

30 April 2020

Hon Mark Ryan MP  
Minister for Corrective Services  
PO Box 15195  
CITY EAST QLD 4002

By email to: [police@ministerial.qld.gov.au](mailto:police@ministerial.qld.gov.au)

Dear Minister

**Re: COVID-19, Prisoners and Access to Treatment**

We write to you to advise of the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) concerns in relation to the vulnerabilities of prisoners, and their adequate access to healthcare during the COVID-19 pandemic.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 6700 members in Australia and New Zealand and is guided on policy matters by a range of expert committees, including the Bi-National Faculty of Forensic Psychiatry and the Queensland Branch Committee.

The advent of extensive social distancing measures to manage COVID-19 has particular implications for those most vulnerable in society, including prisoners. The risk of an outbreak of COVID-19 within a prison and the potential harm that would arise from such an outbreak is considerable and it is important that evidence-based steps are taken to reduce that risk.

Further, the pandemic poses risks to staff who may come into close contact with infected people and elevate their risk of infection. Prison staff need access to Personal Protective Equipment (PPE), and processes need to be established to ensure that their risk of infection is minimised. In particular, PPE should be available to psychiatrists who continue to provide face-to-face psychiatric care to those in prisons.

The RANZCP wishes to ensure the prison population is not further disadvantaged during this time. We emphasise the importance of the overarching principle of equivalence in health care for prisoners in comparison with the general population. It is our view, this means there should be ongoing psychiatric treatment and review of prisoners, even if this sees a shift to tele-health as the primary channel for treatment and review.

Correctional facilities need to have adequate technology available for prisoners to access tele-health treatments. Correctional services should ensure that their technological capacities are capable of supporting tele-health services, as increased use of tele-health is one measure which can further protect prison populations and staff from COVID-19.

When appropriate, seriously mentally ill prisoners should still be able to be admitted to inpatient facilities to treat their illnesses rather than left in prison. We consider a hospital is the best place to manage a seriously mentally ill person at risk of transmitting COVID-19. We therefore urge all services to be mindful of this in making responses to the requirements for increased social distancing during this difficult time.

Should you wish to discuss this matter further, please contact Amelia Rhodes, Policy Manager at [amelia.rhodes@ranzcp.org](mailto:amelia.rhodes@ranzcp.org) or on (03) 9601 4921.

Yours sincerely



Professor Brett Emmerson AM  
**Chair, RANZCP Queensland Branch**