

WA JUSTICE HEALTH RESEARCH FORUM: PAST, PRESENT AND FUTURE

The University Club of Western Australia

Wednesday 11th March, 2009



**Government of Western Australia
Department of Health
Public Health**

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Organising Committee

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Curtin University of Technology

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Forum Program

8:30am	Registrations
9am	Acknowledgement of Country Introduction Associate Professor Tony Butler Minister's Address Hon Graham Jacobs MLA
9.30am	Key Note Speaker: Professor Richard Harding
9:50am	Presentations: Session One Chair – Dr Jocelyn Grace
<i>10.50am</i>	<i>Morning Tea</i>
11:05am	Presentations: Session Two Chair – Dr Adam Brett & Ms Lisa Bastian
<i>12:45pm</i>	<i>Lunch</i>
1.25pm	Presentations: Session Three Chair – Dr Catherine McGregor
<i>2.15pm</i>	<i>Afternoon Tea</i>
2.30pm	Round Table Discussions
3.10pm	Summary of Round Table
3:55pm	Closing Statement Associate Professor Tony Butler

Presentation: Session One

9:50am – 10:50am

MENTAL HEALTH

Mr Marshall Watson Western Australian mental health court liaison service for Indigenous Australians.

Dr Adam Brett Violence and mental illness.

Ms Kate Hancock Mental illness in Western Australian prisons: A mixed methods study of staff and male prisoner patient experiences.

Dr Alex Welborn Prisoners on reception - correlation between findings on mental health screening and physical examination screening to better clarify ongoing risk of adverse events in vulnerable prisoners.

A/Prof Tony Butler Reducing impulsive-violent behaviour in repeat violent offenders.

Ms Sharan Kraemer HoPE (Health of Prisoner Evaluation) project.

Presentation: Session Two

11.05am – 12.45pm

INDIGENOUS OFFENDER HEALTH

Dr Brian Steels When it's a question of social health and well-being, the answer is not prison.

Ms Jocelyn Jones Exploring the pathways to contact with juvenile justice: developing a profile of the risk and protective factors to support a strategy for change.

Mr Darryl Milovchevich & Mr Philip Narkle	Increasing Indigenous family capacity: A local systemic intervention that integrates indigenous spirituality and clinical practice to reduce adolescent offending.
Dr Jocelyn Grace	From Broome to Berrima: Building Australia-wide research capacity in Indigenous offender health and health care delivery.
Dr Marisa Gilles	Making the most of doing time.

DRUGS and BLOOD-BORNE VIRUSES

Dr Greg Dear	Drugs and parenting.
Ms Tania Lamond & Ms Lee Lombardi	Aboriginal participation in court-based drug diversion in WA: Identifying and addressing barriers.
Ms Emma Binnie	Hepatitis B vaccination puzzle: Piecing it together at Outcare.
Mrs Natalie Gately & Ms Jenny Kessell	DUMA: Drug Use Monitoring in Australia. DUMA Perth's 10 th Birthday.
TBA	National prison entrants' blood-borne virus and risk behaviour survey.

Presentation: Session Three

1.25pm – 2.15pm

DATA LINKAGE

A/Prof David Preen &
(Prof Michael Hobbs)

Mortality in Western Australian offenders after release from prison: a whole-population linked data study.

Dr Frank Morgan &
Dr Vera Morgan

Patterns of offending over time, place and population: The contribution of record linkage to our understanding of criminal offending and schizophrenia.

Dr Nita Sodhi

Investigating mental health in the Western Australian adult offender population: A whole-population linked data study.

A/Prof Tony Butler

Does traumatic brain injury lead to offending behaviour?

Round Table Discussions

2.30pm – 3:10pm

Topics and Facilitator

- Offender Health Research – A/Professor Tony Butler
- Mental Health – Dr Adam Brett
- Infectious Diseases and Blood-borne Viruses – Ms Lisa Bastian
- Women and Juvenile Offender Health – Dr Marisa Gilles
- Indigenous Offender Health – Ms Jocelyn Jones
- Health and Criminology – Dr Frank Morgan
- Alcohol and Other Drugs – Dr Catherine McGregor

ABSTRACTS

MR MARSHALL WATSON - Western Australian mental health court liaison service for Indigenous Australians.

State Forensic Mental Health Service, Department of Health

The Western Australian Community Forensic Mental health Service provides mental health court liaison to all the courts in the state. The significantly high prevalence of mental illness of people in the criminal justice system has been well established both in the prison population and in court defendant populations. The indigenous Australian population is over represented in criminal justice populations having 3% of the Western Australian (WA) population and 40% of the WA prison population. This paper examines the population of indigenous Australians who have been assessed by the WA Mental Health Court Liaison Service, it discusses issues pertinent to this group and how this service could be improved.

DR ADAM BRETT - Violence and mental illness.

State Forensic Mental Health Service, Department of Health

The evidence supports the relationship between violence and mental illness (on a par with smoking and lung cancer). The science of risk assessment and management is well established and the Community Forensic Mental Health Service uses the HCR-20- a structured clinical judgement tool. This paper will discuss the use of that tool, research that is occurring into it and future directions. The problems in the research include measuring the tool with quantitative approaches when there is significant qualitative involvement, and the problems with being wise after the event. Future directions should address how to identify people with mental illness who are at high risk for violence and putting in measures to prevent it.

MS KATE HANCOCK - Mental illness in Western Australian prisons: A mixed methods study of staff and male prisoner patient experiences.

Social Work and Social Policy, Curtin University
Senior Research and Evaluation Officer, Dept of Corrective Services

People with mental illness are over-represented in prison populations, and often the provision of mental health services is a difficult task in an environment where discipline and safety take precedence over health treatment. This PhD research used a sequential (QUAL/QUAN) mixed methods design to explore staff and male prisoner experiences of mental illness and mental health service provision in a sample of Western Australian prisons in both urban and regional settings. The study provides unique insight into the prison mental health experience through the voices of those who live and work in this complex setting. This short oral presentation will very briefly outline the methodology and introduce the findings of both phases. It will then focus on the implications of these findings for service provision and future research agendas.

MS ALEX WELBORN - Prisoners on reception - correlation between findings on mental health screening and physical examination screening to better clarify ongoing risk of adverse events in vulnerable prisoners.

State Forensic Mental Health Service, Department of Health

I have spent the last year working at the Melbourne Assessment Prison (MAP) as consultant psychiatrist employed by Forensicare. MAP is the point of entry for male prisoners into prison in Victoria, and mental health nursing staff screen every prisoner on reception to determine the level of mental health care they require.

The greatest risk period for deliberate self-harm is within the first four to eight weeks after being taken in on remand. I hypothesise that valuable evidence of potential risk may be obtained on reception by incorporating a detailed physical examination, and cross-referencing this

with their mental health assessment. Physical examination would reveal evidence of recent trauma inflicted by others, deliberate self-harm attempts, illicit substance use, self-neglect, exposure to the elements, tattoos and old injuries. I propose a pilot research project to test this hypothesis. Prisoners would receive a standard mental health assessment, and also be examined for old and new injuries using an established clinical forensic tool. The two sets of data would then be superimposed to determine whether additional information about the prisoner was acquired through this method. Ultimately assessing the impact of this approach in preventing adverse events in this vulnerable population will require tracking a number of prisoners through the justice system over a period of time.

A/PROF TONY BUTLER – Reducing impulsive-violent behaviour in repeat violent offenders.

National Drug Research Institute, Curtin University of Technology

The link between impulsivity and offending is well established. Compared with non-violent offenders, violent offenders make significantly more impulsive choices and are more prone to recidivism. Impulsive-aggression has consistently been associated with brain serotonergic dysfunction. Reduced levels of cerebrospinal-fluid concentrations of 5-hydroxyindoleacetic acid (5-HIAA), a metabolite of serotonin, have been correlated with measures of aggression and impulsivity in animal and human studies. This suggests that treatment with Selective Serotonin Re-uptake Inhibitors (SSRI) may be appropriate.

Between January and September 2008, 30 men with histories of violence were recruited at 3 NSW Local Courts. Those scoring 70 or above on an impulsivity screener were assessed by a psychiatrist for suitability to undertake a trial involving an SSRI (Sertraline) for 3 months. To date, 17 individuals have completed the intervention showing marked improvements in depression, impulsiveness, irritability, anger and aggression. Based on the pilot study results a larger placebo-controlled RCT is warranted.

SHARAN KRAEMER– HoPE (Health of Prisoner Evaluation) Project.

School of Law and Justice, Edith Cowan University

HoPE is a project that seeks to investigate issues to do with prisoner physical health and mental well-being and to track trends and changes over time. The pilot project utilised a comprehensive questionnaire constructed in such a way to provide information in discrete subject areas including physical, dental, mental and sexual health and addictive behaviours such as drug and alcohol use. The HoPE questionnaire is not purely a prison health system audit, it is part of the health continuum; the instrument allows an examination of health practices before incarceration, during incarceration and may be used to predict future health concerns. This research will offer valuable data for current and future health issues within the prison. Therefore a regular data collection will greatly assist in policy, planning and allocation of scarce resources.

DR BRIAN STEELS - When it's a question of social health and well-being, the answer is not prison.

Centre for Social and Community Research, Murdoch University

This paper traces the link between poor social and emotional wellbeing of Indigenous men and women as a result of intergenerational and compounded individual and collective trauma and their over-representation in the criminal justice system.

Working among members and families impacted upon by the stolen generation as well as whole communities struggling to come to terms with catastrophic loss one can readily witness a flow of trauma. For many Indigenous people the loss of land, their cultural heritage including language, loss of many family members, as well as loss of power over their own lives, has led to situations of stress and its associated poor mental health. For others alcoholism and violence are encountered on a regular basis, underpinning anti-social and criminal acts.

Our preference for treatment is that when a person is brought to the attention of local police or the courts, that the first response is to keep the victim safe and away from further harm whilst the offender and their supportive network re-examine past and current lifestyles, in a facilitated environment that is responsive to the treatment of trauma. We argue that by dealing solely with the presenting criminogenic factors the re-offending behaviours are less likely to be resolved, especially when prison or the detention centre are among the most regularly used options for the rehabilitation of Indigenous people.

MS JOCELYN JONES - Exploring the pathways to contact with juvenile justice: developing a profile of the risk and protective factors to support a strategy for change.

Telethon Institute for Child Health Research

The over-representation of Indigenous young people in detention remains high. In 2006, Indigenous young people were 21 times more likely than non-Indigenous young people to be in detention in Australia. Research suggests the key issues that contribute to young Aboriginal people being involved in crime are: child abuse and neglect, parental psychiatric problems (particularly maternal depression), family dissolution and violence, poor school performance, early school leaving, drug and alcohol abuse and youth unemployment (National Crime Prevention 1999).

This study will develop a profile of the risk and protective factors that contribute to juvenile delinquency and examine the effect of the interrelations between these factors and how they influence outcomes. The developmental, health, socio-economic, educational and demographic factors known to be associated with delinquency will be explored and linked at an individual, family and community level.

**MR DARRYL MILOVCHEVICH & MR PHILIP NARKLE -
Increasing indigenous family capacity: A local systemic
intervention that integrates Indigenous spirituality and clinical
practice to reduce adolescent offending.**

Department of Corrective Services

The current focus on health interventions in remote indigenous communities have again highlighted the unmet psychological and health needs of indigenous people in Australia. The Intensive Supervision Program (ISP), established in 2004 by the Department of Corrective Services applies Multi Systemic Therapy (MST) as an evidenced based treatment for families and adolescents to reduce juvenile offending and increase family functioning. Family systems and biosocial theories share many similarities to cultural values evident in indigenous communities. MST principles and the use of cultural consultants in clinical teams have not only informed culturally appropriate clinical practice, but also have significantly increased indigenous family access to the program. Indigenous spirituality and clinical practice have been combined through this collegial relationship to increase family capacity and reduce anti-social and criminal behaviour in adolescents. The presentation outlines the interplay of indigenous culture and clinical practice applied within a systemic program. It emphasises the need for an existential clinical focus when working with indigenous families in a culturally appropriate manor.

DR JOCELYN GRACE - From Broome to Berrima: Building Australia-wide research capacity in Indigenous offender health and health care delivery.

National Drug Research Institute, Curtin University of Technology

Australia has one of the highest incarceration rates of Indigenous people in the OECD which impacts profoundly on Indigenous communities. Further, offender populations endure a greater health burden compared with the general community. Despite these factors there has been relatively little investment in Indigenous offender health research which may explain the poor health outcomes for this population group.

In 2008 the NHMRC awarded a capacity building grant to develop research capacity in Indigenous offender health across a range of areas including: the impact of incarceration on Indigenous communities, juvenile offender health, blood borne viruses, mental health, drug and alcohol use, models of care for Indigenous prisoners, and developing prison health indicators.

This grant provides for the development of much needed capacity in offender health research and will enable a team of Indigenous researchers to undertake a range of research initiatives. It will also allow an Australia-wide network to be established for sharing knowledge in this field. Outcomes will include better Indigenous offender health services, improved health and wellbeing for this marginalised population, and enhanced communication regarding research and health programmes.

The presentation describes the various aspects of the capacity building grant and the aims of the five year programme of work.

DR MARISA GILLES – Making the most of doing time.

Combined Universities Centre for Rural Health

Aboriginal prisoners represent 22% of the total Australian prisoner population. Aboriginal incarceration rates continue to increase and preventable deaths continue to occur. Incarceration plays a role in redressing or augmenting inequity. The consequences on the community and family of incarceration are significant.

It is acknowledged that prisoners have the right to health care equivalent to that available to those outside prison. But does this occur? Despite the beliefs that “once a criminal always criminal” most prisoners are less than 35 years old and most people grow out of crime.

This paper examines the ethical and structural issues within the custodial impacting on health. Within the contexts of “captivity” and “plasticity” it describes the health of inmates in a Western Australian regional prison and evaluates the coverage of public health interventions.

This study makes visible the burden of disease and reach of public health interventions within a largely Indigenous regional prisoner population. It demonstrates that the additional risks associated with being Indigenous remain in a regional Australian prison and shows that interventions can be delivered equitably to Indigenous and non-Indigenous inmates.

Ongoing monitoring of prisoner health is required to take advantage of opportunities to improve public health interventions with timely STI and BBV screening and increased vaccinations rates.

DR GREG DEAR – Drugs and parenting.

School of Psychology and Social Sciences, Edith Cowan University

In this presentation I will provide an overview of several studies in progress in which we are examining both the positive and negative aspects of drug use within families. Our main focus is on the forensic implications of our data and that is the aspect that I will focus on in this presentation. Three main implications for health and justice will be outlined: (1) the impact of mothers' amphetamine use on their children's health and welfare, including implications for Family Court and Child-Protection litigation; (2) implications for family relationships and parenting of adolescent children by parents who are regular social users of cannabis and implications for forensic parenting evaluations, and (3) the role of alcohol and other drug use in domestic violence and the implications for forensic evaluations of both perpetrators and victims and for mental health services for both perpetrators and victims.

MS TANIA LAMOND & MS LEE LOMBARDI - Aboriginal participation in court based drug diversion in WA: Identifying and addressing barriers.

Drug and Alcohol Office, WA Department of Health.

The Western Australian Diversion Program (WADP) comprises a range of early intervention police and court based diversion programs that provide offenders with drug related issues the opportunity to access treatment to address these issues.

Although research shows that Indigenous people in the West Australian population are disproportionately involved in crime, the number of Indigenous offenders entering diversion programs is relatively small. WADP program data indicate that Indigenous offenders are less likely than non-Indigenous offenders to successfully meet the requirement for completion of programs.

In 2008 Strategic Edge Consulting Australia were engaged by the Drug and Alcohol Office to investigate barriers to Indigenous participation in a range of WADP court based programs. The research seeks to highlight key factors that reduce access to and participation in programs, and to inform future strategies to increase participation in WADP by Indigenous offenders both locally and state-wide. Preliminary results have highlighted a number of barriers including client attitude and perception; client circumstance and eligibility; cultural factors; program location, suitability and requirements; staffing; and stakeholder understanding, awareness and support.

This presentation provides a snapshot of the research and preliminary findings to date.

MS EMMA BINNIE - Hepatitis B vaccination puzzle: Piecing it together at Outcare.

Blood Borne Virus and Sexual Health Officer, Health Services, Outcare

Outcare provides rehabilitative support services for offenders, ex-offenders and their families. One of the services on offer to clients is the Blood Borne Virus and Sexual Health Program, with the aim of preventing the transmission of blood borne viruses to and from prisoners, ex-offenders and their families. An important element of this program is co-coordinating a Hepatitis B vaccination service at Hakea Prison Family Support Centre. This service is free and confidential for clients and is made available every Tuesday from 10:45 until 14:45. An accelerated program with *Engerix B* is utilised which allows clients to receive all three vaccinations within a four week period, with a booster recommended in twelve months time. As of February 2009, the service has had 257 clients commence the program, with 55% of clients successfully completing all three vaccinations on site over a three year period. The service has a benefit of accessing large numbers of an often hard to reach, high risk group of individuals, however, the service is limited due to transient nature of the population and the low priority of health during a stressful time in visiting a loved one currently incarcerated.

MRS NATALIE GATELY & MS JENNY KESSELL – DUMA: Drug Use Monitoring in Australia. DUMA Perth’s 10th Birthday.

School of Law and Justice, Edith Cowan University

The DUMA project is celebrating its 10th year in Perth and is a quarterly collection of information from police detainees at the East Perth Watchhouse. DUMA collects demographic data, drug use history, drug market information, treatment history and information on prior contact with the criminal justice system. Uniquely an accompanying urine sample from the participant verifies the information given by the participant. Currently, over 6,500 detainees have been interviewed and provided urine samples. The collated information serves to guide law enforcement bodies and other stakeholders, in future tactical, strategic and operational decision-making. DUMA has informed police about purchasing habits of drug users and their perception of the risk of buying and selling illicit drugs in various Perth suburbs.

TBA - The 2004 & 2007 national prison entrants’ blood-borne virus and risk behaviour survey (NPEBBVS)

The National Prison Entrants’ Bloodborne Virus and Risk Behaviour Survey (NPEBBVS) is one of the few prisoner health research projects to be conducted nationally. The first survey was conducted in 2004 and repeated in 2007. It is modelled on the community Needle and Syringe Program Survey. The survey screens for hepatitis B, hepatitis C and HIV, and collects information on drug use and risk behaviours (tattooing, condom use, and smoking).

The prevalence of HIV was low at less than 1% nationally in both men and women in both 2004 and 2007. However, in both 2004 and 2007 all but one case self-reported they were HIV negative but tested positive. In 2007, the overall prevalence of hepatitis C was 35%; it was highest in New South Wales and Victoria (42% and 41%) and lowest in Western Australia (21%). The proportion of prisoners susceptible to hepatitis B infection ranged from 59% in Victoria to 14% in Tasmania. 85% of prisoners reported they were current tobacco smokers.

Ongoing monitoring of bloodborne viruses and risk behaviour is important in this population given the high levels of engagement of risk behaviours and exposure to infectious diseases.

A/PROF DAVID PREEN - Mortality in Western Australian offenders after release from prison: A whole-population linked data study.

Centre for Health Services Research, University of Western Australia

Objective: Using linked data from the WA Departments of Health and Corrective Services this study described the post-release mortality of adult prisoners and if variation existed due to sanction severity, recidivism, socioeconomic status and/or Aboriginality.

Methods: This study comprised a retrospective analysis of routinely-collected, whole-population linked medical/health and justice data available through the WA Data Linkage System. Specifically, de-identified data relating to hospital admissions, mental health services and deaths were extracted for all WA adults (≥ 18 years) with a prison sentence from 1994-2004.

Results: Ex-prisoners had significantly higher mortality than the general population, with largest differences seen in women, those < 30 years of age and Indigenous people. Especially notable was a 12-fold risk of death in female non-Aboriginal prisoners aged 20-39 compared with their community counterparts. 60% of all deaths were due to injury or poisoning, and mortality was 4-fold higher in the first six months post-release than after one year.

Multivariate analysis identified an increased likelihood of death for ex-prisoners of lowest compared with highest socioeconomic status (OR=1.417, 95%CI 1.107-1.815). Repeat offenders had a decreased risk of death in the 12 months post-release, with those incarcerated ≥ 5 times $> 50\%$ less likely to die than first-time releases (OR=0.458, 95%CI 0.315-0.667). Type of offence was also a significant predictor of post-release mortality, with violent offenders 9.6-47.9 times ($p < 0.01$) more likely to die within 12 months of release than other ex-prisoners.

DR FRANK MORGAN & DR VERA MORGAN - Patterns of offending over time, place and population: The contribution of record linkage to our understanding of criminal offending and schizophrenia.

Dr Frank Morgan - Crime Research Centre, University of Western Australia

Dr Vera Morgan - School of Psychiatry and Clinical Neurosciences, University of Western Australia

This study linked 219,052 individuals on the WA psychiatric register with 388,370 arrested individuals. The number cross-linked was 52,091: 23.8% of contacts on the psychiatric register and 13.4% of arrestees.

Analysis indicated differential contact with police by diagnostic group. Overall 48.5% of individuals with drug and/or alcohol-related diagnoses and 39.1% of individuals with personality disorders had contact with police, compared to 32.5% with schizophrenia. The majority of offenders with a psychiatric history had been arrested prior to any contact with psychiatric services, and that contact was most likely to occur within the first year of arrest, highlighting the role of police as potential gatekeepers. Compared to persons with no psychiatric history, persons with a psychiatric illness were more likely to offend alone, to have no relationship with their victim, and to offend outside their region of residence. Social disorganisation also influenced offending patterns.

From a psychiatric perspective, early offending and/or a history of substance abuse may be early manifestations of schizophrenic illness confounding the determination of first onset of psychosis. From a criminological perspective, shared community factors related to social disorganisation may influence the timing and nature of offending, substance misuse and the expression of schizophrenia.

DR NITA SODHI - Investigating mental health in the Western Australian adult offender population: A whole-population linked data study.

Centre for Health Services Research, University of Western Australia

Mental illness comprises approximately 11% of the global burden of disease, and is projected to increase to 15% by 2020. In Australia, about 24% of the total years of life lost to disability are attributable to mental illness.

Criminal offenders represent a disadvantaged and marginalised consumer group in the health sector, with considerably less attention devoted to their mental health compared with the non-offending population for which mental health is a national health priority area. Past research has reported an alarming prevalence of major psychiatric illness in offenders, with rates four-times higher than observed in the general community.

A powerful resource for conducting research on the mental health of the State's offender population is the WA Data Linkage System. It combines WA health datasets linkable to external data sources like Justice datasets. Data linkage maximises the use of available data and allows follow-up of entire populations, time- and cost-effectively, while minimising loss to follow-up and reliance on self-reported data.

Recently, work at the UWA School of Population Health has commenced which focuses on issues concerning the mental health outcomes and service use in our offenders. This presentation will outline the work performed to date, and future plans for this research.

A/PROFESSOR TONY BUTLER - Does traumatic brain injury lead to offending behaviour?

National Drug Research Institute, Curtin University of Technology

Previous studies have found high rates of past traumatic brain injury (TBI) in prisoner and other forensic populations. In a recent New South Wales' study of 200 men recently received into custody we found that 82% reported having ever sustained a TBI of any severity, and 65% reported at least one past TBI associated with loss of consciousness. By contrast, community-based epidemiological studies have reported lifetime rates of TBI of less than 10%. The high rates of TBI within forensic populations invite speculation that, at least in some instances, the biological sequelae of TBI may play a role in subsequent offending behaviour.

This NHMRC funded study will examine the risk associated with a medically documented TBI for a subsequent criminal conviction. The study will use a 5-year birth-cohort (1971-1975) from the West Australian Data Linkage System (WADLS) with 30 years of follow up. The WADLS permits us to control for multiple factors such as age, gender, SES, residential remoteness, potential familial influences, as well as psychiatric and substance abuse exposures that might operate as confounders.



Notes

Copies available from:

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