The Mental Health of Aboriginal and Torres Strait Islander people in Custody

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Kimina Andersen
Overview

- Prisoner population
  - General Health
  - Mental Health
  - Mental health of Indigenous Inmates

- Moving Forward
  - Culturally competence
  - Progress
Australian Prison Population

- 29,700 (30 June 10) in custody
  - ¾ of all prisoners in NSW, Vic, Qld
  - 92% male
  - ~70% aged 20-39
  - Mean age 33.5
  - 26% Indigenous
  - 55% prior
Australian Imprisonment Rates per 100,000 population
1992-2006 Indigenous and non-Indigenous Imprisonment Rate (per 100,000)
Imprisonment Rates

- 170 /100,000
- 1999 → 2009
  - ↑ 36% (15% Aust)
- Non Indigenous 136/100,000
- Indigenous 1892/100,000

Indigenous People 14 X
(Indigenous Youth 21 X)
Prisoner Health
Social Determinants of Health

- Poor education,
- Low rates of employment
- Unstable accommodation
- Limited health care
- Childhood adversity
  (eg. CSA <16 ~ 60% ♀ ~ 40% ♂)

Source 2001 NSW Prisoner Health Survey
Health of Australia’s Prisoners 2009 and 2010
Not Good
NSW Prisoner Health Survey

- Hep C 65%♀ 40%♂
- Head Injury 40%♀ 45%♂
- Chronic H 95%♀ 80%♂
- Tobacco 85%♀ 80%♂
- Alcohol 54%♀ 59%♂
- Illicit Drugs 78%♀ 65%♂

Source 2001 NSW Prisoner Health Survey
Health of Australias Prisoners 2009 and 2010
Health: Not Just a Problem Inside

12 months post release

- Hospital Admissions
  - 20% admitted to hospital within 12 months \( (n=7,414, 90\%<35) \)*
  - Mostly Mental illness
  - Schizophrenia & Depression

- Mortality
  - Rates of unnatural death >> community
  - Mostly in 1\(^{st}\) 4 weeks
  - Mostly mental health related

*Alun, J et al, Inpatient Hospital use in the first year after release from custody ANZJPH 2011, 35, 3
Do prisoners have poorer mental health?
Mental Health

Prevalence of Mental Illness

• Well described for general prison population
• Estimates MI Prison >> Community

Mental Disorders in Australian Prisoners v Community (Butler et al, 2006)
“Aboriginal and Torres Strait Islander prisoner health data is almost non existent”

AMA

Undue Punishment: Aboriginal People and Torres Strait Islanders in Prison – An Unacceptable Reality AMA Report Card 2006

“absence of any reliable data”
“needs to be addressed as a matter of urgency”

National Forensic Mental Health Scoping Study (2004)

Lack of any systematic, culturally competent research

The Aim of this Project

- Determine the Mental Health Problems of Aboriginal and Torres Strait Islander People in custody
- Social and Emotional Well being perspective
  - Demographic
  - Social
  - Cultural
  - Clinical
Goals

- Define the mental health problems and needs
- Inform the process of developing better models of service delivery
Overview

- State wide
  - Community Consultation

- Sample
  - 100% females, 25% males

- Interviews
  - Trained Indigenous MHW
  - Interviews 2hrs
1. Questionnaire

1. Pre custody
   - 2 mths social circumstances
   - Health care utilisation
   - Drug & Alcohol use at time of offending & pattern
   - IRIS - Alcohol, Drug and Mental health risk

2. Custody
   - Experiences, challenges

3. Culture
   - 20 questions – levels of cultural resilience

4. Post release plans
   - Accommodation, family, drugs, community, custody

5. Advice about mental health services
2. Clinical Diagnosis

- CIDI 12 month
  - Mood – MDD, Dysthymia
  - Anxiety modules – Panic, Phobias, OCD, GAD, PTSD
  - Substance Use (modified) – Alcohol, Drugs

- Psychosis
FINDINGS
Numbers

Males
- 1381
  - 348 males = 25%
    (70% participation rate)

Females
- 116
  - 72 females = ~70%
    (85% participation rate)
Indigenous Status

- Aboriginal: 275 (Male 58, Female 10)
- Torres Strait: 32 (Male 4, Female 10)
- Both: 38 (Male 38, Female 0)
Custody Experience

- **Males**
  - 53% youth custody
  - 45% > 4 times in custody

- **Females**
  - 40% youth custody
  - 50% >4 times in custody

**Sentence Length**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>&lt; 6 mths</td>
<td>34.2</td>
<td>62.5</td>
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<tr>
<td>6-12 mths</td>
<td>21.3</td>
<td>12.5</td>
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<tr>
<td>&gt;12-18 mths</td>
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<td>8.6</td>
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<td>&gt;18-24 mths</td>
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<td>8.3</td>
</tr>
<tr>
<td>&gt;24 mths</td>
<td>6.3</td>
<td>4.1</td>
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- 25.9%
- 12.5%
Mental Illness
12 mth Anxiety Disorders

- PTSD 12% males, 33% females
12 mth Depressive Disorders

- MDD: 10%♂, 23%♀
- Dysthymia: 3%♂, 11%♀

![Bar chart showing the percentage of MDD and Dysthymia by gender.]

- MDD: 10%♂ (11.4%), 23%♀ (29.2%)
- Dysthymia: 3%♂ (11.4%), 11%♀ (29.2%

Total sample size: n = 396
12 mth Psychotic Disorder (by gender and status)

- Mostly Schizophrenia

![Bar chart showing prevalence of psychosis (n = 419) by gender with 8.1% male and 25% female]
Substance Use Disorders
12 mth Substance Use Disorder

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<tr>
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<th>Male</th>
<th>Female</th>
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<tr>
<td>Harmful Use</td>
<td>6.9</td>
<td>4.6</td>
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<tr>
<td>Dependence</td>
<td>62.8</td>
<td>66.1</td>
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</table>

n= 396
12 mth Substance Use Disorder (by gender and status)
Summary
MALES
Inside Out vs General Populn

- Anxiety: 2 X Anxiety
- Depression: 3 X Depressive
- Psychosis: 9 X Substance Use
- Substance Misuse: 17 X Psychotic Disorders
Females
Inside Out vs General Populn

<table>
<thead>
<tr>
<th></th>
<th>Australian Population</th>
<th>Inside Out</th>
<th>Substance Misuse</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>50.7</td>
<td>18</td>
<td>69.2</td>
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<td>Depression</td>
<td>29.2</td>
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<tr>
<td>Psychosis</td>
<td>0.47</td>
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<tr>
<td>Substance Use</td>
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3 X Anxiety
4 X Depressive
20 X Substance Use
50 X Psychotic Disorders
Looking Forward

Meeting the needs of Aboriginal and Torres Strait Islander people in Custody

Cultural Capability
Being Culturally Capable

‘cultural capabilities’ refer to the skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

4 Guiding Principles
1. Cultural Respect & Recognition
2. Communication
3. Relationships & Partnerships
4. Capacity Building Principle
Why the damaging data?

Mental Health is not just the physical well-being of the individual, but the social, emotional, spiritual and cultural well-being of the whole community. This is a whole of life view and it includes the concept of life-death –life.

Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities (NACCHO 1997)
Historical Context

- Colonisation – removal from land and cultural and spiritual practices
- Removal of Children – Genocide - loss of parenting practices - identification
- Policies designed to segregate & assimilate – not appreciate
Current Context

- Vastly over represented in custody
- Most individuals had been in youth custody and adult custody on numerous occasions
- Family in custody
Being Culturally Competent
How were we culturally capable?

- Expert Advisory Group membership
- Indigenous MH Workers – management
- Consultation Process
- Qualitative component
- Developed diagnostic methods to meet cultural needs
What did the Prisoners & their Communities say they want?

- To see more indigenous staff in prisons
- Be able to see indigenous clinicians in prison
- Support for their needs when transitioning back to community
- Access to cultural programs in custody
- Better legal representation/information
- Keep connection with family and community members on outside
- Need to know how to support community members who are coming out of custody
- Know more about mental health and how to prevent suicides
How do we become Culturally Competent?
Cultural Competence Basics

- Aboriginal & Torres Strait Islander resources; leadership and service delivery
- Identifying needs: e.g. workforce, training for community agencies
- Identifying model required and developing the model in consultation with community
- Increasing capacity of non indigenous staff – training, accountability mechanisms
- Partnerships x sectors
Looking Forward

- Unmet Needs MHSEWB
- Co-existing substance use disorder
- Transition to Community
- Culturally Capable staff
- Future research
- Translate data - action
QFMHS Cultural Competence

- PMHS Research
- PMHS MOS
- QFMHS CA Training
- Forensic Forum
- Training for NGO’s MH & Suicide
- 5 Year Planning – QFMHS Framework Acknowledgement & Action Plan
- Partnering with AMS (Cunnamulla) to provide indigenous clinical pathways