

6 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: Prisoner mental health care as COVID-19 crisis develops

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Faculty of Forensic Psychiatry Victorian Sub-Committee and the Victorian Branch of the RANZCP (RANZCP Victorian Branch) wish to draw the Minister's attention to several urgent issues regarding prisoner mental health care as COVID-19 develops. These concerns are outlined below:

1. Prison population as a whole

In the current COVID-19 situation, various drivers are likely to adversely impact on the mental health of the prison population as a whole:

- Face to face visits reduced/ceased.
- Reduced access to recreation/work/programs including exercise (gyms closed; prisoners often confined to cells).
- Increased uncertainty regarding legal outcomes due to courts' reduced service.
- Reduced staffing levels (due to absences) likely to lead to more time in lockdown.
- The stress and anxiety of the COVID crisis itself in a psychologically vulnerable population.
- Automatic isolation of prisoners for 14 days on reception: a high-risk period for suicide and self-harm.
- Increased risk of adverse incidents / bullying / abuse due to increased frustration and confinement.
- Increased risks of incidents placing prison staff at risk.

There is a need for:

- Consideration of the release of prisoners/remandees where safe to do so, in order to reduce overall demand within the system. Focus especially on:
 - Non-violent offenders on remand
 - Prisoners who are not high-risk of serious e-offending and are within parole period
 - Ensuring access to mental health evaluations (see below)
 - Ensuring access to mental health care (see below)

2. Access to mental healthcare within prisons

Key issues raised by psychiatrists which need to be considered in the delivery of mental healthcare to prisoners include:

- The majority of prisoners are potentially diagnosable with some form of mental disorder, and trauma-related conditions, substance use disorders, intellectual disabilities, ABI, severe mental illness all over-represented (1).
- Indigenous and other disadvantaged groups are also over-represented.
- Dementia in prisoners is a growing problem and difficult to manage in a prison setting (1).
- Approximately 10% of prisoners experience psychotic illness (2).
- Suicide risk may be heightened if access is reduced to structured activities and other protective factors (such as visits).
- Psychiatric illness is often comorbid with physical illness, presenting additional complexities for treatment and care.
- Prisoners have no access to Medicare services.

There is a need for:

- Ensuring prisoners have proper access to medication even if in isolation or lockdown
- Ongoing access to mental and physical health care that is commensurate with community standards
- Priority access to care for prisoners identified as having acute psychiatric needs

3. Reducing COVID-19 transmission risk and maximizing health staff safety

Health staff are a high-risk group and reducing COVID-19 transmission risk should be a key priority. In normal circumstances, health staff often visit different facilities across same week or even day. Most (not quite all) psychiatric work can be conducted by telehealth, however, telehealth infrastructure (remote JCare electronic notes access, 'Jabber' telehealth links) is currently insufficient to meet demand. Many health staff will also have childcare responsibilities due to school closures that restrict their capacity to work outside of the home.

There is a need for:

- Prioritizing of a 'physical distancing' practice environment inside prisons including within clinical workplaces
- Substantial rapid expansion of IT infrastructure to enable timely access to telehealth options from domestic home locations
- Urgent access to PPE for clinical staff, consistent with WHO Guidelines (3)

4. Ensuring timely access to justice

It is essential that all prisoners have timely access to justice. Currently many prisoners are held on 'remand', awaiting a court date. Limited access to mental health reports can be a factor leading to delay in court hearings and, in some, release back into the community.

Currently there is more than enough capacity in terms of forensic psychiatrists able to do urgent reports for Victoria Legal Aid at short notice, by way of telehealth, even out of hours and at weekends. Most (arguably all) psychiatric forensic assessments can be conducted by telehealth. However, access to telehealth facilities remains a major barrier that is limiting access to such reports, hence resulting in unnecessary prolonged detention in prison, for some.

There is a need for:

- Substantial rapid expansion of IT infrastructure to enable timely access to mental health assessments for provision of court reports
- Priority to be given by the Courts and Corrections Victoria to matters that are likely to return the person to the community and ease pressure within the prison

The RANZCP Faculty of Forensic Psychiatry Victorian Sub-Committee and the RANZCP Victorian Branch are urgently seeking a meeting to discuss prisoner mental health care as COVID-19 develops.

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



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**Chair, Faculty of Forensic Psychiatry
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References

1. Australian Institute of Health Welfare. The health of Australia's prisoners 2018. Canberra, Australia: AIHW; 2019.
2. Butler T, Allnutt S, Cain D, Owens D, Muller C. Mental disorder in the New South Wales prisoner population. Aust N Z J Psychiatry. 2005 May;39(5):407-13.
3. World Health Organization. Preparedness, prevention and control of COVID-19 in prisons and other places of detention. Interim guidance Copenhagen, Denmark: WHO; 2020.