Inequalities and inequities experienced by people with mental health and substance use issues involved in the criminal justice system.

VAADA commissioned report to the Royal Commission into Victoria's Mental Health System.

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About VAADA

VAADA is a non-government peak organisation representing publicly funded Victorian AOD services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with alcohol and other drug (AOD) use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

About the Justice Health Unit

The Justice Health Unit is a research unit situated in the Melbourne School of Population and Global Health at the University of Melbourne. The Justice Health Unit seeks to generate world-class evidence regarding the health and health service experiences of justice-involved populations, and to advocate for evidence-informed policy to improve their health outcomes. Research and investigation on the health needs of justice-involved populations is an essential means of addressing these health inequalities at the population level.

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Overview and recommendations

Improving the mental health of people in Victoria requires a coordinated, population health approach to the mental health and substance use issues of our most vulnerable community members, importantly those involved in the criminal justice system. Improving the integration of, and communication between criminal justice, mental health, alcohol and other drug (AOD) services, and social services, including housing and employment, is essential to improving the health of people in contact with the criminal justice system. Currently, the fragmentation of services is a significant barrier to improving health and justice outcomes after release from custody for these vulnerable individuals, requiring those with complex needs, such as co-occurring mental health and substance use issues, to navigate a complex service system to address their needs.

Although regrettable, incarceration is an important opportunity to engage an underserved and marginalised group of people with mental health and AOD services. Continuity of care between the criminal justice, mental health and AOD systems is essential before, during and after release from prison to redress inequality and build on any health gains made during incarceration. This model of care is evidence-based[1,2] and consistent with a human rights framework.[3] Ideally, planning for reintegration into the community should begin as soon as someone enters prison, with service provision continuing seamlessly after they return to the community. Currently, the healthcare provided to people released from prisons in Victoria is neither coordinated nor continuous.[4-6] A lack of evidence on the health of people with co-occurring mental health and substance use issues is a key barrier to improving continuity of care and health services for this group.[7-9] High quality and linked data on correctional and health-related outcomes is crucial for evaluating transitional programs, and improving service provision for justice-involved people with co-occurring mental health and substance use issues.

Currently in Victoria, public funds are being disproportionately directed towards increasing the capacity to house people in prisons, which is high-cost; ineffective at improving mental health and substance use issues; is not an effective deterrent against offending behaviour; and has not reduced rates of return to prison. More resources need to be directed towards community-based mental health and AOD services in Victoria to improve continuity of care and reduce fragmentation of these services. A proportion of the funding that is currently being used to house people in prisons, and build more prisons, should be directed towards these vital and chronically under-resourced services in the community.[10] Improving the health and social outcomes for justice-involved people with co-occurring mental health and substance use issues requires that community-based mental health and AOD services best placed to achieve this are well funded, appropriately trained, and better integrated with each other and with the criminal justice system. Whole of government support and coordination is needed if true continuity of care and improved health and welling being of marginalised Victorians with co-occurring mental health and substance use issues is to be achieved.

The recommendations made in this report are based on evidence published in peer-reviewed journal articles and grey literature that is available in the public domain. It is not intended to be a comprehensive review of all programs and services available in Victoria.

Recommendations

Recommendation 1: **The Victorian Government implement a co-responder model of police and mental health workers to respond to mental health-related crisis incidents across Victoria.**
Recommendation 2: **A health-centred approach be taken towards personal use and possession of illicit substances, including the decriminalising of these acts and increased investment in therapeutic alternatives to criminal justice involvement.**
Recommendation 3: **The Victorian government increase investment in high quality and appropriately staffed services for young people and adults with severe mental health and substance use issues in the community.**
Recommendation 4: **The Victorian government investigate whether the recent changes to the bail, remand and parole laws that are dramatically increasing the number of people in prison in Victoria are disadvantaging people with mental health and substance use issues.**
Recommendation 5: **The Victorian government address the disproportionate numbers of Aboriginal and Torres Strait Islander people in prisons in Victoria as a matter of urgency and ensure that there are an adequate number of appropriately funded, culturally-sensitive, community-based services for Aboriginal and Torres Strait Islander people with co-occurring mental health and substance use issues.**
Recommendation 6: **Standardised and reliable data on mental health, substance use, the co-occurrence of mental health and substance use issues, and multimorbid chronic physical conditions among adults and young people entering and leaving the criminal justice system in Victorian be routinely collected and made publicly available.**
Recommendation 7: **The Victorian Government raise the minimum age of criminal responsibility to 14 and implement legislation prohibiting any person under the age of 21 being incarcerated in an adult prison.**
Recommendation 8: **The Victorian government incentivise standardised and reliable deidentified data collection by non-government health service providers, such as funding for setting up and maintaining data collection as a core business function and upskilling staff in good data collection, management and analytics.**
Recommendation 9: **Mental healthcare and AOD treatment services in prisons be simplified such that there is a standardised, evidence-based model of care across all prisons in Victoria that has well-defined, integrated referral pathways with mental healthcare and AOD treatment in the community.**
Recommendation 10: **The Victorian prison system be reformed with a renewed therapeutic approach to incarceration wherein the aim of incarceration is to improve the health, wellbeing, quality of life and employment skills of people while they are incarcerated and as they transition from prison to the community.**

Recommendation 11: **The Department of Justice and Community Safety develop links and collaborate with external researchers to evaluate health services provided in Victorian prisons, and translate research evidence into practice.**
Recommendation 12: **The mental healthcare and AOD treatment delivery in prisons and care pathways, programs and services for people released from prisons in Victoria be subject to a transparent, rigorous and independent review with the results made publicly available, and any gaps identified in the evaluation be addressed in a timely way.**
Recommendation 13: **The Victorian Government increase investment in transitional support programs and implement purpose-built, prison-to-community, transitional services for people with mental health and substance use issues.**
Recommendation 14: **Mental health, AOD and criminal justice services jointly plan and share information on the health and wellbeing of their clients, and collaboratively empower people to live unsupported in the community after engagement with their services.**
Recommendation 15: **A proportion of the funds that are being invested in building prisons and increasing capacity to house more people in prisons by the Victorian government, be re-directed towards community-based mental health and AOD services.**
Recommendation 16: **AOD and mental health sectors upskill staff in the treatment of co-occurring mental health and substance use issues, provide on-going professional development, and have resources and policies in place to support staff and reduce work-related stress and burnout.**
Recommendation 17: **People with lived experience in the criminal justice sector and co-occurring mental health and substance use issues be consulted and involved in program design, development and evaluation in the community and forensic mental health and AOD service sectors.**
Recommendation 18: **A take-home naloxone program be implemented across all Victorian prisons and youth detention centres, and be independently evaluated to assess its effectiveness in preventing fatal overdose among people released from prison.**
Recommendation 19: **The Victorian Government take a population health approach to mental health and wellbeing that includes co-ordination between, and integration of, the mental health, AOD, criminal justice, and social services sectors.**

Executive Summary

1. The interaction between mental health issues, substance use issues, and criminal justice involvement

Mental health and substance use issues should not be considered in isolation from one another. The co-occurrence of mental illness and substance use disorders is the norm, not the exception, for people exposed to the criminal justice system.[11] While not all people who have co-occurring mental health and substance use issues commit offenses, they are more likely to come in contact with the criminal justice system than people who have either mental health issues or substance use issues alone.[11]

Police are often called to assist in incidents involving people with mental health and substance use issues.[12] However, although there is a clear need for mental health expertise in crisis responses, police are not trained mental health practitioners. Interventions involving a co-response of police and mental health workers are cost effective and lead to a reduction in mental health-related arrests, police detentions, and involuntary psychiatric hospitalisations.[13] Such programs have been found to improve timeliness of care pathways and diversions from emergency departments in South East Metropolitan Melbourne, and should be implemented across the Victoria.[14]

Globally, it is accepted that a 'tough on drugs' policy approach that involves punitive responses to substance use is ineffective at addressing substance use issues.[15] The use and possession of illicit substances for personal use should be viewed as a health issue, not a criminal justice issue. Victoria should look to other jurisdictions, such as Portugal, that have paired decriminalisation of substance use with an increased investment in therapeutic interventions that include addressing needs beyond substance use including mental health, employment and housing.[16]

When there is a lack of adequate community-based care to sufficiently meet complex mental health needs, prisons become the default institution for people with severe mental illness.[17] Prison cannot be considered a therapeutic environment, and therefore is not appropriate for the vast majority of people with severe mental health issues. People with severe mental health issues should not be incarcerated due to a poorly funded and inadequately resourced community mental health system.

2. People involved in the criminal justice system in Australia

The health of people in contact with the criminal justice system is a key consideration for public health policy. Large numbers of people, and by extension their families, come into contact with the criminal justice system every year in Australia. It is estimated over 385,000 adults, or approximately 2.5% of all Australian adults, have a history of incarceration in Australia.[18] By extension, the number of family members effected would likely be an order of magnitude larger.

Many people repeatedly cycle in and out of prison on short sentences; this is known as the prison 'churn', 'flow', or throughput, defined as the number of admissions to, and discharges from, prison each year. In 2018, over half (57%) of sentenced prisoners in Australia had been in prison previously.[19] In Victoria, 11,892 people were discharged from prison in 2018, 48% higher than the daily average number of people in prison (8,013 people on any given day).[20]

The number of people cycling through prisons in Victoria will continue to rise unless policy in relation to sentencing changes. The focus on incarceration as the default sentencing option reinforces an intergenerational cycle of social exclusion and entrenched disadvantage. Given people with mental health and substance use issues are overrepresented in the criminal justice system, any policies that increase incarceration rates will surely result in the widening of this disparity. The high costs of imprisonment often outweigh any potential benefits to the community. Therefore, incarceration should be used only as an action of last resort. Increased investment and focus should be given to alternatives, such as community-based supervision[21] and social housing support and community or residential AOD treatment,[22] that are more cost-effective and provide greater benefits.[23]

Understanding and having accurate data on prison throughput for key subgroups such as people with mental health and/or substance use issues is critical for targeting and adequately resourcing transition planning and health and support services. However, currently there are no reliable and publicly available estimates of the prison throughput for people with mental health issues, substance use issues, or co-occurring of mental health and substance use issues in Australia. This information is important as approaches that address the complex and interconnected reasons why people become involved in the criminal justice system and take into consideration their social disadvantage, marginalisation, and poor health, both reduce recidivism and are cost-effective.[22,24,25]

Young people (aged 10-17 years) with mental health and substance use issues are overrepresented in the criminal justice system.[26] Youth justice policies in Victoria are currently not evidence-based. Instead, they are predominantly guided by the media portrayal of, and moral panic over, youth crime. Increasing the severity of punishments does not reduce rates of return to custody or deter people from committing offences. Victoria's youth justice policies are falling behind international standards[27] and are not consistent with the developmental needs of young people or a therapeutic response to the mental health and substance use issues experienced by disadvantaged and vulnerable youth.

3. People with co-occurring mental health and substance use issues involved in the criminal justice system

Addressing the overrepresentation of people with co-occurring mental health and substance use issues in the criminal justice system should be a should be a whole-of-government priority, underpinned by fundamental integration of the criminal justice, AOD treatment, and mental health systems.

In addition to co-occurring mental health and substance use issues, people in prison often have other complex health needs, such as chronic physical health conditions.[28-30] However, the prevalence of people with co-occurring mental health and substance use issues, and chronic physical health conditions is not routinely reported at the national or state level in Australia. This limits our understanding of the nature and complexity of the health conditions experienced by people involved in the criminal justice system, and impedes allocation of funds and services commensurate to their needs. Despite the fact that complex health needs add additional challenges for service providers to identify and manage the health conditions of their patients effectively,[31] and are a barrier to accessing and completing treatment for communicable diseases,[32,33] there is no reliable information on the number of people in prison with chronic physical conditions who experience co-occurring mental health and substance use issues.

There are even larger gaps in data on the health of young people involved in the criminal justice system in Australia. Consequently, there are no publicly available, reliable estimates of the prevalence of co-occurring mental illness and substance use disorder among justice-involved young people. This limits the capacity of the mental health and AOD sectors to develop and deliver an evidence-based, integrated service response.

4. Who is responsible for mental health services and alcohol and drug treatment for people in prison?

In Victoria, the State is responsible for the health of people who are incarcerated. Justice Health, a business unit of the Department of Justice and Community Safety, is responsible for the delivery of health services for people in prison.[34] Justice Health contracts out health services for people in prison to various health service providers.[34] These include: Correct Care Australasia, Forensicare, St Vincent's Correctional Health Services, GEO Group Australia, Caraniche, and Uniting Care ReGen.

The health service environment in Victorian prisons is unnecessarily complex, wherein the responsibility for, and delivery of, healthcare differs between the community and prison, and also between individual prisons. This raises many challenges for care coordination, continuity of care, and integrated AOD and mental health treatment provision. The coordination of providers across the public and private sectors adds another layer of complexity, and collaboration in this complex service environment is often particularly challenging.

5. Mental healthcare and alcohol and other drug treatment service use during incarceration

Incarceration is a regrettable yet important opportunity to engage an underserved and marginalised group of people who have complex and co-occurring health needs in services to improve their long-term health and wellbeing. The resourcing and delivery of mental health services in prison remains inadequate in Australia.[35] Furthermore, there is limited information about how mental health services in Victorian prisons are delivered, limiting any opportunity for evaluation and improvement.[36] A lack of data and transparency on service delivery in Victorian prisons limits our understanding and ability to benchmark and evaluate mental healthcare and AOD treatment service delivery. This is critical for ongoing quality assurance and improvement, and are essential to evaluate and achieve a human-rights compliant criminal justice system. Therefore, high quality data are required to inform development of evidence-based mental health and AOD treatment programs for people involved in the criminal justice system.

The inadequate response to the mental health and substance use needs of people who churn through the criminal justice system on short sentences, and the increasing number of people being held on remand, represents a critical missed opportunity to engage a disadvantaged group at risk of poor health, social, and criminal justice outcomes with mental healthcare and AOD services for which they are highly indicated. Victoria should look to models of service provision in other jurisdictions, such as the Netherlands, that have a therapeutic approach to incarceration.[37,38]

It is Justice Health of Corrections Victoria's policy that the health services provided in prisons in Victoria be equivalent to those provided in the community.[39] People in prison are far more likely than the

general population to have poor physical and mental health, as well as more complex health needs. Instead of equality in service provision, the aim for mental health and AOD services in prison should be to deliver equality in health outcomes, benchmarked against what is achieved in the community.[40] However, currently there is no publicly available data to robustly evaluate whether the level of services provided in prison, nor the outcomes achieved by these services, are equivalent to that of the Victorian community. Addressing this gap in the ability to compare, evaluate, and benchmark the equivalence of health services provided in prison should be a matter of priority.

The standard of mental health and AOD services provided in youth detention centres in Victoria has been found to be inadequate.[41] There is no dedicated secure youth mental health facility in Victoria, leading to young people with mental health issues, intellectual disability and/or other cognitive impairments being avoidably detained in correctional facilities.[41] Although services that specialise in forensic youth mental health are important, the priority should be to keep young people in therapeutic care commensurate to their needs in the community, and out of secure, often punitive, environments whenever possible.

6. Co-occurring mental health and substance use issues and transition from incarceration to the community

People transitioning to the community after release from prison are at risk of poor health outcomes, including an increased risk of death peers to their counterparts from the general community. Causes of death in this period are typically preventable, such as suicide and overdose.[42] People released from prison with mental health and substance use issues are particularly vulnerable to preventable causes of death.[43-45]

Best practice for health service provision during and after release from prison is the continuity of care model, also known as 'throughcare'. This involves health services in the community being integrated and closely aligned with the health services provided in prisons such that there is no gap or interruption in the services and support a person receives as they transition from prison to the community. Ideally, planning for reintegration into the community should begin as soon as someone enters prison, with service provision continuing seamlessly after they return to the community. Enhanced continuity of care reduces the risk of poor health outcomes,[1] the need for expensive emergency healthcare contact after release from prison, and future contact with the criminal justice system.[2,46]

Continuity of care between the criminal justice, mental health and AOD systems is essential before, during and after release from prison to redress inequality and build on any health gains made during incarceration. This model of care is evidence-based[1,2] and consistent with a human rights framework.[3] However, the healthcare provision that people released from prison currently receive in Victoria is neither well integrated nor continuous with community services.[4-6]

The increased risk of preventable death after release from prison highlights limitations of the service system in responding to the needs of, and ensuring continuity of care and support for, people released from prison, especially those with mental health and substance use issues. The average cost to imprison a person is double the median wage in Australia,[47,48] making investing in purpose-built transitional

centres for people with complex mental health and substance use issues a cost-effective initiative that has the potential to improve health outcomes and public safety.

Transitional support programs and services provided by non-government organisations in the community are often chronically underfunded, stretched beyond capacity, and the service system experiences substantial turnover in providers due to short-term tenders which are often not renewed with the same service provider. Furthermore, the services these organisations provide are often not subject to independent and transparent evaluation to establish whether they are achieving the outcomes they are intended to and achieving value for money. Thus, the effectiveness of these transitional support programs for people with mental health and substance use issues remains largely unknown. However, it is clear that improving continuity of mental healthcare and AOD treatment after release can greatly improve the health of a highly marginalised group of people in Australian society, and is likely cost-effective.

7. Justice-involved people in mental health and alcohol and other drug treatment services in the community

Given the high prevalence of complex health conditions, such as co-occurring mental health and substance use issues among people in contact with the criminal justice system, it is not surprising that they access health services for these conditions at a rate that far exceeds the general population.[49-51] However, even though service use is higher than in the general population, not all justice-involved people who need health services access them, and disengagement from these services is far too common.[52,53] Engaging people released from prison with primary healthcare is an important part of ensuring continuity of care and making long lasting improvements to health and wellbeing.[54,55]

The health needs of people with co-occurring mental health and substance use issues in Victoria are not being adequately met in the community. Addressing avoidable barriers to accessing mental health and AOD treatment, which have the potential to prevent or reduce contact with the criminal justice system, should be a matter of priority. The current fragmentation of services is a significant barrier, requiring those with complex needs, such as co-occurring mental health and substance use issues, to navigate a complex service system to address their needs.

More resources need to be directed towards mental health and AOD services in Victoria to improve continuity of care and reduce fragmentation of these services. Recent policy changes relating to this area have expanded requirements for AOD treatment engagement for people under correctional supervision orders in the community. However, these expanded requirements have not come with suitable resources for the community-based AOD treatment services tasked with responding to these additional clients, who often have complex co-occurring mental health and social needs. A proportion of the funding that is currently being used to house people in prisons, and build more prisons, should be more effectively directed towards these valuable and chronically under-resourced services in the community.

The AOD and mental health sectors need support and resources to ensure that their workforce has the appropriate formal qualifications and is adequately trained in co-occurring mental health and substance

use issues, holistic models of care based on a social determinants of health framework, and integrated models of care across mental health, AOD, and criminal justice systems.[56] The AOD and mental health sectors need to support staff to reduce work-related stress and burnout, and increase retention.[56] People with lived experience should be viewed as valued partners and incorporated into the AOD and mental health workforces, and consulted for program design, development and evaluation.[56]

Knowing the total number of justice-involved people who access mental health and AOD services in the community is important for evaluating the effectiveness of the continuity of care model, and for resourcing this system commensurate to the needs of the people it is meant to serve. This highlights the importance of sharing and integration of data between correctional and health databases for evaluation, and ensuring that the results of such evaluations are publicly available. To reduce the poor health outcomes related to substance use after release from prison, the Victorian Government should increase its investment in evidence-based responses to AOD use and harm. Initiatives such as take-home naloxone are relatively low cost, highly cost-effective, and can reduce the number of overdose deaths that occur among people released from prison.

8. The social determinants of health - More than just poor health

For long-term improvement to the mental health and substance use issues of people exposed to the criminal justice system to be made, the social determinants that underlie these health conditions must be addressed. The social determinants of health are key social and environmental factors that can influence health and wellbeing, such as employment, socio-economic status, education, relationships and social support.[57-61] People exposed to the criminal justice system face many compounding social challenges that influence both their likelihood of coming into contact with the criminal justice system, and their health. These complex and interrelated health and social issues create serious barriers to accessing and staying in mental health and AOD treatment.

Improving the mental health of people in Victoria requires a population health approach to the mental health and substance use issues of our most vulnerable community members, importantly those involved in the criminal justice system. A person should be viewed holistically, where all of their health and welfare needs are taken into consideration. This requires integration and communication between the criminal justice, mental health and AOD services, and social services, including housing and employment.

The recommendations made in this report are based on evidence published in peer-reviewed journal articles and grey literature that is available in the public domain. It is not intended to be a comprehensive review of all programs and services available in Victoria.

1. The interaction between mental health issues, substance use issues and criminal justice involvement

1.1. Background

Key terminology

In this report we use the term 'mental health and substance use issues'. This is a broad term that includes behaviours and conditions that may not reach the clinical threshold of a mental disorder (a condition that includes mental illnesses and substance use disorders[62]) but may still result in one seeking, or benefiting from, mental healthcare and AOD treatment.

Mental health and substance use issues should not be considered in isolation from one another. The co-occurrence of mental illness and substance use disorders, known as dual diagnosis, is the norm, not the exception for people exposed to the criminal justice system.[11] Mental illness and substance use are connected in many ways. For example, people with mental health issues may use substances to self-medicate and help manage their symptoms.[63-65] Conversely, substance use may trigger or exacerbate mental health issues in some people. While not all people who have co-occurring mental health and substance use issues commit offenses, they are more likely to come in contact with the criminal justice system than people who have either mental health issues or substance use issues alone.[11]
Understanding why this overrepresentation exists is important for policymakers, service providers, and other stakeholders across the mental health, AOD, and criminal justice systems. Possible reasons for this may be related to limited community-based services that can adequately meet complex mental health and substance use needs; policies and laws that criminalise problematic behaviours related to mental illness and substance use; and the use of police as a first response to incidents involving people with co-occurring mental health and substance use issues.

Key message

It is the norm, not the exception, for people exposed to the criminal justice system to have co-occurring mental illness and substance use disorders.

Police are often called to assist in incidents involving people with mental health and substance use issues.[12] These incidents are often the result of behaviour related to poorly managed mental health or substance use issues.[12] An investigation by the Auditor General found that from 2013 to 2014, the Victorian police responded to over 8,500 incidents related to mental health issues, three times the number of incidents police responded to in 2009-2010.[12] It is likely that this trend of increasing numbers of police responses to mental health-related incidents has continued in recent years, however this is not routinely publicly reported in Victoria. Although we know that people with mental illnesses are more likely than people without mental illnesses to be brought to emergency departments by police,[66] it is unknown, of people with mental illnesses brought to emergency departments by police, how many go on to experience incarceration. This information is vital to understanding gaps between acute and ambulatory mental healthcare that lead to criminal justice involvement.

In Australia, and most other countries, substance use predisposes individuals to criminal justice involvement, as using, buying, and/or possessing illicit substances are considered crimes. Globally, it is accepted that a 'tough on drugs' policy approach that involves punitive responses to substance use is ineffective at addressing substance use issues.[15] This approach has led to the criminalisation and an avoidable overrepresentation of vulnerable groups of people, such as those with co-occurring mental health and substance use issues, women and marginalised ethnic groups, in prisons.[15] In Australia, the most frequent, most serious charge for people in prison is illicit drug offences, accounting for 16% of all charges.[19] An increased focus in Victoria on illicit methamphetamine use could also be contributing to the increasing number of people with substance use issues in contact with the criminal justice system. From 2007-08 to 2016-17 the number of proven charges for a minor drug offence involving methamphetamine in the Magistrates Court in Victoria increased 2,072%.[67] Yet at a population level, the use of methamphetamine has not increased,[68,69] although the form in which people use methamphetamine has changed, with an increased use of crystal methamphetamine (also known as 'ice'). [69] Victoria's current approach to addressing the harms related to drug use is ineffective and is predominantly focused on addressing these issues through a criminal justice, as opposed to a health-centred, response.

The prevalence of severe mental illness in prison is rising rapidly in some jurisdictions,[70] thus it has been suggested that prisons are becoming the new mental health asylums.[17,71] Thomas Embling Hospital is the only secure forensic mental health facility for people in the criminal justice system with severe mental health issues in Victoria.[12] The waiting time for admission to Thomas Embling Hospital can be up to a year[12,72] and if no space is available, people with severe mental health issues may be detained in prison instead.[73] When there is a lack of adequate community-based care to sufficiently meet complex mental health needs, prisons become the default institution for people with severe mental illness.[17]

1.2. Key considerations for policy and practice

The mental health-related incidents that police respond to often involve a person in crisis. Much can be done to address this person's mental health issues before this point. This will be discussed in the following sections of this report. When a crisis event does occur, police are often the first responders. However, although there is a clear need for mental health expertise in crisis responses, police are not trained mental health practitioners. Interventions involving a co-response of police and mental health workers are cost effective and lead to a reduction in mental health-related arrests, police detentions, and involuntary psychiatric hospitalisations.[13] Service users report that co-responder models are better at de-escalation, less threatening, and less stigmatising.[13] A co-response model (Police, Ambulance and Clinical Early Response, PACER) has been trialled in South East Metropolitan Melbourne and was found to improve timeliness of care pathways and diversions from emergency departments[14] resulting in Mental Health and Police (MHaP) Response teams being implemented in some locations in Victoria.[74] This program should be rolled out across the entire state of Victoria.

Recommendation 1:
The Victorian Government implement a co-responder model of police and mental health workers to respond to mental health-related crisis incidents across Victoria.

The criminalisation of use and possession of illicit substances for personal use is an ineffective method of addressing substance use issues. Victoria should look to other jurisdictions, such as Portugal, that have paired decriminalisation of substance use with an increase investment in therapeutic interventions that include addressing needs beyond substance use, including mental health, employment and housing.[16]

Recommendation 2:
A health-centred approach be taken towards personal use and possession of illicit substances, including the decriminalising of these acts and increased investment in therapeutic alternatives to criminal justice involvement.

Prison cannot be considered a therapeutic environment, and therefore is not appropriate for the vast majority of people with severe mental health issues. People with severe mental health issues should not be incarcerated due to a poorly funded and inadequately resourced community mental health system.

Recommendation 3:
The Victorian government increase investment in high quality and appropriately staffed services for young people and adults with severe mental health and substance use issues in the community.

2. *People involved in the criminal justice system in Australia*

2.1. Background

The health of people in contact with the criminal justice system is a key consideration for public health policy. Large numbers of people, and by extension their families, come into contact with the criminal justice system every year in Australia. It is estimated over 385,000 adults, or approximately 2.5% of all Australian adults, have a history of incarceration in Australia.[18] By extension, the number of family members effected would likely be an order of magnitude larger. There is a mismatch between the falling crime rates in Australia[75] and the increasing number of people being incarcerated.[76] Population growth has been used as a justification for the increasing prison population and for building more prisons. However, the increase in prison population far exceeds population growth.[76] From 2008 to 2018, the number of people in prison rose by 56% while the Australian general population rose by only 17%.[76] Figure 1 shows the percentage increase in the Victorian prison population and the Victorian general population from 2007 to 2017.

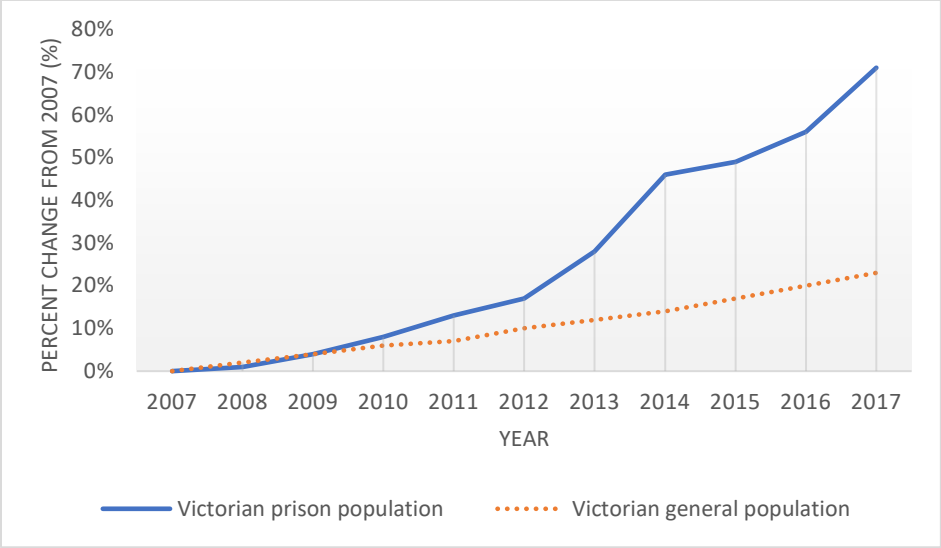

Figure 1. The percentage change in the Victorian general population and Victorian prison population from 2007 to 2017

Data sources: Australian Bureau of Statistics. Prisoners in Australia, 2018. 2018.; Australian Bureau of Statistics. Australian Demographic Statistics, Sept 2018. 2019.

From 2000-2015, the increase in the prison population in Oceania has been higher than in any other region globally, and Australia has been distinguished by the largest increase in prison population, approximately doubling the number of people in prison over this period.[77]

As of December 2018, the average daily number of sentenced and unsentenced people in Australian prisons was 42,779, an increase of 25% from 2013.[20,78] In the same period the average number of people supervised in the community on the first day of any month was 73,428, a 24% increase over five years (Figure 2).[20,78]

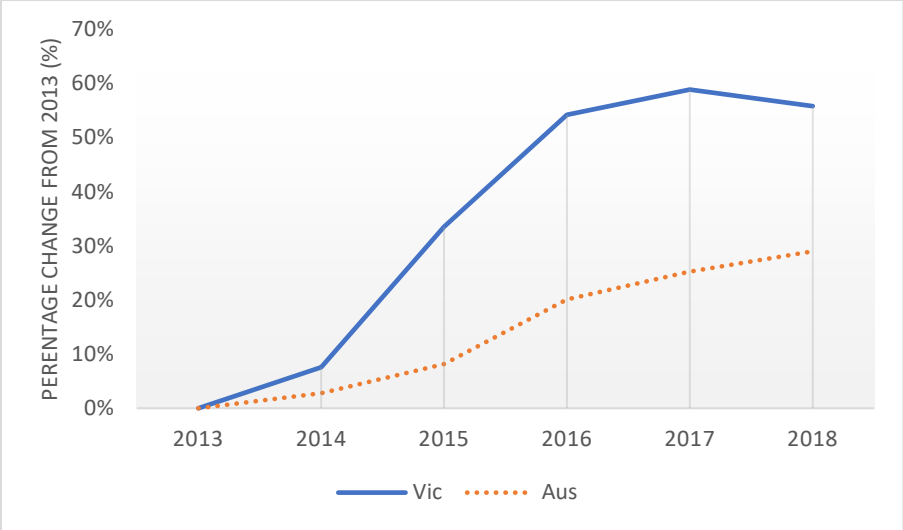

Figure 2. The percentage change in the average daily number of people in community corrections on the first day of the month in Victoria and Australia from 2013 to 2018

Data Source: Australian Bureau of Statistics. Corrective Services, Australia, December quarter 2018. Canberra: ABS, 2019; Australian Bureau of Statistics. Corrective Services, Australia, December quarter 2015. Canberra: ABS, 2016

In 2018, Victoria contributed 19% of the national sentenced and unsentenced prisoner population with an average daily number of 8,013, a 28% increase from 2013.[20,78] Victoria also accounted for 13,721 people (19% of the national total) being supervised in the community, a 32% increase from 2013.[20,78] Women are one of the fastest growing subpopulations in prison. From 2013 to 2018, the number of women in prison in Australia increased by 40%, compared to a 32% increase for men.[20] Aboriginal and Torres Strait Islander people are 13 times more likely than the Australian general population of the same age to be incarcerated in Australia. [79] Aboriginal and Torres Strait Islander people are also incarcerated at a rate higher than other marginalised groups globally.[80]

Recent changes to parole and bail laws have contributed to the increasing number of people in prison, by making these forms of release more difficult to access.[81] In Australia, one third of people in prison are on remand, meaning that they are detained in prison but have not been sentenced, with some detained on unproven charges.[19] The number of people being held on remand is increasing across Australia, with Victoria experiencing the largest increase.[19] Victoria's remand population increased by 22% from 30 June 2017 to 30 June 2018, compared to a national increase of only 7% in the same period.[19]

Figure 3 shows the increasing remand population from 2008 to 2018 in Victoria, compared to Australia.

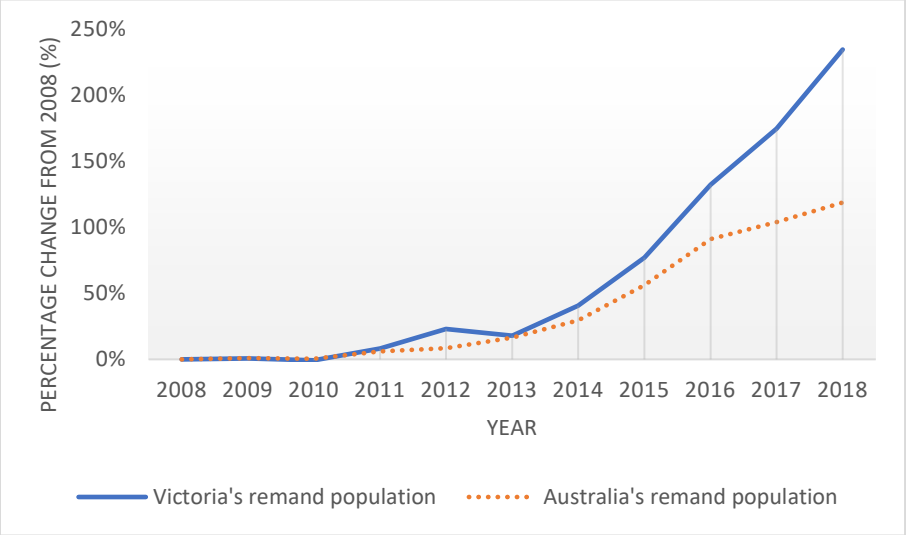

Figure 3. The percentage change in Victorian remand population and the Australian remand population from 2008 to 2018

Data sources: Australian Bureau of Statistics. Prisoners in Australia, 2018. 2018.

Key terminology

Prison 'churn', 'flow', or throughput, defined as the number of admissions to, and discharges from, prison each year is more accurate than the average daily number at indicating how many people experience incarceration over a period of time.

The average daily number of people in prison is a poor indication of how many people experience incarceration over a period of time. Many people repeatedly cycle in and out of prison on short sentences; this is known as the prison 'churn', 'flow', or throughput, defined as the number of admissions to, and discharges from, prison each year. In 2018, the median sentence people were expected to serve was 1.9 and 2.5 years in Australia and Victoria, respectively.[19] These figures may be misleading as this is the median expected sentence length of all people in prison on 30 June 2018,[19] which is a poor reflection of the median sentence length for people on short sentences who cycle in and out of prison more frequently.[82]

In 2018, over half (57%) of sentenced prisoners in Australia had been in prison previously.[19] A recent Australian Institute of Health and Welfare (AIHW) report estimated that 66% of people in Victorian prisons had been in prison before (Figure 4).[76]

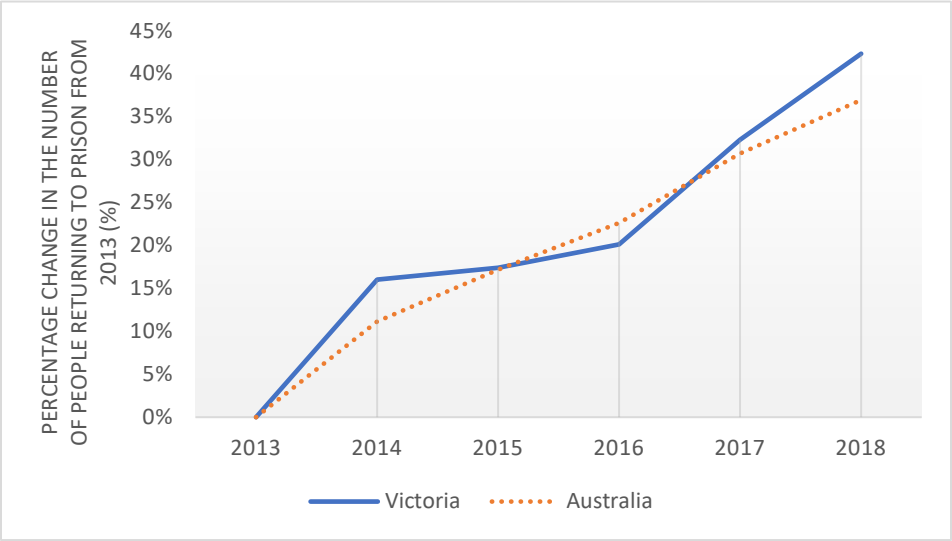

Figure 4. The percentage change in the number of people in prison with prior imprisonments in the Victorian and Australian prison population from 2013 to 2018

Data sources: Australian Bureau of Statistics. Prisoners in Australia, 2018. 2018.

In 2018, an estimated 67,506 people were discharged from prisons in Australia, which is approximately 55% higher than the daily average number of people in prison (Figure 5).[20]

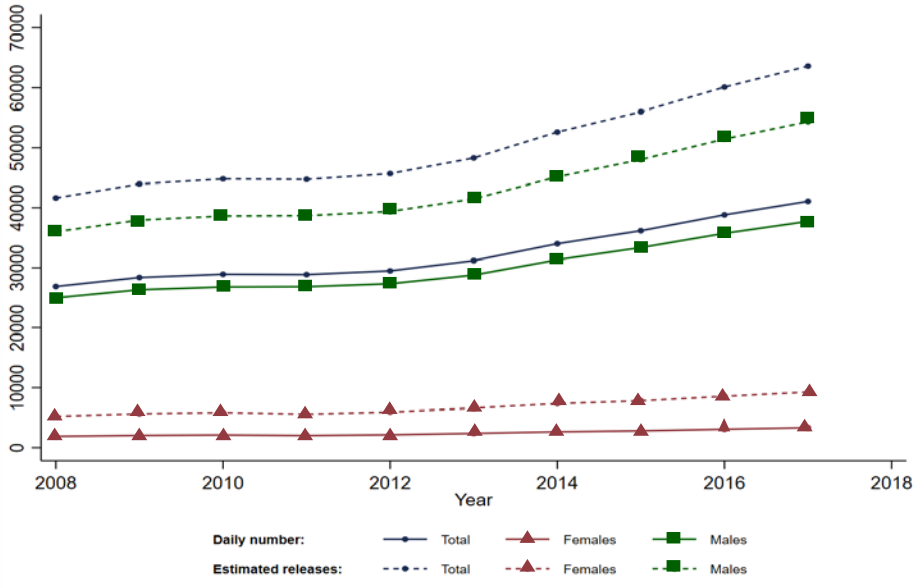

Figure 5. Estimated number of people released from Australian prisons from 2008 to 2017

Data Source: Australian Bureau of Statistics. Corrective Services, Australia, December quarter 2018. Canberra: ABS, 2019.

In Victoria, 11,892 people were discharged from prison in 2018, 48% higher than the daily average number.[20] Prison throughput differs greatly by sex, with women cycling in and out of prison more rapidly than men. The number of female prison discharges annually is 200% higher than the average daily number, which is five-times higher than the equivalent prison discharges for men.[20] The throughput for people with mental health issues, substance use issues, or co-occurring of mental health and substance use issues in Australia is currently unknown.

Incarceration also impacts the children, partners and other family members of those who are incarcerated. Research has shown that social connections are vital for successful reintegration back into the community and can protect against negative outcomes after release, including death.[83] Having a parent in prison increases a young person's chances of being detained as a youth and imprisoned as an adult.[84] In 2018, the AIHW reported that 38% of people entering prisons in Australia had a child dependent on them for care, and 18% of people entering prison had one or more parents or carers incarcerated during their childhood.[76]

2.1.1. Young people exposed to the youth justice system

Young people (aged 10-17 years) with mental health and substance use issues are overrepresented in the criminal justice system.[26] In Australia, from 2017 to 2018, 10,638 young people were supervised by the youth justice system, including both community supervision and juvenile detention.[85] There were 8,812 discharges from detention from 2017 to 2018 from 4,661 young people, the majority (86%) of whom were released from remand.[85] Similar to adults in prison in Australia, many young people in detention were detained on short sentences (a median of 8 days) and over half (64%) had been supervised by the youth justice system before.[85] The Victorian youth justice system is moving in the wrong direction towards more punitive and outdated criminal justice policies. Recent regressive sentencing changes for youth justice in Victoria include the presumption of imprisonment in an adult correctional facility for people as young as 16 years for certain offences, unless there are 'exceptional circumstances'.[86]

2.2. Key considerations for policy and practice

The number of people cycling through prisons in Victoria will continue to rise unless policy in relation to sentencing changes. The focus on incarceration as the default sentencing option reinforces an intergenerational cycle of social exclusion and entrenched disadvantage. Given people with mental health and substance use issues are overrepresented in the criminal justice system, any policies that increase incarceration rates will surely result in the widening of this disparity, placing more people with mental illness and substance use issues in a place that is unsuited to their needs and detrimental to their long-term health and participation in society. According to the Queensland Productivity Commission the high costs of imprisonment often outweighed any potential benefits to the community, and that lower-cost alternatives would provide greater benefits.[23] The general population in Victoria has expressed support for alternatives to imprisonment, especially for people who have mental health or substance use issues.[87] Numerous cost-benefit analyses have found that alternatives to imprisonment are more cost effective than imprisonment. The Australian Institute of Criminology found that one community-

based supervision episode was more cost effective in both the short and long term (over five years) compared to one episode of incarceration, even when subsequent custodial and non-custodial sanctions were considered.[21] When incarceration has been compared to other diversion options for Aboriginal women in Victoria, diversion options like housing and community or residential AOD treatment have also been found to be more cost effective than prison.[22] This is consistent with international evidence from the United States (US)[88,89] and the United Kingdom (UK).[90] Therefore, incarceration should be used only as an action of last resort. Please also see recommendations 2 and 10.

Recommendation 4:
The Victorian government investigate whether the recent changes to the bail, remand and parole laws that are dramatically increasing the number of people in prison in Victoria are disadvantaging people with mental health and substance use issues.

Recommendation 5:
The Victorian government address the disproportionate numbers of Aboriginal and Torres Strait Islander people in prisons in Victoria as a matter of urgency and ensure that there are adequate number of appropriately funded, culturally-sensitive, community-based services for Aboriginal and Torres Strait Islander people with co-occurring mental health and substance use issues.

Understanding and having accurate data on prison throughput for key subgroups, such as people with co-occurring mental health and substance use issues, is critical for targeting adequately resourcing transition planning and health and support services. However, currently there are no reliable and publicly available estimates of the prison throughput for people with mental health issues, substance use issues, or co-occurring of mental health and substance use issues in Australia. This information is important as there is increasing evidence that approaches that address the complex and interconnected reasons why people become involved in the criminal justice system and take into consideration their social disadvantage, marginalisation, and poor health, both reduce recidivism and are likely cost-effective.[22,24,25]

Recommendation 6:
Standardised and reliable data on mental health, substance use, the co-occurrence of mental health and substance use issues, and multimorbid chronic physical conditions among adults and young people entering and leaving the criminal justice system in Victorian be routinely collected and made publicly available.

Youth justice policies in Victoria are currently not evidence-based. Instead, they are predominantly guided by the media portrayal of, and moral panic over, youth crime. Increasing the severity of punishments does not reduce rates of return to custody or deter people from committing offences. Victoria's youth justice policies are falling behind international standards[27] and are not consistent with the developmental needs of young people or a therapeutic response to the mental health and substance use issues experienced by disadvantaged and vulnerable youth.

Recommendation 7:
The Victorian Government raise the minimum age of criminal responsibility to 14 and implement legislation prohibiting any person under the age of 21 being incarcerated in an adult prison.

3. People with co-occurring mental health and substance use issues involved in the criminal justice system

3.1. Background

Addressing the overrepresentation of people with co-occurring mental health and substance use issues in the criminal justice system should be a should be a whole-of-government priority, underpinned by fundamental integration of the criminal justice, AOD treatment, and mental health systems. The prevalence of co-occurring mental illness and substance use disorders among people in prison is between 18% and 56%,[91-95] a much higher prevalence than in the general population.[96] It has been estimated that between 0.6% and 1.3% of Australian males and between 0.2% and 0.8% of Australian females have a mental illness and a substance use disorder, however, this information is not routinely collected in the general population.[96] A study in Victoria found that 62% of men who had contact with forensic mental health services had co-occurring serious mental illness and substance use disorders.[97] Another study found that 46% of women and 25% of men in prison in New South Wales had a co-occurring mental illness and substance use disorder within the past 12 months. [98]

Key message

The prevalence of co-occurring mental illness and substance use disorders among people in prison is much higher than in the general population.

The AIHW's *Health of Australia's Prisoners Report 2018*[76] estimates that approximately 40% of people entering prisons in Australia have been diagnosed with a mental illness or substance use disorder (Figure 6). However, it does not report the co-occurrence of these conditions.[76]

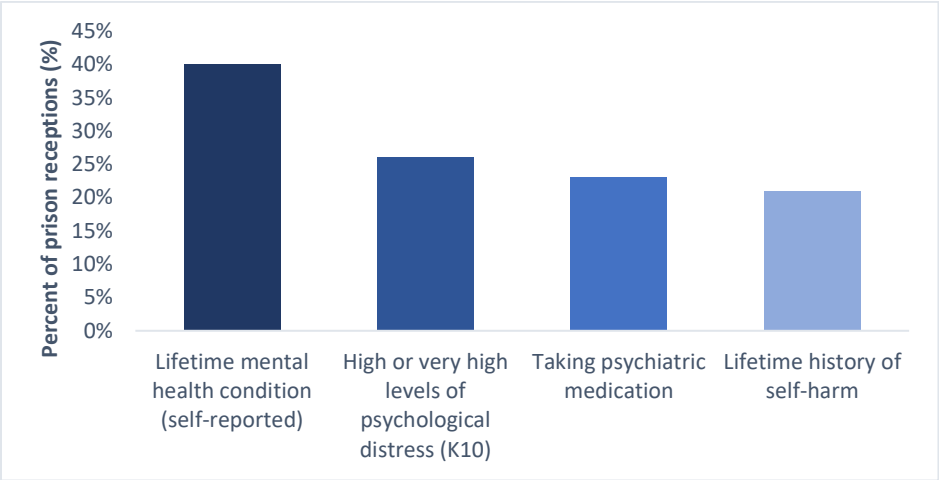

Figure 6. Prevalence of mental health problems and self-harm among people entering Australian prisons in 2018

Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019.

Peer-reviewed studies have estimated that the 12-month prevalence of mental illness among people in prison in Australia is between 43% and 80%.[98-100] Compared to the general population, people in prison in Australia are between 3 and 11 times more likely to have mental illness (specifically affective, anxiety, personality, or psychotic disorder).[99] The prevalence of mental illnesses among people in prison differs by sex and Indigenous status[76,98]. A higher proportion of women (65%) and non-Indigenous people (44%) entering prison have a mental illness, compared to men (36%) and Indigenous people (33%), respectively.[76]

There is also a high prevalence of substance use issues among people in prison in Australia; 65% of people entering prison report that they used illicit substance during the 12 months before incarceration (Figure 7).[76] The 2018 AIHW report found that women (74%) more frequently reported recent illicit substance use, compared to men (64%), however prevalence did not differ by Indigenous status.[76] Methamphetamine (43%) was the most common drug reported, followed by cannabis (40%).[76]

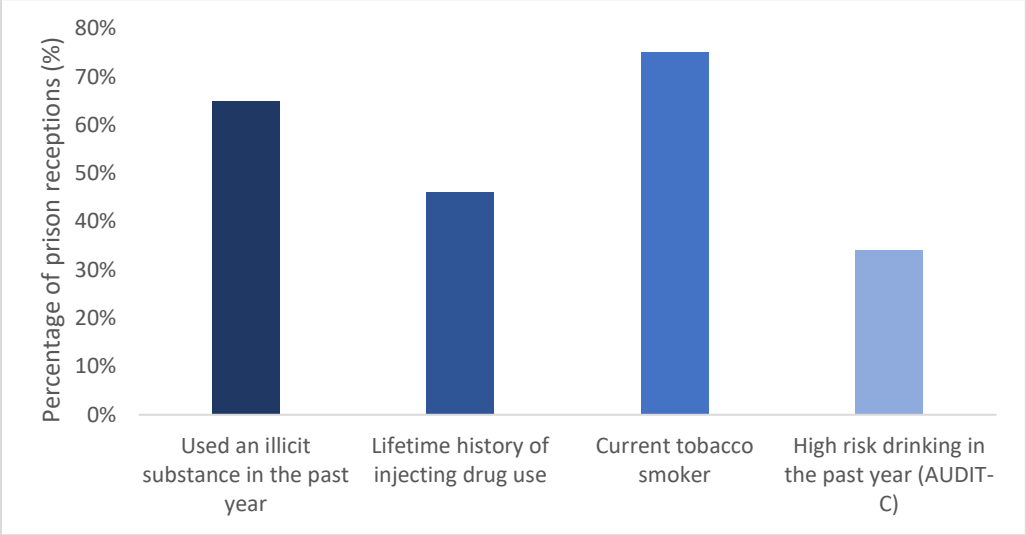

Figure 7. Substance use among people entering Australian prisons, 2018

Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019

Similarly, peer-reviewed studies estimate that the prevalence of substance use disorder is between 55% and 76% among people in prison in Australia.[98,101] This represents between an 8 to 11 times higher likelihood of having a substance use disorder compared to the Australian general population.[99]

In addition to co-occurring mental health and substance use issues, people in prison often have other complex health needs. Chronic physical health conditions have been associated with an increased likelihood of co-occurring mental health and substance use issues.[28-30] Furthermore, having at least two co-occurring chronic physical health conditions (known as multimorbidity) has been associated with poorer mental health among people with a history of injecting drug use in prison in Australia.[102] Approximately one-third (30%) of people entering prison in Australia report that they have at least one chronic physical health condition, with asthma being the most common condition (22%) (Figure 8).[76]

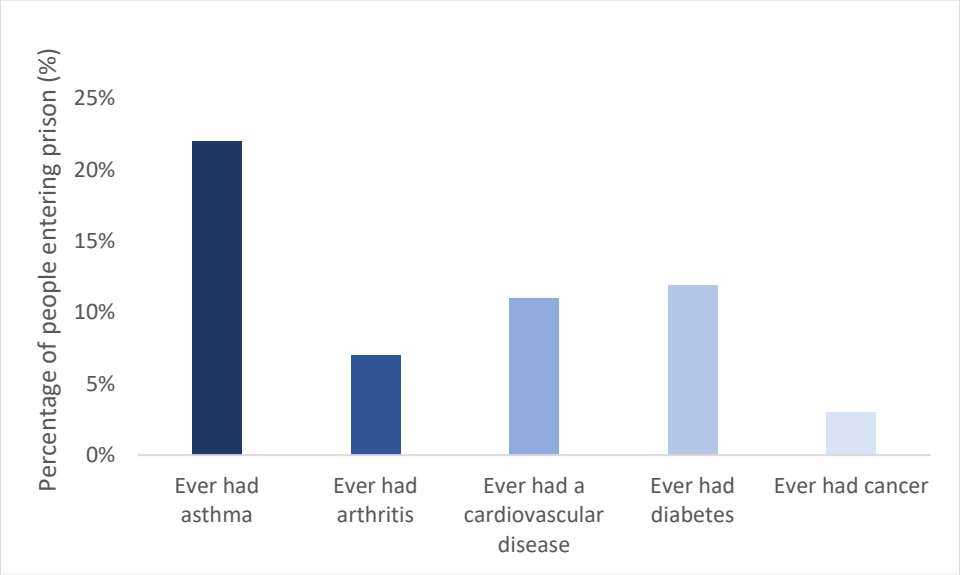

Figure 8. Chronic physical health conditions among people entering Australian prisons, 2018
Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019.

3.1.1. Co-occurring mental health and substance use issues among young people exposed to the youth justice system

There are large gaps in data on the health of young people involved in the criminal justice system in Australia. The AIHW's prison health report excludes people under the age of 18 and, currently, no equivalent data source exists for young people involved in the youth justice system in Australia.[76,103] Establishing such a data source has been identified as a priority by the AIHW, who have conducted a feasibility study and determined that administrative data linkage would be a feasible method for routine surveillance.[103] Evidence from peer-reviewed studies[104,105] indicates that many young people who come in contact with the youth justice system have mental health and substance use issues. For example, globally, young people in detention are 10 times more likely than the general adolescent population to be diagnosed with psychosis.[104] Young females in detention have a high risk of major depression compared to the general population, with a six-month prevalence of 29%.[104]

Substance use issues are prevalent among young people involved in the criminal justice system. A survey by the Victorian Youth Parole Board found that of 226 young people involved in the youth justice system in 2017-2018, 53% had mental health issues, 30% had a history of self-harm or suicidal ideation, and 58% had a history of alcohol and other drug use (Figure 9).[106]

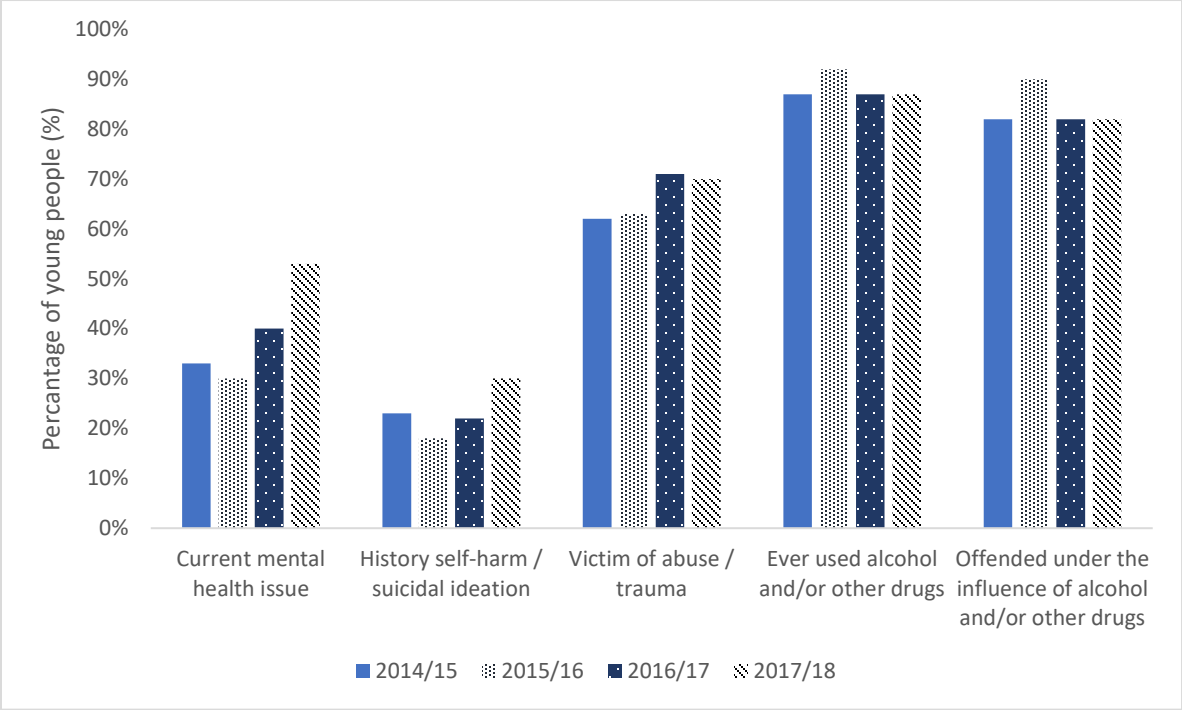

Figure 9. Mental health and substance use issues of young people surveyed by the Youth Parole Board in Victoria 2014/15-2017/18

Adapted from: Youth Parole Board. Annual Report 2017–18. Victoria: Department of Justice and Regulation, 2018; Youth Parole Board. Annual Report 2016–17. Victoria: Department of Justice and Regulation, 2017; Youth Parole Board. Annual Report 2015–16. Victoria: Department of Justice and Regulation, 2016; Youth Parole Board. Annual Report 2014–15. Victoria: Department of Justice and Regulation, 2015;

3.2. Key considerations for policy and practice

While there is strong evidence that there is a high prevalence of co-occurring mental illness and substance use disorders among people in the criminal justice system,[91-95] the prevalence of co-occurrence of these conditions is not routinely reported at the national or state level in Australia. This limits our understanding of the nature and complexity of the health conditions experienced by people involved in the criminal justice system, and impedes allocation of funds and services commensurate to their needs. Despite the fact that complex health needs add additional challenges for service providers to identify and manage the health conditions of their patients effectively,[31] and are a barrier to accessing and completing treatment for communicable diseases,[32,33] there is no reliable information on the number of people in prison with chronic physical conditions who experience co-occurring mental health and substance use issues. Additionally, there are no publicly available, reliable estimates of the prevalence of co-occurring mental illness and substance use disorder among justice-involved young people. This limits the capacity of the mental health and AOD sectors to develop and deliver an evidence-based, integrated service response. This is a key missed opportunity to prevent and interrupt a

progression to the adult correctional system for vulnerable young people with mental health and substance use issues. Please also see recommendation 5 and 6.

Recommendation 8:
The Victorian government incentivise standardised and reliable deidentified data collection by non-government health service providers, such as funding for setting up and maintaining data collection as a core business function and upskilling staff in good data collection, management and analytics.

4. Who is responsible for mental health services and alcohol and drug treatment for people in prison?

4.1. Background

In Victoria, the State is responsible for the health of people who are incarcerated. This responsibility is overseen by the Victorian Department of Justice and Community Safety.[107] This differs from the model of prison healthcare in most other Australian jurisdictions[76] and numerous other jurisdictions including Finland[108], Portugal[109] and the UK[110] where the health of people in prison is overseen by the ministry responsible for the health of the general population. Despite the latter model being recommended by the World Health Organization (WHO),[111] it has not been extensively evaluated by independent bodies. The limited evaluations on this model have come to inconsistent conclusions.[110,112] Prison health governance models require further evaluation and, based on the available evidence, it appears that improving healthcare in prisons is not as simple as transferring the responsibility from one government department to another. In Victoria, Justice Health, a business unit of the Department of Justice and Community Safety, is responsible for the delivery of health services for people in prison.[34] Justice Health contracts out health services for people in prison to various health service providers,[34] including:

- Correct Care Australasia, a subcontractor of GEO Group Australia (that operates Fulham Correctional Centre and Ravenhall Correctional Centre) and provides primary health services at all public prisons and the Judy Lazarus Transition Centre.[34]
- Forensicare, a specialist clinical forensic mental health provider that is part of the Victorian Institute of Forensic Mental Health.[113] It provides the mental health services at all adult public prisons and treatment for involuntary patients in Thomas Embling Hospital.[113]
- St Vincent's Correctional Health Services, which is sub-contracted by G4S to provide primary health services and mental health services at Port Phillip Prison, a private prison operated by G4S.[34]
- GEO Group Australia, the operator of Fulham Correctional Centre and Ravenhall Correctional Centre that also provides the primary and mental health services at these prisons.[34]
- Caraniche, which delivers AOD treatment services to all adult public prisons.[114]
- Uniting Care ReGen, which is sub-contracted by G4S to provide AOD treatment services at Port Phillip Prison, a private prison operated by G4S.[115]

4.2. Key considerations for policy and practice

The health service environment in Victorian prisons is unnecessarily complex, wherein the responsibility for, and delivery of, healthcare differs between the community and prison, and also between individual prisons. This raises many challenges for care coordination, continuity of care, and integrated AOD and mental health treatment provision. The coordination of providers across the public and private sectors adds another layer of complexity, and collaboration in this complex service environment is often particularly challenging.

Recommendation 9:
Mental healthcare and AOD treatment services in prisons be simplified such that there is a standardised, evidence-based model of care across all prisons in Victoria that has well-defined, integrated referral pathways with mental healthcare and AOD treatment in the community.

5. Mental healthcare and alcohol and other drug treatment service use during incarceration

5.1. Background

Incarceration is a regrettable yet important opportunity to engage an underserved and marginalised group of people, who have complex and co-occurring health needs in services to improve their long-term health and wellbeing. Despite a high prevalence of mental health and substance use issues, and of their co-occurrence, people in prison have surprisingly low levels of health service engagement prior to incarceration.[116,117] A survey of people detained in police custody in Australia found that 42% of women and 28% of men without a previously diagnosed mental illness or substance use disorder at the time of arrest, met the criteria for one of these conditions when screened in custody.[118] A lack of service engagement prior to incarceration is possibly related to the fragmented nature of mental health and AOD treatment services in the community.[16] Despite Australia's 'no wrong door' policy, these separate systems often have little communication, are difficult to navigate for clients, and have separate intake and assessment pathways.[16] This is especially challenging for people with co-occurring mental health and substance use issues, who may not be able to access mental health treatment due to their substance use and vice versa.[16] Both young people[119] and adults[16] in Victoria report that they are not able to access mental health services until they address their substance use issues. Until effective coordination across the mental health and AOD treatment service systems improves, Australia's 'no wrong door' policy will remain aspirational and many vulnerable people with mental health and substance use issues will continue to be underserved in the community.

Key message

Incarceration is an opportunity to engage people with complex health needs with health services and address their poor mental health and substance use issues.

For marginalised individuals who may face barriers to accessing healthcare and are often underserved in the community, incarceration provides people with complex health needs a unique opportunity to access health services and address their health needs. Internationally, people with multiple and complex needs, such as those with co-occurring mental health and substance use issues, account for a disproportionate amount of forensic healthcare expenditure.[120] Co-occurring mental illness and chronic physical health conditions is also one of the strongest predictors of healthcare use in prison.[121] Figures 10 and 11 show that prison clinic visits for mental health and substance use issues are common, and that mental health-related medication is the most frequent medication dispensed to people in prison in Australia.

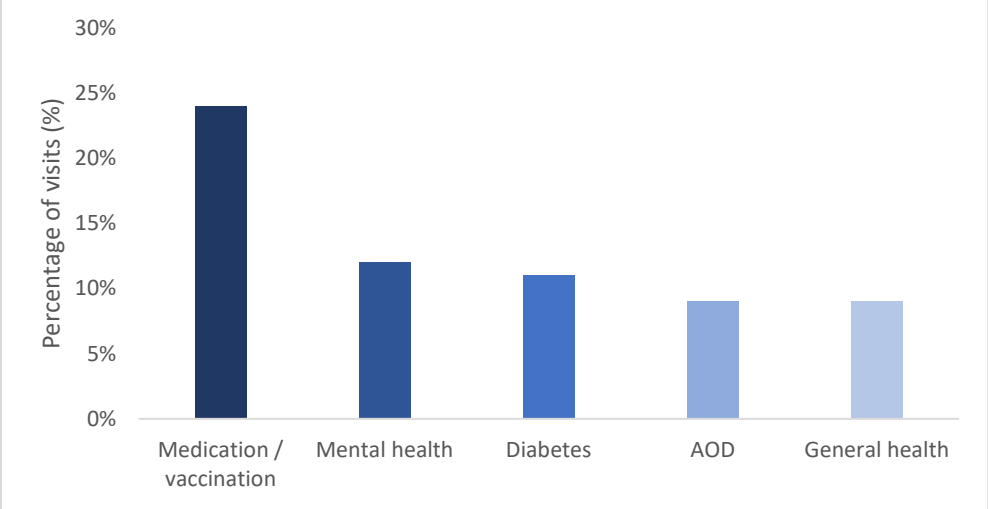

Figure 10. Most common reason people in Australian prisons visited the prison clinic in a two week period in 2018

Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019.

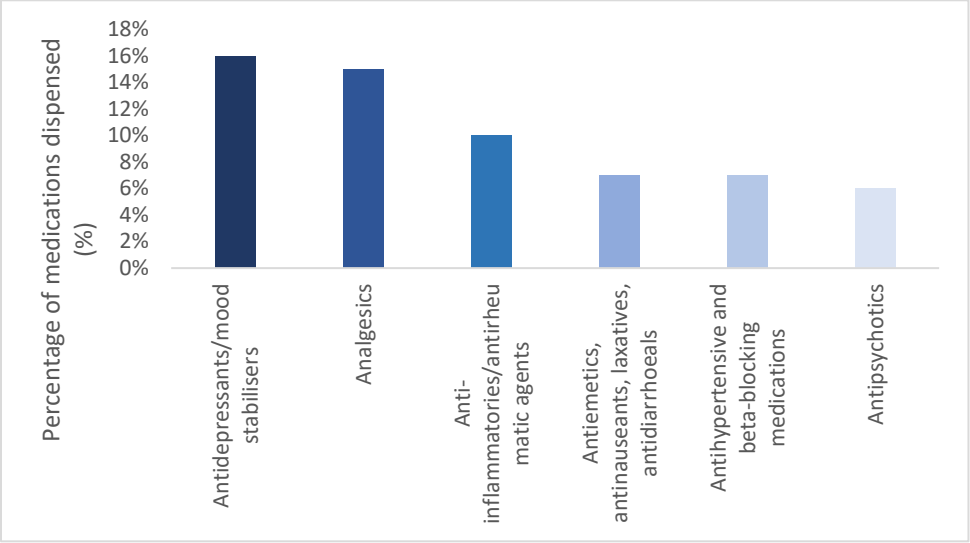

Figure 11. Most common medications dispensed to people in Australian prisons in 2018

Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019.

Although many people report that their health improves while incarcerated, these improvements are typically only temporary and after release from prison, health usually returns to similar levels to that prior to incarceration.[30,122-132] The net effect of incarceration is typically health depleting.

While access to services improves during incarceration, there is also evidence that incarceration can negatively impact on mental health. Controlling, oppressive, and punitive institutional environments have been asserted to worsen mental health.[11,133,134] Practices such as use of isolation, restricting visits from family and friends, overcrowding, poor access to health services and programs, and negative interactions with correctional officers may worsen mental health.[11,133,134] There is also evidence that people with co-occurring mental illness and substance use disorders are more severely disciplined by correctional authorities, compared to people without these conditions, which may worsen their mental health.[135] As the prevalence of co-occurring mental illness and substance use disorders is not routinely collected in the Victorian prison system, the impact of incarceration on mental health in this population is unknown. A systematic review highlighted a lack of strong evidence on the effects of incarceration on mental health,[136] but concluded that mental health likely acutely worsens when people enter prison but then improves over the duration of incarceration.[136] No equivalent investigation into the impact of incarceration on substance use has been conducted.

Overall, it is clear that there is insufficient evidence on the impact of incarceration on mental health or substance use, in both Victoria and Australia. High-quality data could be used to develop evidence-based mental health and AOD treatment programs for people involved in the criminal justice system. However, as noted by the Victorian Ombudsman[137] in 2017, the Victorian Department of Justice and Community Safety (then known as the Department of Justice and Regulation) is often reluctant to work with researchers examining the health of people in prison. This avoidable and resolvable gap in access to information is a major barrier to the transparency, quality improvement and the development of evidence-based responses to the mental health and substance-related needs of justice-involved people.

5.1.1. Mental healthcare and alcohol and other drug treatment service delivery in prisons in Victoria

The resourcing and delivery of mental health services in prison remains inadequate in most countries,[138] including Australia.[35] There is limited information about how mental health services in Victorian prisons are delivered, limiting any opportunity for evaluation and improvement.[36] In a national survey[35] of prison mental health services in Australia, Victoria was the only jurisdiction that did not provide data. In most other jurisdictions, prison mental health services appeared to be dramatically under-funded (Figure 12). Equivalent evidence on AOD treatment service delivery in Australian prisons has never been generated, limiting our ability to benchmark and evaluate prison AOD treatment services. Gaps in, and a lack of, publicly available data was also cited as a barrier to completing a recent evaluation of service delivery in private compared to public prisons in Victoria.[36] This evaluation noted the lack of transparency and accountability in the Victorian correctional system due to a reliance on in-house monitoring and review processes, and the absence of a transparent and independent oversight body.[36]

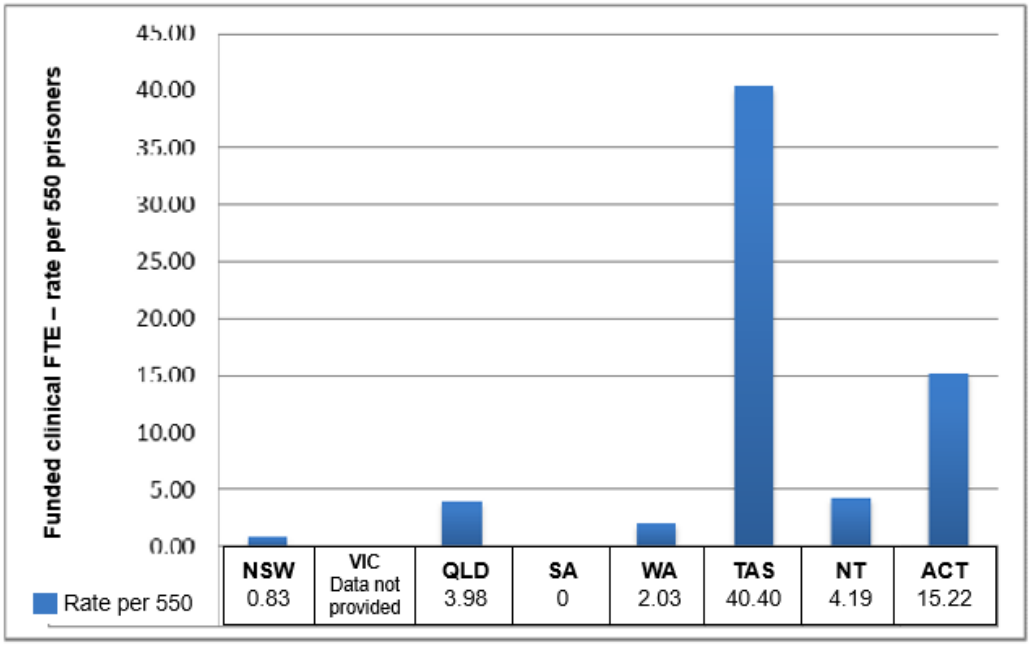

Figure 12. Funded clinical fulltime equivalent (FTE) staff for each jurisdiction at a rate per 550 prisoners

Reproduced with permission, from: Clugston B, Perrin M, Davidson F, Heffernan E, Kinner S. Prison Mental Health Services: A Comparison of Australian Jurisdictions. Brisbane: Griffith University, 2018.

It is Justice Health of Corrections Victoria's stated policy that the health services provided in prisons in Victoria be equivalent to those provided in the community.[39] This is known as the principle of equivalence and is mandated by the United Nations.[111] However, multiple investigations by the Victorian Ombudsman[71,73,139] have revealed that the health services provided in prisons in Victoria, including mental healthcare and AOD treatment, do not meet the community standard, especially regarding access to services. There are often long wait lists for services, with some people in prison reporting that they have to wait months to see a doctor, long delays between being screened for eligibility and

receiving the service, and health appointments frequently being cancelled or rescheduled by the provider.[71,73,139] The capacity of mental health services, including the number of mental health beds available[71,73] and the time allocated for mental health assessments of people entering prison,[73,139] have not kept up with the growing demand. People held on remand (approximately one third of all people in prison) have particularly limited access to services and programs for mental health and substance use issues.[22] This means that a substantial proportion of people released from custody, who experience higher rates of mental health and substance use issues by an order of magnitude than the general population, will be released without adequate provision of mental health and AOD treatment while in custody. While it is Justice Health of Corrections Victoria's stated policy that "all prisoners, regardless of remand status or sentence length, have access to the same mental health services" (pg.72)[22], there seems to be a significant gap between stated policy and practice in this area.

Key message

The health services provided in prisons in Victoria, including mental healthcare and AOD treatment, do not meet the community equivalent standard, especially regarding access to services.

5.1.2. Mental healthcare and alcohol and other drug treatment service delivery in youth justice detention facilities in Victoria

The standard of mental health and AOD services provided in youth detention centres in Victoria have been found to be inadequate.[41] A 2018 Parliamentary Inquiry found that because there is no dedicated secure youth mental health facility in Victoria, young people with mental health issues, intellectual disability and/or other cognitive impairments are being avoidably detained in correctional facilities.[41] As such, the Inquiry recommended establishing a youth forensic mental health precinct within Thomas Embling Hospital.[41] In response, the Victorian Government stated a two-bed secure forensic mental health unit would be built within the Ursula Frayne Centre.[140] The Inquiry also acknowledged that while AOD treatment services are available in Parkville and Malmsbury youth detention facilities, these programs are unable to meet growing demand.[41] A further concern in youth detention centres in Victoria is the alleged human rights abuses and use of excessive force and isolation, which will likely worsen the mental health of young people who experience detention.[141,142]

5.2. Key considerations for policy and practice

The inadequate response to the mental health and substance use needs of people who churn through the criminal justice system on short sentences, and the increasing number of people being held on remand, is a critical missed opportunity to engage a highly disadvantaged group at risk of poor health, social, and criminal justice outcomes with mental healthcare and AOD services for which they are highly indicated. This is especially pertinent for women, who cycle through the prison system at a higher rate than men,[20,82] and have a higher prevalence of mental health and substance use issues compared to men in prison.[128] Victoria should look to models of service provision in other jurisdictions, such as the Netherlands, that have a therapeutic approach to incarceration.[37,38] In the Netherlands, people in prison can build fundamental skills that empower them to lead independent and productive lives after

release.[37,38] The aim of correctional policy and practice is to prepare the person as much as possible for return to the community.[37,38] Correctional staff receive extensive training and are comprised of social workers, mental health professionals, and attorneys.[37] The success of these policies can be seen in the country's low crime and recidivism rates, and prison closures.[37] This system has an emphasis on rehabilitation and reintegration, and prioritises non-custodial orders and diversion over incarceration.[37,38] Please also see recommendations 19.

Recommendation 10:
The Victorian prison system be reformed with a renewed therapeutic approach to incarceration wherein the aim of incarceration is to improve the health, wellbeing, quality of life and employment skills of people while they are incarcerated and as they transition from prison to the community.

The lack of data and transparency on service delivery in Victorian prisons limits our understanding and ability to benchmark and evaluate mental healthcare and AOD treatment service delivery. This is critical for ongoing quality assurance and improvement, and are essential to evaluate and achieve a human-rights compliant criminal justice system. Publicly available, high quality data are required to inform development of evidence-based mental health and AOD treatment programs and effective transitional treatment pathways for people with mental health and substance use issues involved in the criminal justice system.

Recommendation 11:
The Department of Justice and Community Safety develop links and collaborate with external researchers to evaluate health services provided in Victorian prisons, and translate research evidence into practice.

People in prison are far more likely than the general population to have poor physical and mental health, as well as more complex health needs. Therefore, even if health service delivery in prisons was equivalent in inputs (i.e., the level of services provided per person) to that in the community, this would be insufficient to address the complex and co-occurring mental health and substance use needs of the prison population and achieve equivalent health outcomes. Instead of equality in service provision, the aim for mental health and AOD services in prison should be to deliver equality in health outcomes, benchmarked against what outcomes are achieved in the community.[40]

However, currently there is no publicly available data to robustly evaluate whether the level of services provided in prison, nor the outcomes achieved by these services, are equivalent to that of the Victorian community. Addressing this gap in the ability to compare, evaluate, and benchmark the equivalence of health services provided in prison should be a matter of priority.

Recommendation 12:
The mental healthcare and AOD treatment delivery in prisons and care pathways, programs and services for people released from prisons in Victoria be subject to a transparent, rigorous and independent review with the results made publicly available, and any gaps identified in the evaluation be addressed in a timely way.

Although services that specialise in forensic youth mental health are important, the priority should be to keep young people in therapeutic care commensurate to their needs in the community, and out of secure, often punitive, environments whenever possible. The Victorian government response of proposing to build a two-bed secure forensic mental health unit within the Ursula Frayne Centre, is inadequate and will do little to ease the growing demand for long-term residential care for young people with complex mental illness. Please see recommendation 3.

6. Co-occurring mental health and substance use issues and transition from incarceration to the community

6.1. Background

People transitioning to the community after release from prison are at risk of poor health outcomes, including an increased risk of death compared to their peers from the general community. Causes of death in this period are usually preventable, and often due to suicide or overdose.[42] The risk of suicide in people released from prison is approximately seven times higher than in the general population.[143] In Australia, people released from prison are 22 times more likely than the general population to die from overdose.[144] This risk differs by Indigenous status, with Indigenous people being more likely to die from alcohol-related overdose and less likely to die from other drug-related overdose, compared to their non-Indigenous counterparts.[145] The reluctance of the Victorian Department of Justice and Community Safety to collaborate with researchers examining the health of people in prison, has led to a distinct lack of research on health outcomes after release from prison, in the Victorian setting. Studies conducted in WA[128] and Queensland[146,147] (Figures 13 and 14) show that suicide and overdose are leading causes of death in these jurisdictions. A lack of robust evidence on the rates, cause, nature, and context of death in Victoria precludes an evidence-based response to prevent the senseless loss of life after release from prison in the state with the second most releases from prison each year in Australia.

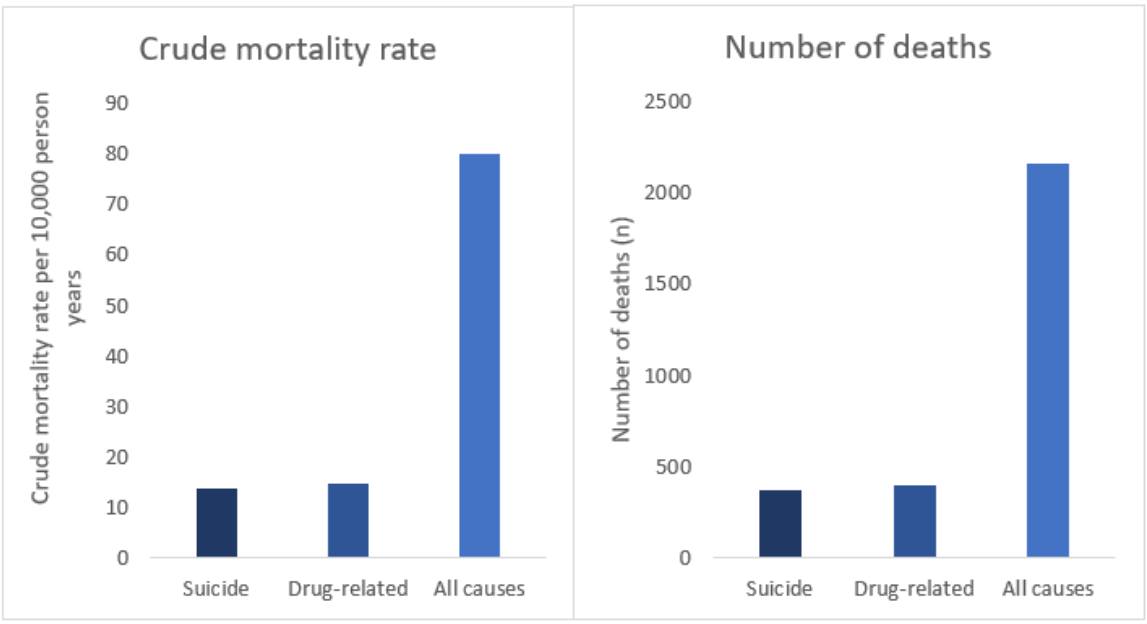

Figure 13. The rate and number of suicide and drug related deaths among people released from prisons in Queensland, Australia, 1994-2007

Adapted from: Spittal MJ, Forsyth S, Pirkis J, Alati R, Kinner SA. Suicide in adults released from prison in Queensland, Australia: a cohort study. J Epidemiol Community Health 2014; 68(10): 993-8.

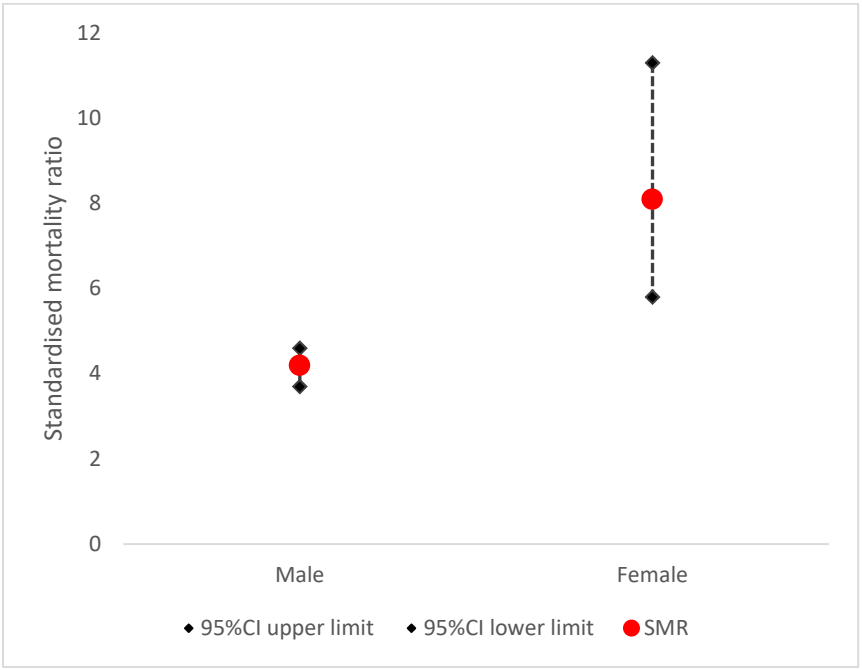

Figure 14. The elevation in risk of death among people released from prisons in Queensland, Australia compared to the Queensland general population, 1994-2007

SMR= Standardised mortality ratio (calculated using the Queensland general population mortality rates); 95%CI = 95% confidence interval
*Adapted from: van Dooren K, Kinner SA, Forsyth S. Risk of death for young ex-prisoners in the year following release from adult prison. Aust N Z J Public Health 2013; **37**(4): 377-82.*

The lack of understanding of death after release in Victoria, systematically disadvantages justice-involved people with mental health and substance use issues. People released from prison with mental health and substance use issues are particularly vulnerable to preventable causes of death.[43-45] Predictors of drug-related death among people released from prison include having a history of mental health issues,[148,149] injecting drug use, heroin use, and recent drug withdrawal or detox[43]. A history of mental health issues or self-harm has also been associated with an increased risk of non-drug related deaths after release from prison.[43] Furthermore, having a history of alcohol, heroin or other opioid use, or being prescribed antidepressants in prison, increases the risk of death from external causes after release from prison.[45] Death from any cause has been associated with having a substance use disorder or being admitted to a hospital for mental illness or substance use disorder,[150] or to a psychiatric hospital while in prison (Figure 15).[44,151] Generating information on deaths after release from custody is a fundamental step to preventing the disproportionate loss of life experienced by justice-involved people, and is especially important for redressing this profound health inequality experienced by people with mental health and substance use issues in the criminal justice system.

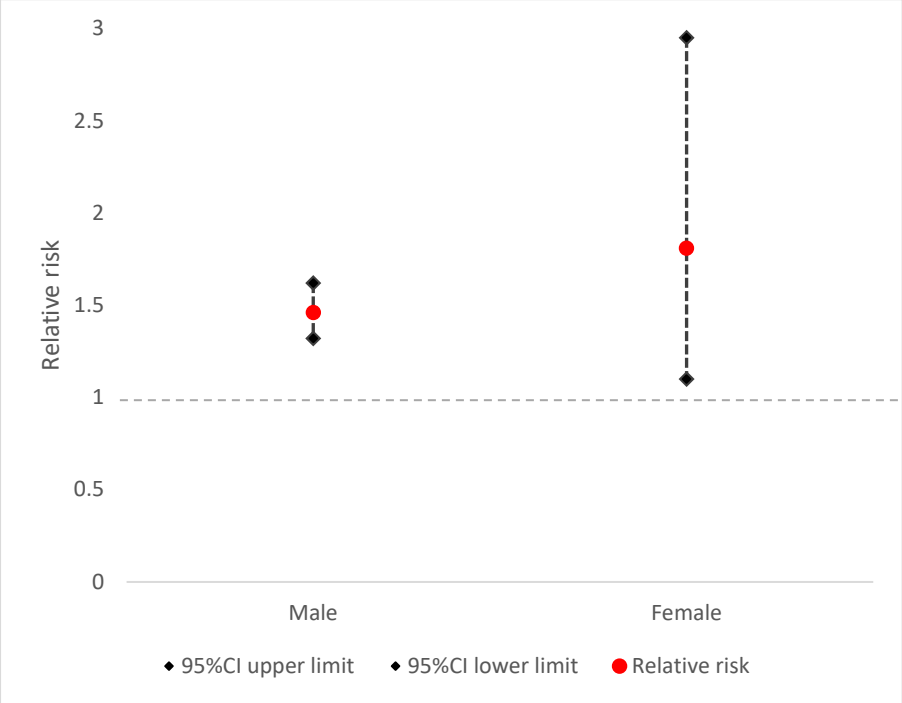

Figure 15. The relative increase in risk of death from any cause for people who had a psychiatric hospital admission in prison compared to those who did not in New South Wales, Australia, 1988-2002

Note: A relative risk above one shows an increase in risk of death from any cause.
Adapted from: Kariminia A, Law M, Butler T, et al. Factors associated with mortality in a cohort of Australian prisoners. Eur J Epidemiol 2007; 22(7): 417-28.

Key message

People released from prison have an increased risk of dying from preventable causes, such as suicide and overdose, compared to the general population.

There is a remarkable lack of information on non-fatal health outcomes among people released from prison. People released from prison are admitted to hospital at higher rates for mental illness and substance use disorders[128], such as alcohol use disorders, depression, and schizophrenia, than the general population.[152] Indigenous people released from prison are more likely than their non-Indigenous counterparts to be hospitalised, with mental illness and substance use disorders being the most common reason for admission.[152] Emergency healthcare and hospitalisations are expensive and these costs are usually borne by the public healthcare system. The health service costs of people released from prison are approximately two times higher than that of the general population.[153] People released from prison with co-occurring mental illness and substance use disorders are five times more likely than people released from prison without these conditions to be in the top 10% of annual healthcare costs among their peers.[153] This provides a strong economic rationale for increased investment in the systematic identification of mental health and substance use issues for people in prison, and ensuring that appropriate treatment is provided in prison and continued into the community after release. Increased investment in lower-cost community mental healthcare has been associated with a decrease in higher-cost psychiatric-related emergency department presentations.[154] Evaluation of mental healthcare and AOD treatment provided to people involved in the criminal justice system should be inclusive of not only criminal justice outcomes, but also health and social outcomes after the person returns to the community.

6.1.1. Continuity of care in Victoria

Best practice for health service provision during and after release from prison is the continuity of care model, also known as 'throughcare'.

Key terminology

Continuity of care, also known as throughcare, involves health services in the community being integrated and closely aligned with the health services provided in prisons, such that there is no gap or interruption in the services and support a person receives as they transition from prison to the community.

Ideally, planning for reintegration into the community should begin as soon as someone enters prison, with service provision continuing seamlessly without interruption as they return to the community. This model is recommended by the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules).[3] Enhanced continuity of care reduces poor health outcomes, including death,[1] the need for expensive emergency healthcare contact after release from prison, and future contact with the criminal justice system.[2,46] However, the healthcare provision that people released from prison currently receive in Victoria is neither well integrated nor continuous with community services.[4-6]

Despite substantial evidence that continuity of care and support is critical to improve health and social outcomes for people released from prison, there is currently only one dedicated secure transition facility in Victoria operated by Corrections Victoria, the Judy Lazarus Centre.[155] Access to this centre is very limited as there are only 25 beds [155] and it is only available to men, with no equivalent centre available for women.

In the community, the majority of support for people being released from prison is through non-government organisations. A community-based reintegration facility, The Bridge Centre, is available for men released from Ravenhall Correctional Centre, a private prison run by the GEO Group Australia.[156] This centre aims to address the health, wellbeing, education, financial, psychosocial, and behavioural needs of men released from prison.[156] However, access to this centre is also limited as it is only available to men released from Ravenhall Correctional Centre, who are not on parole or a community-based order.[156] Currently, there is no publicly available evidence regarding the success or otherwise of The Bridge Centre. The Australian Community Support Organisation (ACSO) is a leading provider of forensic and community support services in Victoria.[157] It provides a number of programs, including two specifically aimed at reintegration: Restart and ReConnect.[157]

Key message

Despite good evidence that enhanced continuity of care improves health and reduces future contact with the criminal justice system, the current healthcare provision for people released from prison in Victoria is neither well integrated nor continuous with community services.

Similarly, there is a pressing need for increased investment in support services for young people transitioning from youth detention back to the community in Victoria. A Parliamentary Inquiry into youth justice in Victoria found that despite mental health and AOD services being available for young people, the lack of coordination between services left young people feeling unsupported after release.[41] This is a key missed opportunity for prevention. Additionally, many young people reported being institutionalised by their experience in detention.[41] This would impair their ability to reintegrate to the community as they may have delayed development and impaired life skills, and may struggle to adapt to day-to-day life in the community.[41]

6.2. Key considerations for policy and practice

Continuity of care between the criminal justice, mental health and AOD systems is essential before, during and after release from prison to redress inequality and maintain or build on any health gains made during incarceration. This model of care is evidence-based[1,2] and consistent with a human rights framework.[3] The government department for Public Health in England have published a set of recommendations for improving continuity of care between prison and community, based on an audit that is likely adaptable to the Victorian setting.[158] Among the recommendations are accurate recording of data, sharing information between services, that prison-based treatment services should be linked in with community-based services, in-reach by community providers, and a standard referral form and referral protocol.[158] Please see recommendation 12.

The high rate of death after release from prison, usually due to preventable causes, highlights the need for increased investment in a service system that is adequately resourced to meet the needs of people released from prison, especially those with mental health and substance use issues. The average cost to imprison a person is double the median wage in Australia,[47,48] making investment in purpose-built transitional centres for people with complex mental health and substance use issues a cost-effective initiative that has the potential to improve health outcomes and public safety. For these improvements in health to be long lasting, mental health and AOD treatment services need to be coordinated and integrated with community service providers to provide continuous, effective transitional care and support that extends well beyond the custodial sentence. Transitional support programs and services provided by non-government organisations in the community are often chronically underfunded, and stretched beyond capacity, and the service system experiences substantial turnover in providers due to short-term tenders which are often not renewed with the same service provider. Furthermore, the services these organisations provide are often not subject to independent and transparent evaluation to establish whether they are achieving the outcomes they are intended to and achieving value for money. Thus, the effectiveness of these transitional support programs for people with mental health and substance use issues remains largely unknown. However, it is clear that improving continuity of mental healthcare and AOD treatment after release has the potential to greatly improve the health of a highly marginalised group of people in Australian society, increase public safety and is likely cost-effective.

Recommendation 13:
The Victorian Government increase investment in transitional support programs and implement purpose-built, prison-to-community, transitional services for people with mental health and substance use issues.

7. Justice-involved people in mental health and alcohol and other drug treatment services in the community

7.1. Background

Given the high prevalence of complex health conditions, such as co-occurring mental health and substance use issues, among people in contact with the criminal justice system, it is not surprising that they access health services for these conditions at a rate that far exceeds that of the general population.[49-51] This population is more likely than the general population to use primary health services (Figure 16),[159,160] reflecting their poor health profile and consistent with evidence that they experience poor health outcomes after release from prison. People released from prison are more likely to access emergency departments for mental illness and substance use disorders, compared to the general population.[50,159] Similarly, people released from prison contact mental health services at higher rates than their counterparts in the general population.[50]

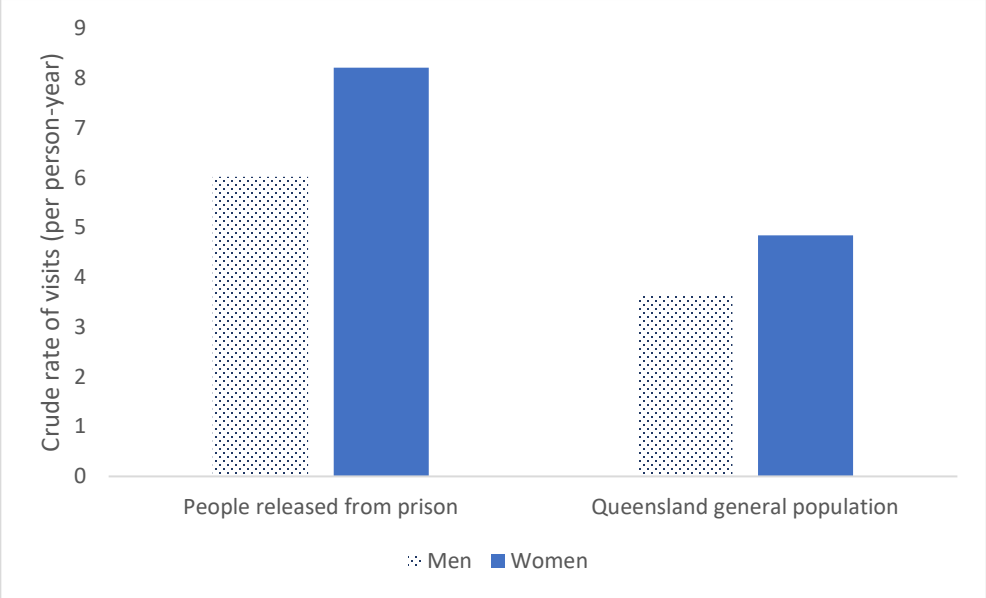

Figure 16. General practice attendance rates of people released from prison during the first 2 years after release, compared with the general population in Queensland, Australia, 2008-2010

Adapted from: Carroll M, Spittal MJ, Kemp-Casey AR, et al. High rates of general practice attendance by former prisoners: a prospective cohort study. Medical Journal of Australia 2017; 207(2): 75-80.

However, even though service use among justice-involved people is higher than in the general population, not all justice-involved people who need health services access them, and disengagement from these services is far too common.[52,53] The rate of disengagement with mental health services after an initial contact after release from prison is high, even among those who are experiencing high levels of psychological distress.[53] One study in Australia found that almost half of people released from prison who had contact with acute care for self-harm, did not receive the recommended mental healthcare within seven days of discharge from the acute care service.[161] Surprisingly, those with co-occurring mental illness and substance use disorder, who are at increased risk of suicide after self-harm, were half as likely as those without these conditions to receive this recommended mental healthcare.[161] The

demeanour of clinicians is an influential factor in health service engagement after release from prison.[162] A caring professional demeanour is an influential facilitator of healthcare access, while stigma related to drug use, mental health issues and criminal justice involvement is a prominent barrier of healthcare access.[162] Justice-involved people also report low levels of engagement with AOD treatment prior to arrest,[117] and after release from custody. This suggests that patterns of service use may be similar before and after contact with the criminal justice system, highlighting the importance of engaging people at risk of criminal justice involvement with community-based health services. A lack of health service integration and continuity of care and support is also an issue in the youth justice system.[163] A recent review of Victoria's youth justice system found that services were unable to address the complexity of young people's health needs, and recommended a more holistic approach that addresses the mental health, disability, education, and employment needs of the young people.[163] There is good evidence that redressing the profound inequalities experienced by people with mental health and substance use issues involved in the criminal justice system requires a coordinated, whole of system response, as it is clearly an unachievable aim for one department alone.

Engaging people released from prison with primary healthcare is an important part of ensuring continuity of care.[54,55] Accessing primary care within one month of release from prison has been associated with increased mental healthcare and AOD treatment utilisation.[164] Additionally, community AOD treatment among people released from prison is related to lower rates of relapse to substance use.[165] Interventions to reduce drug-related deaths after release from prison are relatively low cost and highly cost-effective. Opioid substitution treatment after release from prison has been shown to reduce drug-related mortality by up to 75%.[166,167] However, the provision of opioid substitution treatment for people in prison across Australian jurisdictions is highly variable.[168] Take-home naloxone (medication used to reverse the effects of opioids) programs that involve both basic training and supplying naloxone to people being released from prison have been shown to be effective in terms of the naloxone being used to reverse overdoses [169] and reducing the rate of overdose deaths after release from prison.[170]

Key message

While people released from prison use health services at higher rates than the general population, not all justice-involved people who need health services use them, and disengagement from these services is far too common. Engaging people released from prison with primary healthcare both before and after release is important for increasing health service use and improving health.

7.1.1. The Forensic Alcohol and Other Drugs Service Delivery Model

The new *Forensic Alcohol and Other Drugs Service Delivery Model*[171] asserts that it has increased the integration of the criminal justice system and AOD treatment. However, this model does not include a focus on integrating mental healthcare and AOD treatment services provided to people who cycle through the criminal justice system. Some community-based AOD service providers have reported a recent increase in the number of forensic patients (people who access treatment as a result of their contact with the criminal justice system) in their services. Furthermore, some services have reported that they do not have adequate funding, workforce capacity or training to appropriately service these justice-involved clients. However, the extent and causes of this potential increase cannot be reliably determined due to a lack of data on the throughput of people released from prison with substance use issues who are then supported by community-based AOD treatment services. This limits our ability to evaluate the effect (and potential unintended consequences) of policy, such as *The Forensic Alcohol and Other Drugs Delivery Model,* on service demand, workforce capacity, outcomes achieved, and value for money.

7.1.2. Throughput of justice-involved people with co-occurring mental health and substance use issues to the community AOD sector

The proportion of justice-involved people with mental illness among those who were screened for substance use issues also appears to be increasing. From 1 January 2015 to 31 May 2019, ACSO conducted over 46,000 AOD assessments for justice-involved people (including, people released from prison, on community correction orders, diversion programs, bail or other pre-sentence programs as well as people referred voluntarily whilst incarcerated or waiting for their court date) in Victoria (Figure 17).[172]

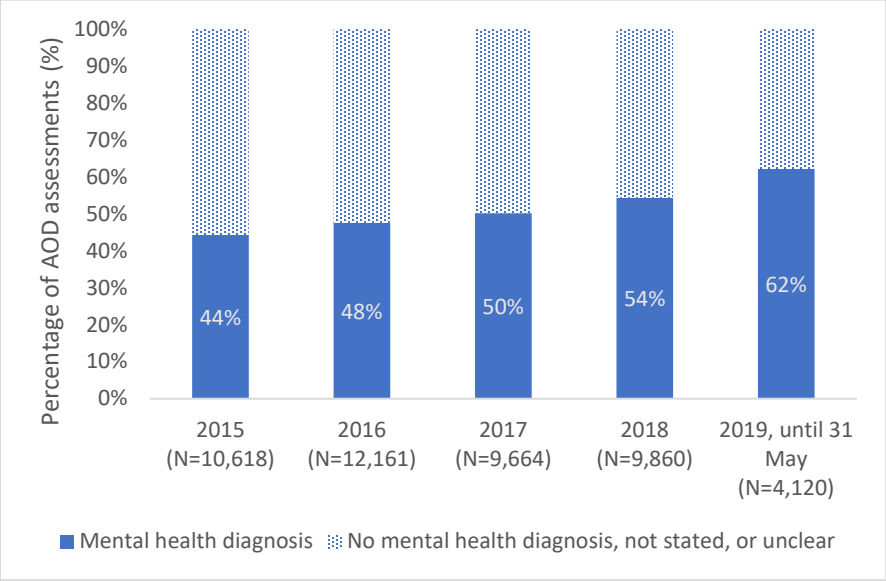

Figure 17. Percentage of AOD assessments conducted by ACSO where a mental illness diagnosis was reported for justice-involved people in Victoria from 1 January 2015 to 31 May 2019

Data source: Data provided by ACSO. Received 27 June 2019

Over this period, a mental illness diagnosis was reported in 50% of the total AOD assessments conducted by ACSO, and the proportion of those screened for substance issues diagnosed with a mental illness increased over this time period.[172] While the number of justice-involved people with co-occurring mental health and substance use issues, and the causes of the observed increase in the proportion justice-involved people screened for substance use issues with mental illness cannot be determined from these data, the high proportion of justice-involved people with mental illnesses having AOD assessments highlights the importance of well-defined, integrated referral pathways between the AOD, mental health and criminal justice systems.

The number of forensic patients referred to community-based AOD services is an underestimate of the number of justice-involved people who use these services, as it only includes mandated, not voluntary patients. This new model risks Corrections Victoria's focus on abstinence from substance use and a punitive approach to relapses being overlaid on the AOD service environment and overriding health priorities. It also lies in contrast to evidence-based practice which emphasises a focus on therapeutic treatment and harm reduction, and is a troubling conflation of treatment and punitive supervision. Moreover, instead of 'exporting' punitive correctional paradigms and approaches into community-based AOD treatment settings, consideration should be given to increasing therapeutic and harm reduction approaches in correctional settings. Nonetheless, adequate resources and training are required for community-based AOD services to effectively and appropriately support justice-involved people with substance use issues. Without adequate resources, people with co-occurring mental health and substance use issues, whether they are involved in the criminal justice system or not, will not be able to access the community-based AOD and mental healthcare services they need.

7.2. Key considerations for policy and practice

The health needs of people with co-occurring mental health and substance use issues in Victoria are not being adequately met in the community. Addressing avoidable barriers to accessing mental health and AOD treatment, which have the potential to prevent or reduce contact with the criminal justice system, should be a matter of priority. Otherwise, Victoria's 'no wrong door' and dual diagnosis[173] policies will remain purely aspirational and people with mental health and substance use issues will continue to be overrepresented in Victoria's criminal justice system and underserved in the community. The current fragmentation of services is a significant barrier to accessing services and continuity of care, requiring those with complex needs, such as co-occurring mental health and substance use issues, to navigate a complex service system to meet these needs. The NSW Department of Health has conducted a review of the existing models of care for adults with co-occurring mental illness and substance use disorders.[174] While this review identified some key recommendations for a best practice integrated mental health and AOD care model, such as holistic care; individualised, client-driven treatment; multidisciplinary teams; universal screening/assessment; relapse prevention; and a 'no wrong-door' approach, it also noted the need for more robust evaluations in this space.[174] An integrated diversion model from the US that integrated mental healthcare and AOD treatment at six intercepts within the criminal justice system (community services, law enforcement, pre-trial detention and court system, prison, community re-entry, and community corrections) was found to reduce the likelihood that people with co-occurring

mental illness and substance use disorders would return to prison.[89] However, these model would need to be adapted for the Victorian setting. Please also see recommendation 19.

Recommendation 14:
Mental health, AOD and criminal justice services jointly plan and share information on the health and wellbeing of their clients, and collaboratively empower people to live unsupported in the community after engagement with their services.

More resources need to be directed towards mental health and AOD services in Victoria to improve continuity of care and reduce fragmentation of the service system. Improving the health and social outcomes for justice-involved people with co-occurring mental health and substance use issues requires that the mental health and AOD services best placed to achieve this are well funded, staff are well trained, and fundamentally linked with each other and with the criminal justice system. Recent policy changes relating to the *Forensic Alcohol and Other Drugs Service Delivery Model* have expanded requirements for AOD treatment engagement for people under correctional supervision orders in the community. However, these expanded requirements have not come with suitable resources for the community-based AOD treatment services tasked with responding to these additional clients, who often have complex co-occurring mental health and social needs. A proportion of the funding that is currently being used to house people in prisons, and build more prisons, should be more effectively directed towards these valuable and chronically under-resourced services in the community.[10]

Currently in Victoria, public funds are being disproportionately directed towards increasing the capacity to house people in prisons, which is high-cost; ineffective at improving mental health and substance use issues; is not an effective deterrent against offending behaviour; and has not reduced rates of return to prison. In the 2019-2020 state budget, the Victorian government announced that it is investing just under $2 billion to increase the capacity of the Victorian prison system.[175] This includes 1,600 new beds in prisons across the state, such as 548 extra beds in the Chisholm Road Prison Project - a new maximum-security prison that will have almost 1,250 beds.[175] In addition to infrastructure costs, it costs the State an estimated $127,000 to house one person in prison per year in Victoria.[81] There are also numerous indirect costs of imprisonment borne by the State, relating to employment (government payments for unemployment after release), health (costs of emergency healthcare), housing (costs of housing support after release from prison), and family (support services for carers of children with incarcerated parents).[21] The Queensland Productivity Commission has estimated these indirect costs equate to $40,000 per person in prison per year.[23] The evidence is clear: these extra prison beds will mean that more people will be incarcerated, a disproportionate number of them will have mental health and substance use issues, and over half will return to prison within two years of release which will further accelerate and escalate costs to the state. At the very least, the current criminal justice policy should be considered unsustainable from a public expenditure perspective.

Recommendation 15:
A proportion of the funds that are being invested in building prisons and increasing capacity to house more people in prisons by the Victorian government, be re-directed towards community-based mental health and AOD services.

The AOD and mental health sectors need support and resources to ensure that their workforce has the appropriate formal qualifications and are adequately trained in co-occurring mental health and substance use issues, holistic models of care based on a social determinants of health framework, and integrated models of care across mental health, AOD, and criminal justice systems.[56] The AOD and mental health sectors need to support staff to reduce work-related stress and burnout, and increase retention.[56] Te Pou o te Whakaaro Nui, a national centre of evidence based workforce development in New Zealand, has developed a framework that identifies the skills required by the mental health and AOD workforce to be able to effectively respond to the needs of people with co-occurring mental health and substance use issues.[176] Additionally, people with lived experience should be viewed as valued partners and incorporated into the AOD and mental health workforces, and consulted for program development and evaluation.[56]

Recommendation 16:
AOD and mental health sectors upskill staff in the treatment of co-occurring mental health and substance use issues, provide on-going professional development, and have resources and policies in place to support staff and reduce work-related stress and burnout.

Recommendation 17:
People with lived experience in the criminal justice sector and co-occurring mental health and substance use issues be consulted and involved in program design, development and evaluation in the community and forensic mental health and AOD service sectors.

Knowing the total number of justice-involved people who access mental health and AOD services in the community is important for evaluating the effectiveness of the continuity of care model, and for resourcing this system commensurate to the needs of the people it is meant to serve. This highlights the importance of sharing and integration of data between correctional, health, and social service databases for evaluation, and ensuring that the results of such evaluations are publicly available. Please see recommendations 6 and 14.

To reduce the poor health outcomes related to substance use after release from prison, the Victorian Government should increase its investment in evidence-based responses to AOD use and harm. Initiatives such as take-home naloxone are relatively low cost, highly cost-effective, and can reduce the number of overdose deaths that occur among people released from prison. Despite prisoners in Victoria being willing to be trained in how to use take-home naloxone,[177] no take-home naloxone program exists in Victorian prisons. The introduction of such a program was recommended by the Victorian Parliament Inquiry into drug law reform in 2018[16] and would prevent the senseless death due to overdose[178] of people released from prison, which occurs at a rate an order of magnitude higher than among those without a history of incarceration.

Recommendation 18:
A take-home naloxone program be implemented across all Victorian prisons and youth detention centres, and be independently evaluated to assess its effectiveness in preventing fatal overdose among people released from prison.

8. The social determinants of health - More than just poor health

8.1. Background

Commitments to improve mental health and substance use issues will remain purely aspirational without commitments to address the social determinants that underlie these health conditions. The social determinants of health are key social and environmental factors that can influence health and wellbeing.[61] These same factors that influence health, are also drivers of incarceration.[179] People exposed to the criminal justice system face many compounding social challenges that influence both their likelihood of coming into contact with the criminal justice system, and their health. In addition to co-occurring mental health and substance use issues, people exposed to the criminal justice system often face unemployment, poverty, histories of trauma and abuse, low educational attainment, unstable housing and homelessness, healthcare inequities, isolation, a lack of social support, and structural stigma and discrimination.[57-60]

Key message

People exposed to the criminal justice system face many compounding social challenges that influence both their likelihood of coming into contact with the criminal justice system, and their health.

Research by the AIHW indicates that approximately one third of people in prison in Australia have an educational attainment under Year 10, 54% expect to be homeless or do not have a place to stay upon release, and 54% were unemployed in the month before being incarcerated (Figure 18).[76]

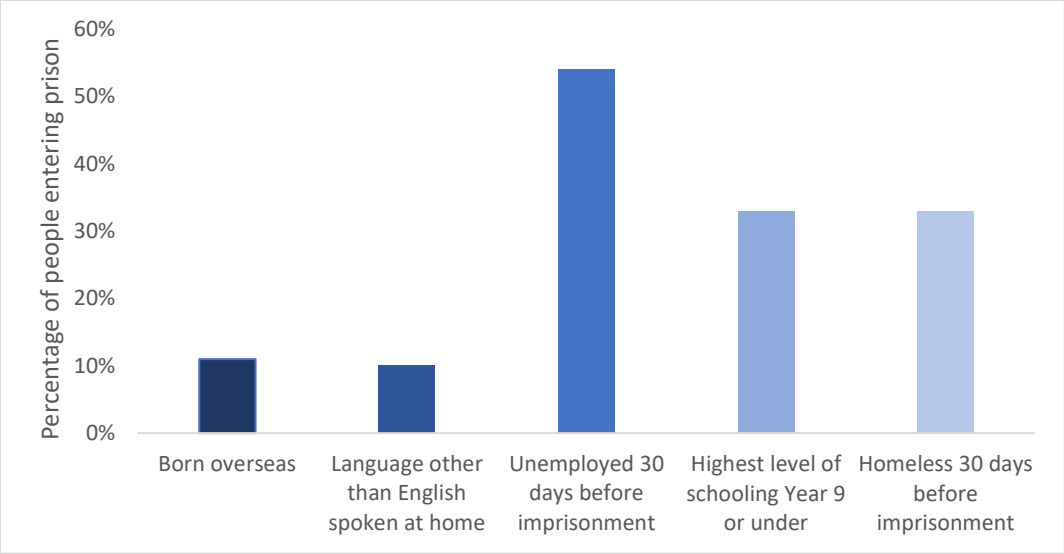

Figure 18. Cultural and social factors among people entering Australian prisons

Data source: Australian Institute of Health and Welfare. The health of Australia's prisoners 2018. Canberra: AIHW, 2019.

Among young people in prison in Australia, approximately 30% experience socioeconomic disadvantage, poor physical health, and co-occurring mental illness and substance use disorder (Figure 19).[180]

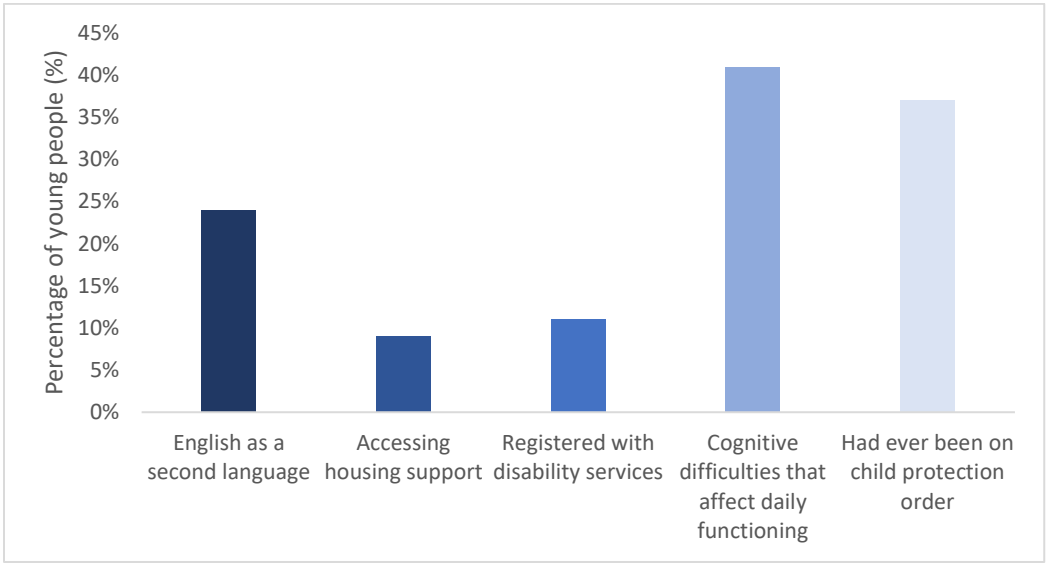

Figure 19. Cultural and social factors among young people surveyed by the Youth Parole Board in Victoria

Adapted from: Youth Parole Board. Annual Report 2017–18. Victoria: Department of Justice and Regulation, 2018.

These complex and interrelated health and social issues create serious barriers to accessing and remaining engaged with mental health and AOD treatment services. For example, homelessness and unstable housing is a common challenge facing many people exposed to the criminal justice system, especially those released from prison.[58] People who are homeless and have mental health issues are 40 times more likely to be arrested and 20 times more likely to be incarcerated than those who have stable

accommodation.[181] People released from prison will often put more pressing needs, such as obtaining housing, above their health needs.[182] This is understandable as having housing is often a first step towards being reunited with children and gaining employment. Despite many people needing to access housing, mental health and AOD treatment services, the respective systems are not well integrated.[183,184] Mental health issues and related behaviours can be a barrier to staying in public housing as they may trigger 'anti-social' behaviour management policies and lead to eviction.[183] Similarly, not having stable housing can be a barrier for people being released from prison to connect with community mental health services, as these individuals do not have a fixed address.[71] The link between the social determinants of health and criminal justice involvement highlights the critical importance of education and meaningful activities related to employment in prison, as well as post-release planning connecting people released from prison to stable housing, employment, and healthcare. A holistic approach to addressing mental health and substance use issues, and the social determinants that underlie them, will be more effective at improving long term health and wellbeing than the current siloed approach in Victoria.[16] Given the high costs of incarceration and the relationship between stable housing and reduced criminal justice involvement and improved mental health, an increased investment in public housing will likely be cost-effective and should be considered a critical intervention to address the disparities in criminal justice involvement for people with mental health and substance use issues.

8.2. Key considerations for policy and practice

Improving the mental health of people in Victoria requires a population health approach to the mental health and substance use issues of our most vulnerable community members, importantly those involved in the criminal justice system. A person should be viewed holistically, where all of their health and welfare needs are taken into consideration. This requires integration and communication between the criminal justice, mental health and AOD services, and social services, including housing and employment. Norway has a "Reintegration Guarantee" policy approach wherein the reintegration of people released from prison back into the community is the responsibility of multiple public institutions and services, including housing, employment, healthcare and education.[185] All of these bodies must communicate and coordinate with each other to support the person being released from prison.[185]

Recommendation 19:
The Victorian Government take a population health approach to mental health and wellbeing that includes co-ordination between, and integration of, the mental health, AOD, criminal justice, and social services sectors.

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