

# **WA JUSTICE HEALTH RESEARCH FORUM: PAST, PRESENT AND FUTURE**

**The University Club of Western Australia**

**Wednesday 11<sup>th</sup> March, 2009**

## **REPORT OF OUTCOMES**

**April 2009**



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

## **REPORT of OUTCOMES**

The aims of the WA Justice Health Research Forum were twofold. Firstly, the event provided an opportunity to inform others of significant research that has been undertaken in the health and criminal justice field in WA. This entailed sharing research that had been completed in the recent past, current research projects and proposed research. Secondly, the forum provided an opportunity for participants to have input into developing research priorities for this area and to foster collaborations in these research areas. The mix of government and university researchers provided an opportunity for researchers to conduct policy-relevant research.

Over 150 people attended the event, including researchers, health professionals, justice workers, Indigenous leaders, government workers, and non-government organisations.

This report highlights the significant outcomes from the forum.

### **Minister's Opening Address and Keynote Speech**

**Ms. Helen Morton on behalf of Hon Graham Jacobs MLA**

**Prof. Richard Harding, University of Western Australia**

**Hon. Helen Morton**, Parliamentary Secretary assisting the Minister for Mental Health, the **Hon. Graham Jacobs**, opened the forum with an address noting that too few opportunities existed for government departments and researchers to come together to share research and develop priorities. The Parliamentary Secretary emphasised the need for an all-of-government approach to reducing crime and recidivism and outlined the Government's plan for mental health reform in Western Australia. This plan involved the appointment of a new statutory Commissioner for Mental Health and Wellbeing reporting directly to the Parliament. The Commissioner will have a broad mandate to advance opportunities for people with a mental illness to participate in the community and have an improved quality of life, and will also have a key role in breaking down the stigma, prejudice and discrimination which surrounds mental illness.

Additionally, Cabinet has approved the start of work towards a comprehensive review to evaluate the current state of mental health services in WA. The review will be supported by a small team from within the Department of Health and will establish vital baseline data on existing mental health services, including service provision, quality and client satisfaction with an aim to have it completed within six months. Finally, these strategies will contribute to the development of a long-term Strategic Plan to guide and coordinate the development of services, and ensure they work together to deliver better outcomes for mental health consumers.

The keynote address was given by **Professor Richard Harding** who gave an insightful and lively overview of his experiences in offender health in his capacity as Australia's only Inspector of Custodial Services. He reiterated the extensive evidence documenting the poor health of offenders and the need for prisoner health services to be part of mainstream health service delivery. This model of health service delivery ensures that prisoners to have access to the same health care as the general community – referred to as the principle of equivalence. Professor Harding provided a comprehensive overview of the various international standards and declarations covering prisoners' health. His presentation also incorporated recommendations made in his 'Thematic Review of Offender Health Services (2006), the findings and recommendations from a review of the latter review, the Joyce Report (June 2008).

## **Presentations**

**Presentations are available on-line:**

[http://ndri.curtin.edu.au/pdfs/forums/2009\\_wa\\_justice\\_health\\_research\\_forum\\_presentations.pdf](http://ndri.curtin.edu.au/pdfs/forums/2009_wa_justice_health_research_forum_presentations.pdf)

## **Summary of Roundtable Discussions**

Participants were invited to take part in one of seven roundtable discussion groups to identify research priorities, challenges or obstacles to the conduct of research (in WA), and enabling and facilitating factors in justice health research in WA. The seven subject areas and facilitators were:

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

The following is a summary of the issues raised during those discussions.

## What are the priorities in justice health research in WA?

- Identifying the barriers to translating research into policy was identified as a priority for all groups.
- The evaluation of offender programmes, health services within prison and through-care efficacy to determine what is effective, were broadly advocated.
- Mental health epidemiological studies were seen as a priority starting point to identify the scope and nature of mental health problems in the WA offender population, and studies which investigate how mental health issues affecting contact with justice system (e.g. baseline data on forensic and general mental health).
- Elucidating the relationships between drugs and alcohol consumption and intellectual disabilities, and acquired brain injury. In the mental health area it was considered important to invest in community interventions, and public health and early interventions (e.g. young males for drug use).
- With respect to Indigenous offenders, research into “models of care” for this population group is required.
- Research into what it means to be an Indigenous man in prison is needed, exploring cultural identity issues and developing interventions to address the “cultural dislocation” that can lead to offending behaviour (e.g. a culture of drug and violence).
- It is important to examine the impact of moving Indigenous prisoners to different areas (e.g. from low disease prevalence areas to high prevalence areas), and to collect data on rates of co-morbidity, (mental health and substance use), physical health, and intellectual disabilities including those resulting from alcohol and/or other drug use, and acquired brain injury.
- With respect to health services, investigating the willingness of Aboriginal communities to engage with government services compared with community-controlled health services is needed, as is evaluating Aboriginal Medical Services’ interventions with offenders.
- In the area of Infectious Disease and Blood-borne Viruses (BBV), there needs to be ongoing monitoring of BBV prevalence, and evaluation of policies and practice for infectious disease control in prisons. This includes an on-going commitment to the National Prison Entrants BBV Study.
- Evaluation of prison-based BBV/STI education programmes, barriers to through-care (e.g. continuity of hepatitis C treatment), and research that will inform interventions to increase the recruitment and retention of Aboriginal health care staff in prisons is needed.
- Prison officers’ attitudes to the prison NSEP (Needle Syringe Exchange Programme) and other BBV/STI issues, the prevalence of STIs in the prison population, and trialling condom availability in juvenile facilities were identified as important areas for further investigation.

- Informed by the multi-systemic therapy on school absenteeism, research needs to be undertaken aimed at identifying how school environments contribute to high levels of absenteeism and offending behaviour, or in reducing absenteeism (e.g. inclusion and support for Indigenous students). A complementary area for research would be the exploration of how “Mirror Model” (e.g. family members including ex-offenders) compared with “role models” (e.g. Cathy Freeman) in impacting on school attendance and performance, offending and drug use. Identifying how to effectively intervene with families, to support them and help them develop skills to reduce juvenile offending, and investigating the impact on the families of people incarcerated, are also priorities. The quality and continuity of care provided for incarcerated juvenile and women offenders with respect to STI, drug management, mental health and chronic diseases management in corrective settings are also important area for research.
- There needs to be more application of existing evidence around drug and alcohol use, and the translation of research into policies and practices. When evidence-based interventions are implemented, they should be rigorously evaluated and compared with similar interventions to obtain benchmarks.
- Desired outcome measures need to be clearly articulated in the following areas: pharmacotherapy and needle and syringe programmes, substance use counselling, prevalence data collection on drug use, and the treatment needs among the offender populations with respect to substance use.

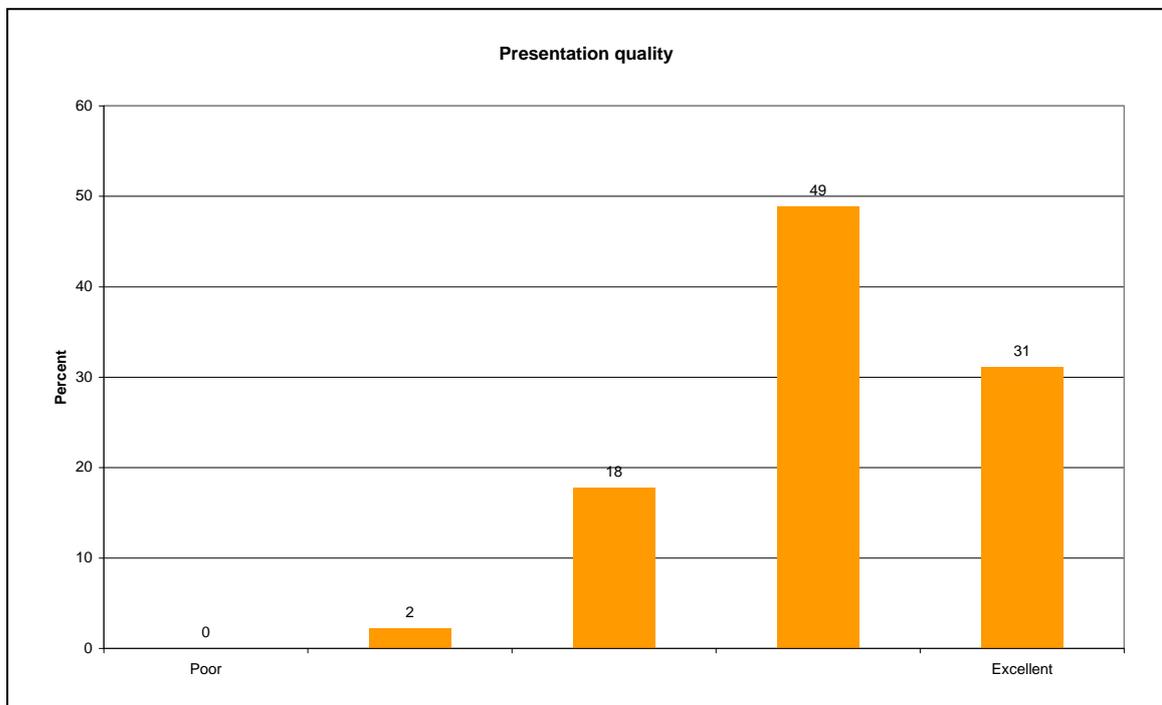
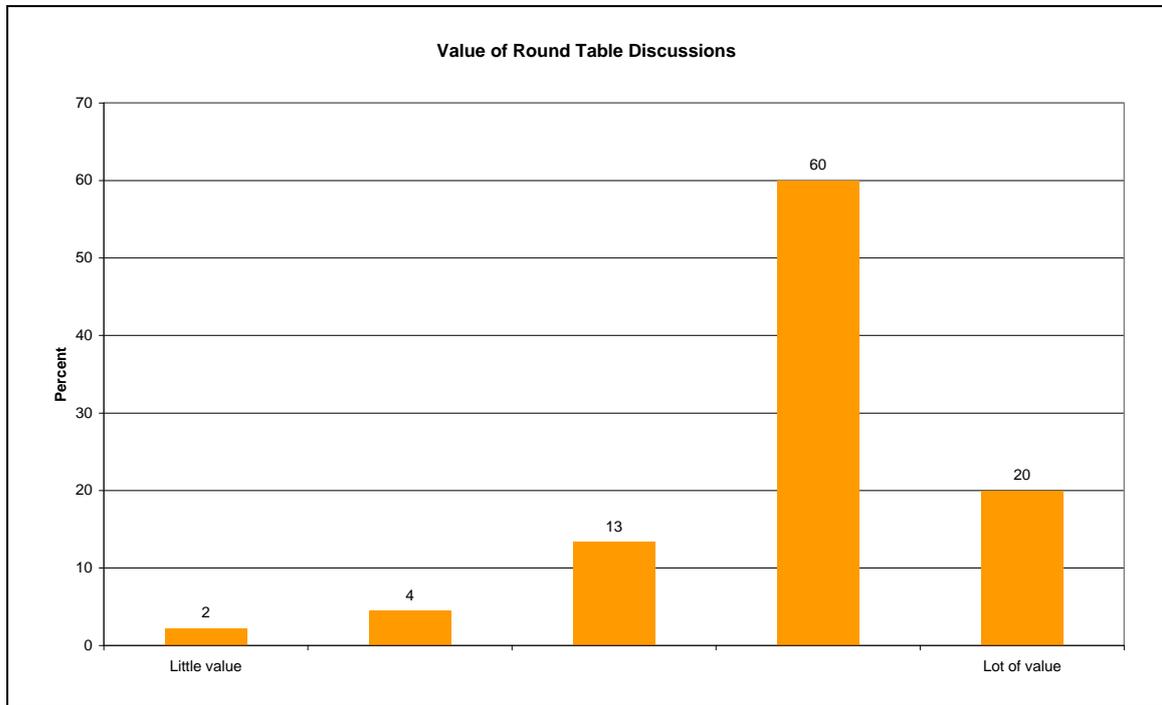
### **What are the challenges in progressing research in the health and criminal justice area?**

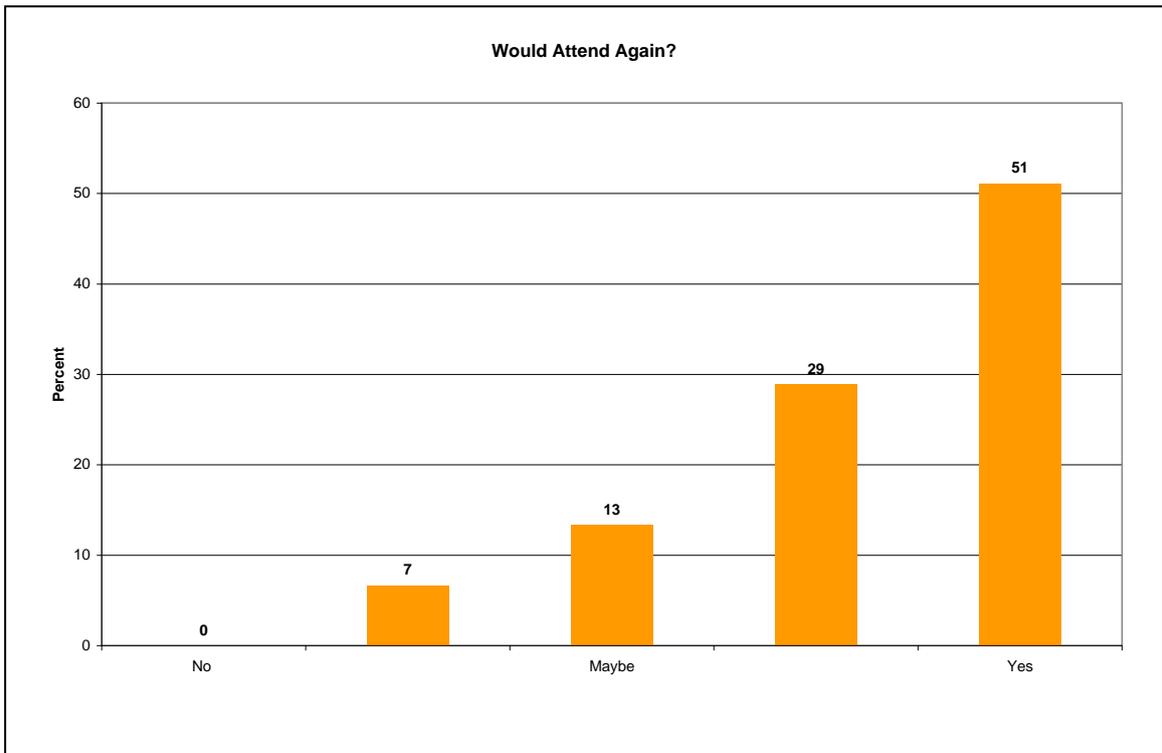
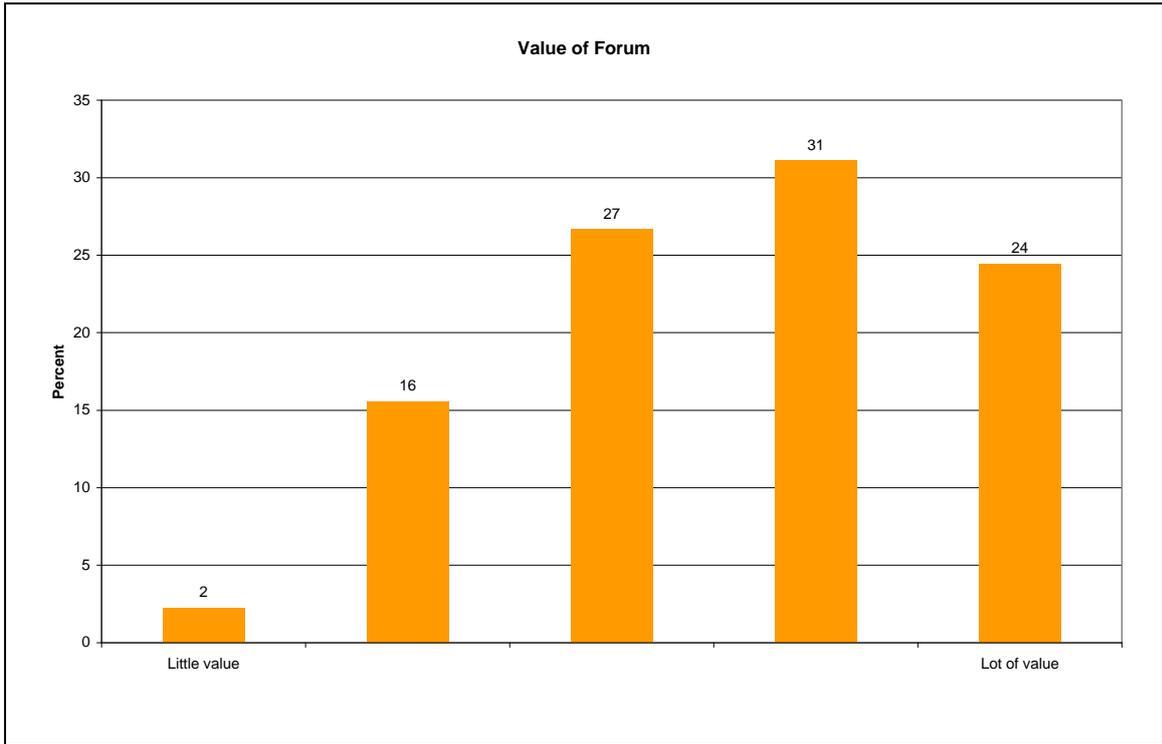
- Funding for research was raised independently by all seven discussion group as a major limitation on research progress. Community attitudes about, and perceptions of prisoners make it an unpopular, contentious and politically sensitive, and are thought to have a negative impact on the level of funding received.
- The gap between academics and clinicians, “silo” research, a lack of translation of research into practice, the lack of available culturally appropriate tools also hamper research progress.
- The uncertain and sometimes drawn out approval process of DCS and WAAHIEC, and the difficulty of gaining ethics clearance due to the perception of prisoners as a “vulnerable group”, “kids”, “at risk” population, were also thought to impede justice health research. One participant comments that *“it was easier for him to conduct research with offenders in South Australia than in WA”*.
- A lack of inter-agency collaboration was also identified as a limiting factor in justice health researched, in particular in the conflict between justice and health issues, and fear of having to deal with contentious issues.

## **Suggestions for enabling, facilitating and sustaining research in this area.**

- Discussions largely focussed on the need to develop relationships and build partnerships between the research community and the WA Department of Corrective Services, and more broadly between the health and justice areas; between researchers, clinicians and policy makers; and between researchers and the community. Within the research community, there is a need to create links between those in the disciplines of mental health, drug and alcohol, communicable diseases, and general health in order to establish a strong research community in the health and criminal justice area.
- A Justice Health Research Forum and Network in WA was suggested to enable collaborations, enhance success in competitive funding, and findings to be disseminated.
- The need to link research to action and the need for researchers to consult, give feedback to, and be responsible to the communities they research is important. Mechanisms need to be in place to guarantee co-operation between government departments and Aboriginal Medical Services in delivering health services to Indigenous offenders, in prison and in the community after release (i.e. through-care).
- Other issues raised included forming a state group to identify baseline information needs (i.e. prevalence, harms and needs in the offender population).
- The benefits of involving external researchers in the evaluation of offender programmes was discussed as a means of promoting greater transparency.
- It was argued that if research is action orientated then it is more likely to be accepted by the system, custodial staff and inmates as they will see the benefits of their participating. It was also considered important to improve the perception of offenders, possibly through training the media to engage in more balanced reporting.
- Recruiting and sustaining Indigenous staff to work with offenders (in and outside correctional facilities) was also a matter of concern. They need to be valued for their cultural knowledge, and an Aboriginal way of conceptualising is needed in order to develop a more holistic understanding of how to address the needs of Indigenous offenders (i.e. the inter-relationship of their mental health, substance use and physical health issues).

# Forum Evaluation





## Participant Feedback on the Forum

### Main Thing Gained from the forum:

“Enjoyed different departments discussing issues together”.

“The need for collaboration and evidence based practice”.

“A lot of research going on and completed that I was unaware of”.

“Increased awareness of various programs taking place”.

“Snapshot of current research”.

“Research and policy need to talk”.

“Need for clinicians and researchers to communicate more effectively”.

“Increased understanding of relationship between mental health and offending behaviour”.

“Networking + research = all excellent”.

“Lots of information – discussion with colleagues”.

“Good networking in mental health field, as one”.

“Opportunity to speak at roundtable discussion – advocate for value of AMS”.

“A recognition of the frustration across the helping profession in state departments in terms of being able to do research or improve matters”.

“The importance of integrating research into policy. Lack of time that clinicians have to do research”.

“More understanding of the prison system, health and indigenous offenders”.

“Information relative to my role at DoTAG. Provided [opportunity for] me to access a network of educational and professional people”.

“Contact and collaboration with researchers in the field – very beneficial to see the research people are doing in the field of offender health”.

## **Other Comments about the forum:**

“Perhaps have fewer presentations but allow more time for each – quality vs quantity”  
“too many presentations, information overload”.

On the other hand:

“I loved the pace (no waffle – or only a little)” “was great to see so many varied speakers”.

Many/most would like to see it happen every year, and suggest it be two days so speakers have more time.

## **Policy makers:**

“Would have been helpful if government policy makers were in attendance – how much research is required before practice is implemented” “It may be valuable to invite/secure (?!difficult I know) more policy makers/potential funding bodies.”

## **DoCS:**

“Would have been good to have more input from the justice system” “very disappointing that DoCS Health Services not in attendance – very poor”.

“Strong focus on prison services. Would be interesting to hear more about community services in future”.

“Roundtables/workshops too short (one only)”.

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