21 April 2020

The Hon Ben Carroll
Minister for Corrections
Level 26, 121 Exhibition Street
Melbourne, VIC 3000

By email to: ben.carroll@parliament.vic.gov.au

Dear Minister

**Re: Meeting on prisoner mental health care as COVID-19 crisis develops**

The Royal Australian and New Zealand College of Psychiatrists Faculty of Forensic Psychiatry (RANZCP FFP) Victorian Sub-Committee and the RANZCP Victorian Branch appreciate the opportunity with representatives from the Minister’s Office, Justice Health and the Department of Justice and Community Safety on 15 April 2020 to discuss prisoner mental health.

Following this meeting, we wish to draw your attention to the evidence and context around the issues raised at this meeting. Please note, these concerns were outlined broadly in a letter sent to the Minister on 6 April 2020 (attached) and are considered in more detail below.

**Testing regime**

The FFP Victorian Sub-committee and the RANZCP Victorian Branch believe that COVID-19 testing for all newly recepted prisoners is an essential measure to reduce the impacts of COVID-19 in the justice system.

The current criteria for testing of newly recepted prisoners are predicated on assumption that prisoners can adequately self-report symptoms indicative of potential COVID. Many newly recepted prisoners will be acutely psychiatrically disturbed and hence it cannot safely be assumed that they have capacity to self-report. Furthermore, newly recepted prisoners are potentially more likely to be at high risk of being COVID positive as they are more likely to have poorer physical health compared to the Australian population and come from disadvantaged backgrounds (1). The higher imprisonment rate for Aboriginal and Torres Strait Islander peoples, a group identified as people at higher risk of coronavirus by the Federal government, further enhances this risk (1-3).

It is clear that prison itself is a high-risk environment for COVID – in part because social distancing is not implemented in same way as in community, and also because of the potentially vulnerable population presenting within the justice system (1). The first two weeks are also a very high-risk period for behavioural disturbance.
We suggest that testing all newly recepted prisoners would limit the impact of COVID-19 through the following means:

- reduce risk of transfer of COVID-19 to a second site
- reduce risk of acute deterioration/death of prisoner whilst in quarantine
- influence threshold for Personal Protection Equipment (PPE) usage and therefore enhance staff safety
- encourage extra monitoring of anyone COVID-19 positive.

On this basis, the FFP Victorian Sub-committee and the RANZCP Victorian Branch strongly support mandatory testing for all newly recepted prisoners in Victoria.

**Risk in face to face clinical encounters**

High-quality mental health evaluations can require prolonged interviews, and mental health staff must be supported to carry out these clinical encounters in a safe and effective manner. In face to face clinical encounters, sufficient and appropriate personal protective equipment (PPE) must be provided to mental health staff. For high-risk exposure situations, such as within the prison system, appropriate PPE must always be available across sites.

However, FFP Victorian Sub-committee and the RANZCP Victorian Branch acknowledge that PPE may not be readily available in all situations, and there may be limited supply. In the absence of appropriate PPE, mental health evaluations and care in prisons, where possible, should be conducted via telehealth. This would mirror the changes currently occurring in community mental health services and reflect the ongoing challenge presented by COVID-19. Evidence from psychiatrists suggests most mental health evaluations and care for prisoners could be provided via telehealth.

Unfortunately, currently there is inadequate access for clinicians to the appropriate infrastructure and technical support to conduct mental health evaluations and care via telehealth. Specifically, there is inadequate access to the following:

- JCare clinical notes system for clinicians to conduct mental health evaluations
- telehealth bandwidth from prisons to allow telehealth access to see patients
- ipads/other tablets for in-cell use in communicating remotely with clinical staff.

General improvements, including access to the clinical notes system from personal devices (security settings permitting), increased telehealth bandwidth from prisons and the provision of appropriate infrastructure (including appropriate tablet devices) would significantly reduce the impact of COVID-19 on clinical staff and the prison system more broadly. It is suggested that these measures should be implemented beyond the provision of JRap laptops, which has previously been suggested as a potential solution.

The RANZCP Faculty of Forensic Psychiatry Victorian Sub-Committee and the RANZCP Victorian Branch welcome ongoing engagement with key stakeholders in this area, including the Department of Justice and Community Safety, Justice Health and the Minister for Corrections. We would welcome the opportunity to meet again with these representatives to further discuss the next steps required to safeguard prisoner and clinical health throughout COVID-19.
We can be contacted via RANZCP Victorian Branch Policy and Advocacy Advisor Lily Edwards at Lily.Edwards@ranzcp.org or on (03) 9236 9105.

Yours sincerely

[Signature]

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References