Royal Australian College of General Practitioners
Standards for health services in Australian prisons (2nd edition)
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Advance the profession
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The College has over 7400 members, including more than 5400 qualified psychiatrists and almost 2000 members who are training to qualify as psychiatrists.

Key findings

The draft standards present comprehensive standards for health services operating in prisons. The RANZCP commends the discussion of addressing mental health concerns throughout the draft standards.

The RANZCP highlights opportunities for additions to the draft standards:

- Further limit the use of restraint and restrictive practices
- Further embed culturally safe practices in Australian prisons
- Improve wellbeing of people in prison through appropriate timing for administering medicines
- Greater involvement of family and support persons in health care
- Greater consideration of people in prison with intellectual and developmental disabilities.

Introduction

The RANZCP welcomes the opportunity to contribute to the development of the second edition of the Royal Australian College of General Practitioners (RACGP) Standards for health services in Australian prisons (the draft standards). Providing health services to people who are in prison and correctional settings is a complex matter. The RANZCP has published a number of documents in relation to this issue, including position statements regarding involuntary mental health treatment in custody, Minimising and, where possible, eliminating the use of seclusion and restraint in people with mental illness, Involuntary mental health treatment in custody and principles for the treatment of persons found not fit to stand trial.

The RANZCP commends the work of the RACGP in preparing these draft standards and implementing feedback from previous consultations. We note that the inclusion of de-escalation and management of self-harm behaviours will significantly improve staff’s ability to avoid violent incidents and lower levels of self-harm in prisons. With telehealth set to become a common way for people to access care outside of prison, we applaud the extensive telehealth processes discussed in Criterion PH2.2 of the draft standards.

The RANZCP advocates for people in prison to have access to health services that is equivalent to the services available to those living in the community. The draft standards assist in working towards this goal. There is a need for health services in prisons to be more robust and encompass prevention, early intervention, management of complex and ongoing conditions and reintegration into the community. It is also crucial that persons in prison have access to hospital care, appropriate screening and evaluation for mental health concerns, intellectual and developmental disabilities, appropriate addiction services and suicide prevention programs. Adequate resourcing and mental health staff are pivotal in providing these services and programs. The RANZCP highlights the opportunity for the draft standards to emphasise these matters.

The draft standards represent thorough and comprehensive standards for health services operating in prisons to follow. The depth and breadth of areas addressed will allow health services to practice effectively in a variety of prison environments. The RANZCP welcomes the inclusion of addressing mental health concerns throughout the document.
Restraint and restrictive practices

The draft standards address the use of restraint in Criterion PHS 2.3. The RANZCP notes that the draft standards could highlight the importance of limiting the instances in which restrictive practices are used, working towards the elimination of restrictive practices where possible.

The draft standards discuss the use of restrictive incarceration for disciplinary issues and where a person in prison is uncooperative. Seclusion and restraint should never be used as a method of behaviour control, punishment, or because of inadequate resources. It should only be a measure of last resort where all other interventions have been attempted and considered and excluded. For further information on the RANZCP’s position, please see RANZCP Position Statement 61: Minimising and, where possible, eliminating the use of seclusion and restraint in people with mental illness.

Appropriate timing for administering medicines

Criterion QI 2.2 discusses administering medication at appropriate times. The RANZCP recommends strengthening the language around this to emphasise the importance of this measure. Medication prescribed for mental health conditions may result in a range of side effects. For example, the side effect of drowsiness can have negative impacts on a person’s welfare if administered in the morning or afternoon rather than in the evening.

Inappropriate timing of medications is often due to resourcing constraints within prisons rather than misunderstandings by staff or the person taking medication. This could be emphasised within the draft standards to ensure that prisons seek to comply with this measure.

Health practitioner conduct

Due to the challenging nature of the prison environment, exercising accountability and responsibility are critical to preserving clinical relationships with people receiving care, and limiting any critical incidents. The RANZCP supports Criterion 3.2 detailing processes for accountability and responsibility which are specific to the prison environment.

Referrals upon discharge

The RANZCP supports the draft standards for health services upon release from prison in Criterion PHS 2.4. Preparing people in prison to successfully continue treatment and/or manage their conditions post-release is pivotal. The period prior to release from prison presents the ideal time to provide the resources to do so. This may include contacts, available at short notice, for help with addiction, mental health concerns or thoughts of suicide. This may also include preparing access to the National Disability Insurance Scheme (NDIS) for any disabilities that people may be managing post-release. Currently, there are reports of experiencing difficulties and long waits for appointments with health professionals as referenced in the RANZCP’s response to the Australian 2022-23 Budget. This affects their ability to manage conditions post-release. The RANZCP notes that the draft guidelines have the opportunity to emphasise the importance of this pre-release preparation.

A significant number of people exiting prison experience homelessness which is detrimental to their mental and physical health. The RANZCP recommends that the draft standards highlight that where appropriate, persons in prison should be referred to homelessness services and other resources prior to their release.
Older persons in prisons
The Australian prison population is aging. Persons over 45 make up 22% of the prison population compared to 18% in 2009.[1] Health services need to plan for and anticipate the needs associated with caring for older people in prison. Needs that should be considered include dementia, the risks of polypharmacy, and ensuring access to mental health professionals with psychogeriatric skills. A significant number of older people who are exiting prison will need to be transitioned into aged care on release. Processes need to be in place to ensure this transition is smooth, and persons in prison are not put at risk of homelessness or inappropriate accommodation.

Intellectual and developmental disabilities
The RANZCP observes that the draft standards could increase focus on screening for and consideration of those with intellectual and developmental disabilities. A growing evidence base shows that a significant number of persons in custody have an, often undiagnosed, intellectual or developmental disability.[2] Proper screening for intellectual or developmental disability is crucial for providing appropriate care through an accurate diagnosis. Increased recognition of intellectual or developmental disabilities may also trigger an increased allocation of resources and specialists that the patient needs. The draft standards could recommend routine screening for these disabilities as persons enter prison, during initial interactions with health services or as behavioural, disciplinary or conduct issues arise.

Cultural safety
Culturally safe services are crucial for appropriately addressing the health concerns of Aboriginal and Torres Strait Islander persons in prison. The RACGP is to be commended for moving beyond cultural awareness and adopting the best practice of cultural safety.

With Aboriginal and Torres Strait Islander people so overrepresented in our prison system, it is crucial that culturally safe practices are observed to ensure the effectiveness of their treatment. The RANZCP acknowledges the significant content in the draft standards already discussing cultural safety in Criterion PSH 3.1. The provision of examples and recommendations for culturally safe practices could enrich the draft standards. For example, culturally safe practices may include consideration of involving next of kin, carers and/or Aboriginal and Torres Strait Islander mental health workers in telehealth appointments and face to face appointments where possible.

For further information on the RANZCP’s stance on cultural safety, please see RANZCP Position statement 105: Cultural safety.

Family and communities
Providing care to a person in prison may appropriately involve family members, carers, or support persons, and can be an important support in recovery from mental health conditions. The RANZCP believes further opportunities exist in the draft standards for the involvement of family carers and support persons. Discussions should take place with the person in prison to gain consent for involving their family or carers in service provision. The RANZCP emphasises that family involvement is important not just for Aboriginal or Torres Strait Islander people but also important for non-indigenous people. Health services should allow for processes for complaints from family and carers as well as complaints from the person receiving services.

For further information on the RANZCP’s position on the sharing of information with family members and carers, please see RANZCP Professional Practice Guideline 20: information sharing with families/whanau/carers.
Research and data

The RANZCP acknowledges the RACGP's work in developing Criterion C3.6 – Research. We support the inclusion of specific guidelines for the involvement of Aboriginal and Torres Strait Islander persons in research and emphasise the importance of consent in any research. Opportunities exist in the draft standards to promote data disaggregation where possible to assist in the detection and study of health trends of specific populations. This is particularly relevant for persons in prison who identify as Aboriginal or Torres Strait Islander.
References