
Queensland Health

Foreword


The Queensland Government has endorsed a new Forensic Mental Health Policy to detect and treat mental illness among people in the criminal justice system and to ensure necessary treatment continues after release from detention.

People with mental illness who are involved in the criminal justice system are a particularly disadvantaged group. Despite their special needs, they have not traditionally had access to the range and quality of mental health services available to the general population. Many studies have indicated that mental illness can increase the risk of arrest. It is also clear that inadequate access to mental health and other support services can result in a cycle of clinical relapse, disturbance and rearrest.

Implementation strategies outlined in this document are designed to reduce the incidence of clinical relapse for people passing through the criminal justice system and to minimise the likelihood of repeat offences.

The Queensland Forensic Mental Health Policy is consistent with the framework for mental health services reform articulated in the Queensland Mental Health Plan (1994) and the 10 Year Mental Health Strategy for Queensland (1996). It was developed following extensive consultation with service providers, consumers and carers, government and non-government agencies and other key stakeholders. It also takes into account recommendations from a formal external review of existing services.

This policy document is supported by all State Government agencies, including Queensland Health, the Department of Corrective Services, the Department of Families, the Queensland Police Service and the Department of Justice and Attorney-General. The new arrangements agreed by these agencies should ensure consistency and continuity of appropriate mental health treatment throughout the criminal justice system and should produce improved outcomes for particular target groups including Aboriginal and Torres Strait Islanders, women, children and young people.



Wendy Edmond MP

Minister for Health and

Minister Assisting the Premier on Women's Policy

Principles

- Equitable and timely access to a range of high quality, mental health services
- Mental health services balancing the rights of individuals to optimal care, provided in the least restrictive setting, with the rights of the public to protection against risk of harm
- Inpatient health services responsible for secure care of a mentally ill offender only as long as inpatient treatment for a mental disorder or severe mental health problem is required
- Optimal mental health and minimal risk of reoffence
- Services delivered in accordance with international and national covenants relating to mental health services to mentally ill offenders
- Culturally appropriate services which take account of language needs, family and social circumstances
- Ensuring a key role for consumers in service planning and evaluation

Contents

Foreword	1
Principles	2
Contents	3
Introduction	4
Policy Context	4
Legislation	5
Scope	5
Principles	6
Objective	6
Outcomes	6
Service Delivery Framework	7
Strategic Directions	8
Strategic Direction 1: Developing and Reforming Services	8
Purpose	8
Factors for Consideration	8
Proposed Strategies	9
Strategic Direction 2: Improving Access to Services	10
Purpose	10
Factors for Consideration	10
Proposed Strategies	10
Strategic Direction 3: Working Collaboratively	11
Purpose	11
Factors for Consideration	11
Proposed Strategies	11
Strategic Direction 4: Improving Quality of Services	12
Purpose	12
Factors for Consideration	12
Proposed Strategies	12
Strategic Direction 5: Meeting the Needs of Priority Groups	13
Purpose	13
Priority Group 1: Aboriginal and Torres Strait Islander People	13
Proposed Strategies	13
Priority Group 2: Women	14
Proposed Strategies	14
Priority Group 3: Children and Young People	14
Proposed Strategies	15
Priority Group 4: People with Dual Diagnosis and/or Dual Disability	15
Proposed Strategies	15
Glossary	16
References	18
Further Information	20

Introduction

There is substantial evidence that the burden of mental illness on Australian society is growing. The *National Survey of Mental Health and Well-Being 1997*, conducted by the Australian Bureau of Statistics, found that almost one in five Australians aged 18 years or more met the criteria for a mental disorder at sometime during the 12 months prior to the survey, but that only 38% of people with mental disorder had used health services.

People with mental illness who are involved in the criminal justice system are a particularly disadvantaged group. They have special needs and have not traditionally had access to the range and quality of mental health services available to the general population.

Mentally ill offenders* often suffer mental disorders or severe mental health problems, in the presence of substance related disorders, and antisocial personality disorder, resulting in complex, treatment resistant care needs. Many studies^{1,2,3} have indicated that mental illness can increase the risk of arrest, particularly if the person has the added disadvantage of being homeless. Inadequate access to mental health and other support services often results in a cycle of clinical relapse, disturbance and rearrest.

(*The term mentally ill offender used throughout this document refers to an adult offender who has a mental disorder or severe mental health problem and to the young offender who is mentally ill or considered 'at risk' of developing serious mental health problems and disorders.)

Compared with the general population, prison inmates display a higher prevalence of mental disorders and severe mental health problems⁴. Morbidity is highest in remand populations, because this group has a variety of risk factors for mental illness, such as substance misuse, personality difficulties, and the stress of reception into custody. The suspected presence of mental disorder may lead to a remand into custody for the preparation of reports. Prevalence studies conducted in the United Kingdom^{5,6}, United States of America^{4,7}, New Zealand⁸, and a small number in Australia^{9,10}, consistently report rates of psychosis in remand populations which are two or three times higher than general population rates. Studies^{11,12,13,14} of subjects incarcerated in prisons have traditionally shown lower prevalence of severe psychotic and mood disorders than remand populations, but high prevalence of chronic psychological and social problems, and substance misuse disorders.

Policy Context

The Queensland Forensic Mental Health Policy has been developed under the framework for mental health services reform articulated in the *Queensland Mental Health Plan (1994)* and the *10 Year Mental Health Strategy for Queensland (1996)*. The agenda for mental health reform in Queensland has been set by a number of national and state initiatives.

The *National Mental Health Strategy* (endorsed in 1992 by all Commonwealth, state and territory Health Ministers) sought to encourage a national approach to mental health policy and service delivery; to strengthen the impetus for reform of mental health services; and to provide a mechanism for addressing agreed priority issues. Mentally ill offenders were identified as one of a number of priority groups requiring specific strategies to ensure equitable access to appropriate mental health services.

The *Second National Mental Health Plan (1998)* reaffirms that a key priority for reform in mental health are services and support for people with the highest level of need. Further it identifies forensic populations as a target group for whom improved service access and better service responses are essential.

Legislation

Queensland's mental health legislation provides a framework to protect the mentally ill offender's interests. The legislation facilitates admission of the person to a hospital when it is determined that inpatient assessment or treatment is required, at any stage of the justice process. The legislation also authorises communication between the health and justice systems in relation to the mental condition and treatment needs of the person.

The legislation provides the mechanism to temporarily remove criminal matters from the court system, to allow treatment to occur and issues of criminal responsibility and fitness for trial to be determined. It ensures that appropriate arrangements are made for the compulsory treatment and review of offenders found to be not criminally responsible, or unfit to stand trial. It allows for the appropriate return of matters to the justice system when it is determined that the person no longer requires mental health treatment and that criminal prosecution should be continued.

Scope

Eligibility criteria for access to public mental health services in Queensland are documented in the *10 Year Mental Health Strategy for Queensland (1996)* and the Queensland Mental Health Policy Statement *Future Directions for Child and Youth Mental Health Services (1996)*. The Queensland Forensic Mental Health Policy seeks to improve service delivery for all mentally ill offenders.

This policy targets all people with a mental illness who are involved with the criminal justice system. Strategies will target persons (including adults and young people) with mental disorders or severe mental health problems who are also subject to criminal justice processes, including:

- persons charged with an offence (whether remanded in custody or on bail)
- persons appearing before a court (to be charged, for determination of charges, or for trial or sentence)
- persons convicted by a court and sentenced (whether serving a custodial sentence or on a community corrections order)
- persons found to be not criminally responsible (ie of unsound mind) or not fit for trial.

The policy acknowledges that variations exist in service delivery to adults compared to those provided to children and

young people. This variation will be reflected in types of staffing, levels of staffing and the nature of the therapeutic interventions appropriate to addressing the developmental needs of young people.

Adults and young people who suffer from personality disorders and who have a co-morbid mental disorder or a high degree of dysfunction are eligible for mental health assessment and, where appropriate, treatment services. Similarly, those persons with substance abuse problems and a co-morbid mental health disorder are also eligible for assessment and treatment services.

There are a small number of people with severe personality disorders, who because of their disorder, pose a high risk of offending, and a challenge to public safety. Identifying the appropriate societal response to the challenge such people represent has been a continuing concern internationally. Research into the causes of severe personality disorder, and how best to address the associated risks, has been inconclusive. There is limited research evidence in relation to effective treatments amongst the adult population^{15,16,17}. Mental health professionals may be able to assist with assessment and consultation on the management of these challenging individuals.

In contrast, the antecedents of adult antisocial behaviours may be seen amongst the population of young offenders, and if identified at an early age, preventative strategies can be effective^{18,19,20} and should be implemented within the scope of the mental health service response.

Principles

The following principles shape Queensland Health's response to the challenges of providing services to mentally ill people who are involved in the criminal justice system.

- People who have a mental disorder or severe mental health problem and have been charged with an offence shall have equitable and timely access to a range of high quality, mental health services and shall be free from any form of discrimination or stigma related to their criminal behaviour.
- Assessment and treatment for mentally ill offenders is provided by a mental health service which balances the rights of the individuals to optimal care, provided in the least restrictive setting, with the rights of the public to protection against risk of harm.
- Inpatient health services are responsible for secure care of a mentally ill offender only as long as inpatient treatment for a mental disorder or severe mental health problem is required.
- Mentally ill offenders access the necessary range of mental health services across settings consistent with their treatment and security needs to ensure optimal mental health and minimisation of the risk of reoffence.
- Services are delivered in accordance with international and national covenants relating to mental health services to mentally ill offenders, which ensure:
 - the medical screening of all prisoners as soon as possible after admission
 - the availability of mental health services for the diagnosis and treatment of the incarcerated mentally ill person
 - the capacity to transfer prisoners to specialised health services when required.²¹
- People who have a mental disorder or severe mental health problem who are involved in the criminal justice system access culturally appropriate services which take account of language needs, family and social circumstances.
- Services for mentally ill offenders are delivered in a manner that ensures a key role for consumers in service planning and evaluation.

Objective

The objective of the Queensland Forensic Mental Health Policy is to guide the development and management of effective mental health services to mentally ill offenders.

Outcomes

Service delivery provided according to the principles articulated in this policy should produce the following outcomes:

- Mentally ill offenders have improved access to the range of mental health services generally available to other members of the community.
- Early identification of mentally ill offenders and timely referral to the mental health system for assessment and treatment is available when required.
- A range of mental health services is available to meet the clinical needs of the mentally ill offender and the level of security required to protect the public from harm.
- Inpatient secure mental health services are provided for mentally ill offenders whose needs for treatment can not be provided in a less restrictive environment.
- Mental health services are provided to mentally ill offenders, which meet standards specified in international and national codes of service delivery, including the rights of the mentally ill offender to privacy, informed consent and participation in their treatment.
- Delivery of mental health care in a manner which acknowledges and responds to the unique needs of mentally ill offenders from diverse cultural backgrounds and minority groups.
- Implementation of the most effective model of care that recognises the roles and responsibilities of a range of service providers responsible for meeting the needs of the mentally ill offender.
- Improved consumer and carer satisfaction with services and with their participation in all areas of mental health service delivery ranging from their relationship with individual service providers to their involvement in the planning, delivery and evaluation of services.
- Improved mental health outcomes for mentally ill offenders and reductions in criminal recidivism.

Service Delivery Framework

Mentally ill offenders require access to the full range of community-based treatment services and acute and extended inpatient services available to the community. The service delivery framework is complex because of the need to simultaneously address the requirements of the criminal justice system, the need for security, and the provision of appropriate clinical care. Services must be delivered in a manner which is consistent with principles of timely access, early intervention, continuity of care and access to services in the least restrictive environment.

The service delivery framework establishes Queensland Health as the major provider of mental health services to mentally ill offenders. It incorporates services provided by district mental health services and specialised forensic mental health services.

District mental health services provide comprehensive assessment and treatment services in inpatient and community-based settings. District mental health services will provide an improved range of community based services to mentally ill offenders to ensure their timely access to assessment and treatment. This will include court liaison services, services to watchhouses, prison-based mental health services and services to detention centres. The provision of mental health services to correctional and detention facilities will be negotiated between district mental health services and custodial departments. Where possible, these services will be provided by the specialised forensic mental health services in partnership with staff of secure inpatient facilities.

Inpatient services for the mentally ill offender are provided on the basis of an assessment of the individual's clinical and security requirements. Acute inpatient services, which are provided from general hospitals located in most Districts, have capacity to provide flexible high dependency or acute secure care options locally. Where higher levels of security are required, mentally ill offenders may also access acute care in medium secure units and high secure units. In addition, mentally ill offenders may receive extended treatment within any of the five programs defined in the *10 Year Mental Health Strategy for Queensland (1996)*. These programs include extended treatment services for people who require treatment in a specialised secure facility. Secure inpatient options for young people are currently being considered.

Specialised forensic mental health services will provide consultation-liaison services to support district mental health services to develop an improved range of community-based service options for clients who have both a serious mental

illness and complex forensic issues. Specialised forensic mental health services will retain some responsibility for the provision of court liaison services and watchhouse services in the District where they are located. This will contribute to the improvement of models of evidence based practice to guide their provision of training, advice and consultation to the district mental health services.

The integration of the roles of the specialised forensic mental health services and the general network of district mental health services and the provision of mental health care to custodial facilities will ensure continuity of care across mental health services and correctional and detention centres.

The aim of the interface between the courts and mental health services is to ensure that those before the courts who need mental health services receive those services. In the case of the Mental Health Court, psychiatrists are required to provide reports giving opinion on the mental state of an alleged offender at the time the offence was committed which also address the individual's current treatment needs. This is a specific requirement of the mental health legislation and is considered part of Queensland Health's core business.

The requirement of the justice system for expert health opinion to help with issues of sentencing and release from custody does not fall within Queensland Health's principal responsibilities. Court liaison services may provide brief reports recommending referral to a mental health service. This usually occurs early in the justice process, before conviction, and will become part of the core business of mental health services. It is not Queensland Health's role to provide pre-sentence reports, parole reports or reports on civil matters. However a small number of mental health assessment reports may be provided by Queensland Health under the following circumstances:

- there is no suitable alternative provider
- that the department requesting the report purchase the report
- where the report is required on an existing client of the mental health service, provision of this report does not compromise continuing treatment to the individual.

Strategic Directions

The following strategies will guide the implementation of the Service Delivery Framework described in this policy.

Strategic Direction 1: Developing and Reforming Services

Purpose

To review and develop the mental health service system for mentally ill people involved in the criminal justice system.

Factors for Consideration

Forensic mental health services in Queensland have been provided through a discrete system of care located centrally with limited links to general mental health services. District mental health services manage large numbers of mentally ill offenders without access to adequate support and advice from the specialised forensic mental health services. Until recently, high security inpatient services and specialised forensic mental health services were located only in the southeast corner of the state, lacked integration across hospital and community settings and were isolated from general mental health services.

Child and youth specialised forensic mental health services, located only in the southeast, have within their limited resource base responded only to requests from courts to provide expert opinion on matters of child protection and pre-sentence advice for juvenile offenders. Child and youth mental health services provide services to a small number of adolescents within the forensic target population. There are no designated adolescent secure inpatient beds. Many young people seek services from the non-government sector, for accommodation and support, and their mental health needs often remain largely unmet.

Correctional and detention facilities purchase mental health assessment and treatment services from the private sector, which creates a further barrier to developing an integrated system of care across service and organisational boundaries.

The policy seeks to improve early access to mental health assessment and treatment services following entry to the criminal justice system in addition to adequate, extended, follow up care to those who are released from hospital and/or custodial institutions. Such programs are essential in order to provide a continuum of care that will reduce both clinical relapse and criminal recidivism rates.

While the majority of mentally ill offenders provide no additional challenge to district mental health services there are a small number whose treatment needs are complicated. These individuals often experience multiple problems and present formidable challenges to treatment because of their treatment resistance, poor compliance with anti-psychotic medications, potential dangerousness, high rate of substance abuse, and need for structure. District mental health services should be able to appropriately risk manage this group and provide innovations to service delivery which ensure that these clients have access to effective treatment services whilst maintaining the safety of staff and the community. Clinicians will require expertise to ensure that the assessment and treatment of these clients is consistent with the patients' legal circumstances and level of clinical risk. If effective and appropriate interventions are provided, not only will the mental health of these individuals improve but also the risk of repeat offence is reduced.

District mental health services require additional support to appropriately manage the risks associated in working with mentally ill offenders. To prevent the unnecessary reincarceration or rehospitalisation of the mentally ill offender an assertive approach to case management is recommended which deals with clients on a frequent and long-term basis.

The specialised forensic mental health services will play an important role in assisting district mental health services to provide effective assessment and treatment services to mentally ill offenders through consultation, liaison, and staff training. Improvement of service delivery to mentally ill offenders will occur following the development of appropriate service structures and linkages and the use of therapeutic approaches that are tailored to the complex needs of the mentally ill offender.

Proposed Strategies

Enhance the integration of the specialised forensic mental health services and the general network of District mental health services by developing complementary roles in service delivery.

Develop an appropriate system of support and training to district mental health services through the specialised forensic mental health services to build their capacity to respond to mentally ill offenders.

Develop district-based mental health court liaison services and outreach services to watchhouses to ensure early access to assessment and treatment services for the mentally ill offender.

Establish Queensland Health as the provider of prison-based and detention centre-based mental health services, to improve continuity of care between custodial mental health services, District mental health services and specialised forensic mental health services.

Utilise a range of secure inpatient treatment services for offenders, to meet a diversity of clinical and security needs, and take into account the principle of providing services locally.

Ensure that a range of mainstream mental health treatment options is available to mentally ill offenders to avoid their detention in extended treatment secure inpatient facilities, when inappropriate.

Commence structural reform of the specialised forensic child and youth mental health services.

Undertake detailed planning for the provision of secure inpatient care of mentally ill young people, in consultation with key stakeholders.

Continue the development of high secure and medium secure inpatient services and specialised forensic mental health services in the north of the State.

Progress the development of a client information system that recognises the need to address issues associated with information sharing across departmental boundaries to appropriately address the needs of the target population.

Strategic Direction 2: Improving Access to Services

Purpose

To improve access for offenders with a mental illness to timely, high quality mental health service delivery.

Factors for Consideration

People with mental illness have higher rates of police contact and arrest than the general population and are overrepresented among persons in custody²². If individuals with serious mental illness do not receive treatment, the risk of clinical deterioration and engaging in behaviours, which may bring them into contact with the law enforcement system, increases.

Improved access to mental health services should result in more appropriate contacts with both the mental health and criminal justice systems²². Access to mental health services can occur from any point in the criminal justice process. Ideally, access to health care should occur at the earliest point, usually at the stage of initial apprehension by the police or entry into the court system.

Strategies to improve access need to recognise that access to mental health services may depend upon the identification of mental disorder by non-medical personnel. In addition, due to the stigma often associated with the mentally ill offender there may be barriers within the criminal justice system and the health system that need to be addressed if effective and timely access to assessment and treatment services is to occur.

Proposed Strategies

Establish partnerships and protocols between district mental health services and local police services to facilitate early access by mentally ill offenders to the health system.

Provide mental health assessment services to watchhouses and courts, through district mental health services, to ensure the early identification of mentally ill offenders requiring treatment.

Provide training and consultation to watchhouse staff and court personnel through district and specialised forensic mental health service providers to enhance understanding of the needs of the mentally ill offender and facilitate the early identification of mentally ill offenders requiring assessment and treatment.

Strategic Direction 3: Working Collaboratively

Purpose

To develop effective working relationships between service providers in criminal justice systems, juvenile justice systems, mental health services, health and community support services.

Factors for Consideration

The reform of mental health service delivery in Queensland has focused on the development of community based services and decentralisation of inpatient services to achieve an integrated service system able to maintain people in their local communities. The success of this approach relies on the ability of district mental health services to develop collaborative partnerships with local services responsible for meeting the accommodation, medical and other support needs of the person with severe mental illness.

Coordination of services to the mentally ill offender is important in achieving good clinical outcomes and in reducing the risk of further contacts with the criminal justice system. Services to the courts, police watchhouses and remand, detention and prison facilities should be given a high priority to ensure the mentally ill offenders' treatment needs are considered in decision-making within the justice system.

The establishment of Queensland Health as provider of mental health services to watchhouses, courts, correctional and detention facilities will allow the development of close links between staff of the custodial departments, law enforcement agencies and district and specialised forensic mental health services. Improved continuity of mental health care across settings should result. These arrangements will facilitate early identification and management of mentally ill detainees and enhanced access to assessment and treatment services, either in detention or when necessary following transfer into the mental health system.

Improved collaboration requires all Departments to be committed to ensuring the provision of quality mental health care to mentally ill offenders. Three key elements to cooperation are:

1. Mutual understanding and agreement upon the objectives of mental health treatment
2. Mutual respect for each agencies' mission
3. Open and effective communication at all levels.

Effective provision of security, treatment and ongoing care can only be provided if there is close liaison between the various agencies and institutions with responsibility for managing these clients. This may necessitate the development of formal agreements between Queensland Health and other departments. These agreements should contain plans to identify the common client population, and the policies and procedures for coordinating their supervision and treatment. Implementation of new procedures will need to be accompanied by appropriate training, to staff of law enforcement agencies and correctional and detention facilities, on the identification of signs of mental illness and the unique needs of the mentally ill offender.

Proposed Strategies

Develop formal agreements between Queensland Health and Queensland Police, Department of Corrective Services, Department of Families and Department of Justice and Attorney-General to ensure implementation of all key components of the model.

Establish local policies and procedures between these agencies to ensure effective interdepartmental management of the mentally ill offender. This will be the responsibility of district mental health services.

Provide ongoing training and support to staff in law enforcement, correctional and detention facilities to improve their capacity to manage the mentally ill offender. This will be the responsibility of district and specialised forensic mental health services.

Strategic Direction 4: Improving Quality of Services

Purpose

To ensure the provision of high quality services for mentally ill people involved in the criminal justice system.

Factors for Consideration

The *Second National Mental Health Plan (1998)* identifies the need to improve the quality and effectiveness of mental health services. Services are required to focus on clinical outcome, to demonstrate the effectiveness of services and interventions, and to base clinical practice on sound research evidence. Quality and effectiveness relate not only to the range of treatment services provided but also to the organisation and sustainability of services and the skills of the clinical teams. The *Second National Mental Health Plan (1998)* emphasises the need to improve the quality and effectiveness of mental health services to maximise clinical outcomes for the mentally ill.

The clear articulation of expected standards of services and benchmarking are important in assuring the development and maintenance of high quality mental health services. It is widely recognised that service standards and quality assurance programs within health services are an essential part of achieving quality health care. The *National Standards for Mental Health Services (1996)* provide a blueprint for the development of mental health services. The *Second National Mental Health Plan (1998)* identifies the need for further development and evaluation of appropriate service models for groups of clients with additional needs and states that improved access and more refined models of treatment and care are required for mentally ill offenders.

Service enhancements, outlined in the service delivery framework, will improve the access, range and quality of mental health services provided to the mentally ill offender. By establishing Queensland Health as the provider of services to the mentally ill offender in the community, in inpatient settings and in custodial facilities, all service delivery will occur in an environment committed to quality improvement at the level required to meet *National Mental Health Service Standards*.

Proposed Strategies

Ensure district mental health services and specialised forensic mental health services comply with the *National Standards for Mental Health Services (1996)*, particularly the guidelines on patients rights and the confidentiality principles articulated in the Health Services Act (1991; s63) and the mental health legislation.

Develop and deliver services which also meet the standards specified in the following documents:

United Nations Standard Minimum Rules for the Administration of Juvenile Justice 1986

United Nations Standard Minimum Rules for the Treatment of Prisoners 1955

United Nations Resolution 98B on the Protection of Rights of People with Mental Disorders and the Improvement of Mental Health Care endorsed by Australia in December 1991

Royal Commission into Aboriginal Deaths in Custody 1991 (Commissioner Elliott Johnson).

Enhance the capacity of mentally ill offenders, their carers and community stakeholders to be involved in service quality matters, including service planning and evaluation.

Develop and implement measures of consumer satisfaction with services to monitor trends and inform ongoing service development and reform for mentally ill offenders.

Develop quality improvement processes in mental health services that address the specific needs of the mentally ill offender.

Provide training, consultation and case management support to district mental health services through specialised forensic mental health services to enhance their capacity to meet the needs of mentally ill offenders within their locality.

Strategic Direction 5: Meeting the Needs of Priority Groups

Purpose

This strategic direction focuses on the need for services to focus on the mental health needs of a number of priority groups.

Priority Group 1: Aboriginal and Torres Strait Islander People

The high rates of incarceration of Indigenous people, the history of repeated incarceration, the relationships of younger Indigenous people to the juvenile justice system and the adverse experiences of the criminal justice system for Indigenous people have been well documented²³. These factors impact negatively on the mental health and well being of Indigenous people. There is ample evidence that Indigenous people may suffer mental disorder and severe mental health problems that require treatment when in custody.

The responsibility for addressing these problems systemically and structurally does not rest exclusively with the mental health system. Some solutions rest with changes to the justice system, some with the provision of early intervention and prevention programs with young people, and may include the development of systems that link directly to Aboriginal Law.

From the perspective of mental health service delivery several service elements need to be considered. The national consultancy report "Ways Forward" published under the National Mental Health Strategy 1995, identifies the following elements:

- Education and early intervention programs with a strong orientation to preventing problems with the justice system and incarceration.
- Development of programs to prevent young people going into justice institutions or to provide support and positive outcomes if they do.
- Provide mental health outreach services to all Indigenous people in custody.

Provision of mental health services to Indigenous mentally ill offenders should be timely, culturally appropriate, should address co-morbid alcohol and substance abuse disorders where they exist, and include appropriate referral and follow up. Indigenous staff should have specific training for addressing forensic mental health issues. Mental health service providers within all service settings must develop an awareness of relevant cultural factors such as alienation and

dispossession, and develop skills in working with Indigenous people. All service providers should receive appropriate supervision and support for their specific role.

Proposed Strategies

Delivery of services to mentally ill offenders from Indigenous backgrounds will follow guidelines for service delivery articulated in the Aboriginal and Torres Strait Islander People Queensland Mental Health Policy Statement (1996). In particular, mental health staffing resources will reflect the high number of Indigenous people involved in the criminal justice system.

Indigenous staff will be recruited to specialised forensic mental health services and will receive specific training in forensic mental health issues. These Indigenous staff will provide training and support to district mental health staff in meeting the unique needs of the indigenous mentally ill offender.

Indigenous staff will be recruited to the prison/detention centre mental health teams to improve the access of incarcerated Indigenous mentally ill offenders to mental health assessment and treatment services.

Priority Group 2: Women

An increasing number of women are both entering and re-entering the correctional system. Women prisoners on average serve less time in custody than their male counterparts and in general the crimes of which they are convicted are offences that carry less penalty. Drug offences make up a greater proportion of offences committed by women in contrast to men, and fewer women than men are convicted of violent offences. There are a small number of women imprisoned in Queensland for sex offences.²⁴

Epidemiological data on mental disorders of women in jails is limited. Studies suggest that mental disorder may be even more prevalent among incarcerated women than among incarcerated men. Women are the highest consumers of health services of all offenders in Queensland custodial centres.

Women have physical, psychological and social, vocational and health needs, which are different from those of male offenders. Their needs are often exacerbated by their previous experiences of domestic violence and sexual assault. A high percentage of incarcerated women have Post Traumatic Stress Disorder. Selfharming behaviour and histories of drug abuse are also more common among female offenders.

Indigenous women are significantly over-represented in the Queensland correctional system and do not access community custody options to the same extent as non-indigenous prisoners.

Women have high transitional support needs as they seek to re-establish their lives and their families.

Proposed Strategies

Ensure that policies and procedures for service delivery are tailored to reflect gender specific considerations.

Priority Group 3: Children and Young People

The Mental Health of Young People in Australia Report (Oct 2000) 25 found a prevalence rate of 14% for mental health problems in all age and gender groups for Australian children and adolescents. Adolescents incarcerated for offences, or held in remand centres, have approximately the same rate of behavioural problems and psychiatric disorders as young people referred to adolescent mental health services (which is four times greater than in the general community ~ 56%).²⁶ There are many risk factors in common for juvenile crime and child and adolescent mental health disorder.²⁷

There is a high rate of comorbidity among young people with mental disorders and a higher rate of mental health problems among those living in low income, step/blended or single parent families. Shortfalls in mental health services for young people, accompanied by a lack of support in the community, have resulted in this group's increased contact with the criminal justice system.²⁵

Historically there have been a number of barriers preventing access to services by young people. Implementation of the *Future Directions for Child and Youth Mental Health Services Queensland Mental Health Policy Statement (1996)* has commenced the reform of child and youth mental health services, which has addressed some of these barriers to access. However, gatekeeping measures have often fallen more heavily on young people who are homeless, from lower socioeconomic areas, from broken families, or for young people who do not "fit in" with existing services. Most of the young people remanded into custody fit the description of those young people who experience most difficulty in gaining access to mental health facilities.

Young people in these settings make up only a small proportion of young people who have broken the law. For most young people there is a community-based justice response, administered through the Youth Justice Program of Department of Families. This sector reports difficulties accessing mental health services for this group.

Indigenous adolescents with essentially the same characteristics with regard to mental health problems and offending behaviours, are more likely than non-indigenous adolescents to be incarcerated in detention centres than hospitalised. Young Indigenous people are less likely to make contact with mental health services and are significantly over-represented in remand and detention populations.

Proposed Strategies

Delivery of services to mentally ill young people in contact with the criminal justice system will follow guidelines for service delivery articulated in the *Future Directions for Child and Youth Mental Health Services Queensland Mental Health Policy Statement (1996)*.

Develop forensic child and youth mental health services to support district child and youth mental health services in meeting the needs of the mentally ill young offender and in overcoming traditional barriers to service delivery.

Improve linkages between mental health services and youth sector agencies to ensure that mentally ill offenders are provided with an appropriate and accessible continuum of care.

Priority Group 4: People with Dual Diagnosis and/or Dual Disability

A high proportion of the correctional and detention centre population has been shown to have substance abuse problems. In many cases, substance abuse is associated with underlying mental disorders or severe mental health problems. Substance abuse is also related to increased risks of offending, and increases the likelihood of violent behaviour among persons with mental illness.

Where mental disorders and severe mental health problems are compounded by drug and alcohol problems, the treatment of the disorders and problems should be seen as a priority, and links established with other health services to facilitate conjoint case management. The abuse of drugs and alcohol by persons with severe mental illness has wide ranging adverse impacts on the course of mental illness and psychosocial functioning, resulting in poor compliance with treatment, poor prognosis, and higher rates of utilisation of acute services. Continuity of care and ongoing support when moving into the community is imperative to minimise the risk of relapse and reoffence.

People with an intellectual disability are particularly vulnerable within the correctional centre or detention centre environment. The needs of people with intellectual disability may not be detected, resulting in placement in custody without consideration of their needs and vulnerability. This is made more extreme where there is co-existing mental disorders or serious mental health problems and intellectual disability. Collaborative case management between and among corrective, mental health and intellectual disability

services is required to ensure that the individual's welfare is protected within the correctional or detention centre, and that support needs are considered in planning for release.

Proposed Strategies

Ensure the delivery of mental health services to mentally ill offenders with dual diagnosis of substance abuse or intellectual disability occurs in consultation with professionals who are providing services to treat the individual's substance abuse or support their intellectual disability.

Glossary

Client Information System - an electronic system (application and database) facilitating the collection, storage and retrieval of client-related information.

Consultation and liaison - are provided by the specialised forensic mental health services to facilitate the delivery of mental health assessment and treatment to mentally ill offenders, who remain in the community or return to the community following the serving of their sentence. These services will include training and education strategies implemented by the specialised forensic mental health service for district mental health services staff and the provision of specialist clinical consultation over three levels:

- I. Advice and information regarding forensic mental health issues
- II. Joint assessment and/or review of management plans
- III. Shared care and intervention regarding specific forensic issues (primary care remains with the Integrated Mental Health Service)

Continuity of Care - is the integration and linkage of components of individualised treatment and care across health service agencies according to individual needs.

Correctional Centre - is any premises or place declared to be a prison under Section 11 of the Corrective Services Act 1998.

Court Liaison Service - is the provision of timely mental health assessments for mentally ill offenders attending Court. The assessment is conducted to determine if a client is suffering from a mental illness, which requires treatment. In accordance with the legislation, recommendations are provided to the Court, police, legal practitioner and other referring agents regarding the individuals mental health status. Where necessary, and within the guidelines of the Legislation, the Court Liaison Service will recommend the diversion of offenders with mental illness from the criminal justice system to enable treatment to occur.

Criminal Justice System - is concerned with maintaining the rule of law, enhancement of social order, security and the maintenance of a safe society, and the amelioration of the impact of breaches of law. It includes crime prevention and detection, law enforcement, judicial processes and dispute resolution, offender containment and rehabilitation services, and the general enhancement of public safety.

Detention - refers to the holding of a child in custody.

Detention centre - means a detention centre established under the *Juvenile Justice Act 1992*.

District mental health services - provide a range of specialised mental health service components, delivered by specialist mental health professionals, to a geographically defined population. Service components provide integrated and coordinated treatment options for people with mental disorders or serious mental health problems, are mainstreamed with general health services and have well developed relationships with other government and non-government sector service providers. A district (or network) mental health service include the core service responses required for the treatment of a person with serious mental illness, which comprise the entry into the mental health service delivery system and continuing treatment using a case management approach.

Forensic populations - refers to people in contact with the adult criminal and juvenile justice systems who also experience mental illness.

Indigenous - refers to people of Aboriginal and Torres Strait Islander descent and other native islander communities within Australia.

Intersectoral linkage - involves collaboration between mental health services and other relevant Commonwealth, State/territory and local government programs and the private and community sector to ensure the overall needs of people with mental disorders and mental health problems are effectively addressed.

Mainstreaming - emphasises the importance of mental health services being an integral part of health, housing, social, welfare and recreational services, thereby helping to ensure the stigma is reduced and access to services by people with mental disorders and mental health problems is equivalent to that received by the rest of the community. Administration of the mental health service system will occur in the same means as other health and welfare services.

Mental disorder - is a recognised, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities.

Mental Health Court - is a body established under the Mental Health Act 2000 to determine matters of criminal responsibility and fitness for trial. It is constituted by a Supreme Court judge and assisted by two psychiatrists (who do not constitute the Court).

Mental illness - is the full range of recognised, medically diagnosable illnesses that result in significant impairment of an individual's cognitive, affective or relational abilities. Using the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders – fourth edition* (DSM IV) terminology, it encompasses all disorders on Axis I & II of that classification system.

Mentally Ill Offender (MIO) - refers to the adult offender who has a mental disorder or severe mental health problem and to the young offender who is mentally ill or considered 'at risk' of developing serious mental health problems and disorders.

Parole reports - are reports provided to assist a community corrections board in determining the appropriateness of the conditional release of an offender from custody.

Pre-sentence reports - are reports provided to the court at its request on the conviction of a person, to assist the judge or magistrate to determine an appropriate sentence. Prepared for by a community corrections officer, the report may be oral or written. Or, where the report is prepared for a young person, under the *Juvenile Justice Act 1992*, it is prepared by a Department of Families officer and must be written.

Prison-based mental health service - is an outreach mental health assessment and treatment service provided to correctional and detention facilities following the negotiation of a service agreement between a district mental health service and a custodial department. Where possible, these services will be provided by the specialist forensic mental health services in partnership with staff of secure inpatient facilities. The custodial department will purchase services.

Secure Treatment Service - provides services for people with mental disorders or serious mental health problems who, based on clinical assessment, require treatment in a closed setting to ensure the safety of the person, the staff and the community. Three levels of inpatient secure treatment are provided: acute inpatient secure treatment, extended secure treatment and high security treatment.

Severe mental health problem - is a disruption in the interactions between the individual, the group and the environment, producing a significantly diminished state of mental health.

Specialised forensic mental health services - are small community-based forensic consultation-liaison services located in Brisbane and Townsville with statewide responsibilities to provide support to district mental health

services in meeting the needs of clients who are mentally ill and involved in the criminal justice system. The specialised forensic mental health services will also play a key role in facilitating continuity of treatment services to mentally ill offenders released from custody or inpatient services. The Brisbane-based services will provide support to districts in the southern and central zone. The services based in Townsville will provide support to districts in the northern zone.

Watchhouse services - are extended hours mental health assessment services provided by district mental health services to watchhouses across the state.

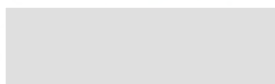
References

1. Reiger, D.M., Farmer, D., Rae, B., Locke, S., Keith, L. & Goodwin, F. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: Results from the epidemiologic catchment area. *Journal from the American Medical Association*, 264:2511-2518.
2. Teplin, L.A. (1984). Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist*, 39:794-803.
3. Torrey, E.F., Steiver, J., Ezekial, J., Wolfe, S.M., Sharstein, J., Noble, J.H., & Flynn, L.M. (1992). *Criminalising the seriously mentally ill: The abuse of jails as mental health hospitals*. Washington, DC, The National Alliance for the Mentally Ill and Public Citizens Research Group.
4. Teplin, L.A. (1990). The prevalence of severe mental disorder among mail urban jail detainees: Comparison with the epidemiological catchment area program. *American Journal of Public Health*, 80:663-669.
5. Coid, J. (1988). Mentally abnormal inmates on remand: 1 – Rejected or accepted by NHS. *British Medical Journal*, 296:1779.
6. Birmingham, L., Mason, D. & Grubin, D. (1996). Prevalence of mental disorder in remand prisoners: consecutive case study. *British Medical Journal*, 313: 1521-1524.
7. Teplin, L.A., Abram, K.M., & McClelland, G.M. (1996). Prevalence of psychiatric disorders among incarcerated women. 1. Pre-trial jail detainees. *Archives of General Psychiatry* 53: 505-512.
8. Simpson, A.F.I., Brinded, P.M.J., Laidlaw, T.M., Fairley, N., & Malcolm, F. (1999). *The National Study of Psychiatric Morbidity in New Zealand Prisons*, New Zealand: Department of Corrections.
9. Glaser, W.F. (1985). Admissions to a prison psychiatric unit. *Australian and New Zealand Journal of Medicine*, 19: 45.
10. Hurley, W. & Dunne, M.P. (1991). Psychological distress and psychiatric morbidity in women inmates. *Australian and New Zealand Journal of Psychiatry*, 25:461-470.
11. Coid, J. (1984). How many psychiatric patients in prison? *British Journal of Psychiatry*, 145:78-86.
12. Gunn, J. Madden, A. & Swinton, M. (1991). Treatment needs of inmates with psychiatric disorder. *British Medical Journal*, 303: 338-341.
13. Herman, H. McGorry, P. Mills, J. & Singh, B. (1991). Hidden severe psychiatric morbidity in sentenced inmates: An Australian study. *American Journal of Psychiatry*, 148:236-239.
14. Lamb, H.R. & Weinberger, L.E. (1998). Persons with severe mental illness in jails and Prisons: A review. *Psychiatric Services*, 48:483-492.
15. Dolan, B. & Coid, J. (1993). *Psychopathic and antisocial personality disorders. Treatment and research issues*. London: Gaskell.
16. Coid, J., Kahtan, N., Gault, S. & Jarman, B. (1999). Patients with personality disorder admitted to secure forensic psychiatry services. *British Journal of Psychiatry*, 175:528-536.
17. Gabbard, G.O., Coyne, L., Allen, J.G., Spohn, H., Colson, D.B. & Vary, M.. (2000). Evaluation of intensive inpatient treatment of patients with severe personality disorders. *Psychiatric Services*, 51:893-898.
18. Dadds, M. (1997) Conduct disorder. In R.T. Ammerman & M. Hersen (Eds.) *Handbook of prevention and treatment with children and adolescents*. New York: John Wiley & Sons. Page 18
19. Miller, G.E. & Pritz, R.J. (1990). Enhancement of social learning family interventions for childhood conduct disorder. *Psychological Bulletin*. 108:291-307.
20. Webster-Stratton, C. (1997). Early intervention for families of preschool children with conduct problems. In M. Guralnick (Ed.) *The effectiveness of early intervention*. Baltimore: Brookes.
21. Standard Minimum Rules for the Treatment of Prisoners (1955, 1977).
22. Wolff, N., Diamond, R.J., & Helminiak, T.W. (1997). A new look at an old issue: People with mental illness and the law enforcement system. *The Journal of Mental Health Administration*, 24:152-165.
23. Swan, P. & Raphael, B. (1995). *Ways forward: National consultancy report on Aboriginal and Torres Strait Islander mental health*. Canberra: Australian Government Publishing Service.
24. Department of Corrective Services. (2000) *Profile of female offenders: Under community and custodial supervision in Queensland*.

25. Sawyer, et al (2000). The Mental Health of Young People in Australia, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
26. Kosky, R.J., Sawyer, M.G., & Fotheringham, M. (1996). The mental health status of adolescents released from custody: a preliminary study. *Australian and New Zealand Journal of Psychiatry*, 30:326-331.
27. Kurtz, Z., Thornes, R., & Bailey, S. (1998). Children in the criminal justice and secure care systems: how their mental health needs are met. *Journal of Adolescents*, 21:543-553.

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