



INSIDE ACCESS – Advocacy in Prison for People with a Mental Illness

Venetia Bombas
Mental Health Legal Centre

Mental health in prisons

Ignored, mismanaged, released unprepared, rapidly re-offending and returning to prison. This is all too often the story of the mentally ill offender, repeated and repeated

(Senate Select Committee on Mental Health 2006, submission from Forensicare)

Inside Access

‘Experiences of the Criminal Justice System – the perspectives of people living with a mental illness ‘

MHLC study – October 2010

'Madeleine'

I wasn't in prison long before I realised that they just didn't have the facilities and staff [to manage my mental illness]. There was one psychiatrist for the entire prison. I got to see him once or twice but all he did was check and dispense medications. Nothing else. There was one psychologist, but in the seven months I was there I don't think I got to talk to her at all. I didn't know what she did.

'Madeleine'

The culture of the prison re-enforced my mental illness. I was really depressed and with such deep depression, especially when it mixed with anger about what has been done to you, self hate is inevitable. Self hate like this breeds self destruction and desperation and , over time, I got better and better at making [the] authorities hate me too.

'Madeleine'

I didn't cooperate, and I forced them to force me. For example, body searches. I wouldn't cooperate. I made them get four or five hulks and force me. It seems really undignified now, but you lose your dignity in prison.

Their only answer to 'severe' mental illness was to either put you back in the medical centre (where they had virtually no psychiatric professionals), or put you in a isolation unit

'Billy'

I was in Loddon and I came back here (Port Phillip Prison) for a medical thing and one of the psych nurses was asking me questions at the Admissions and he suggested that I go to St Paul's. I only had three months to go.

I've been on DSP for a while. The government finding was that I suffered from stress and anxiety brought about by extended periods of incarceration and intermittent drug abuse. And that was their diagnosis in the nineties.

'Billy'

But really the first time I had a custodial sentence I was 11 years old, so I can't blame the drugs for it, because I was in and out of jail all my life before I started using drugs. I didn't start using drugs until I was in my late twenties.

And so in a round about kind of way, the prison system just makes me depressed and that's probably why I use the drugs. So it's a bit of a circle. It's hard to get out of.

Mental illness in prisons

- Over representation of people with a mental illness
 1. People with a mental illness are more likely to end up in prison
 2. People in prison are more likely to develop a mental illness
- Much higher prevalence of mental illness in the community than the general population

Statistics

Forensicare 2006

Major mental disorder	8%m	15%f
Schizophrenia	5%m	6%f
Personality disorder	39%m	49%f

Statistics

Senate Standing Committee

- 90% female prisoners experienced a mental illness in the 12 months prior to incarceration
- 78% male prisoners experienced a mental illness in the 12 months prior to incarceration
- Sentenced prisoners –
79% female, 61% male
- **Compare 18% of adult Australians experiencing mental illness in the past 12 months**

Statistics

Senate Standing Committee

Substance abuse disorders

- 75% of women at reception
- 64% of men at reception
- 57% sentenced women
- 34% sentenced men

Health Services in prison

- *Adequate mental health services are rare in prison*
Forensicare
- No access to Medicare and PBS

Inquiry into the impact of drug-related offending on female prison numbers' Oct 2010

- States provide health service to prisoners, therefore exclusion from Medicare and PBS
- Privatised health care – Justice Health
- Service is not comparable to what would be available in the community
- Prisoners seen by nurses and mental health monitored by general prison staff

Health care in prison

- Prisons focus on security and management, not treatment
- People with mental illness experience prison as a harsher environment – use of solitary confinement and segregation as management tools

Civil Law Service

- 'Taking Justice into Custody' NSW Law and Justice Foundation 2008
- High rates of mental illness and intellectual disability
- Under education, financial issues, drug and/or alcohol addiction
- Providing civil legal assistance can substantially assist in addressing barriers for prisoners

Unresolved civil matters

- Unresolved civil matters on release
 - Debt, outstanding fines, insecure housing
 - Lack of treatment for substance abuse and mental health
- People with cognitive impairment more likely to end up criminalised and in a cycle of entering and exiting prison

Inside Access

- Scoping project funded by LSB 2009
- Additional funding from philanthropic trusts and LSB
- Legal clinics fortnightly at DPFC and MAP
- Expanding policy and CLE
- Pro bono model

Inside Access

- Case work includes
 - Tenancy issues
 - Discrimination law
 - Access to health and mental health services
 - Prison conditions
 - Debit and credit issues (majority of work)

Inside Access

- Policy concerns
 - Case work issues
 - Use of restraints
 - Access to medical and psychiatric treatment
 - Strip searching
 - Access to correspondence and visits

Financial Literacy Program

- Operates education program at Marmak Unit (DPFC) and St Paul's Unit (Port Phillip Prison)

Issues faced by people in prison with mental illness

- Limited access to psychologists and psychiatrists
- Limited access to psycho social rehabilitation, occupational therapists and social workers
- No appropriate assessments
- Shortage of acute inpatient beds
- High correlation between sexual abuse and mental illness

Issues faced by people in prison with a mental illness

- Movement of prisoners between prison and Thomas Embling – once stabilised returned to prison, then become unwell again
- Prison officer have limited understanding of mental illness and are not appropriately trained
- People with mental illness more vulnerable and more likely to be abused

Issues faced by people in prison with mental illness

- No appropriate discharge planning
- Child protection issues

Diversion

- MHLC report 'Experiences of the Criminal Justice System – the perspectives of people living with a mental illness'

www.communitylaw.org.au/mentalhealth

- Results show people's experiences are primarily negative
- Fundamental concern that people with a mental illness are not diverted away from the criminal justice system

MHLC report – findings

- Diversion can take various forms
 - Police discretion not to charge
 - The use of the diversion program in the Magistrates' Court
 - Defence of mental impairment
- Lack of training re mental illness of police, lawyers, and judges/magistrates

Conclusion

- Over representation of people with a mental illness in the criminal justice system
 - Reducing recidivism through civil legal service
 - Policy work on systemic issues – addressing the over representation of people with a mental illness
- ✓ Decarceration agenda