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# Community Coalition on Corrections

23 December 2008

Mr Jon Stanhope  
Chief Minister  
GPO Box 1020  
CANBERRA, ACT 2601

Dear Mr Stanhope,

In April this year Professor Ian Webster launched in the Assembly Reception Room a Coalition study on Mental Health and the Operational Regime of the New ACT Prison. This report contained 7 key recommendations that the Coalition saw as essential if the experience of incarceration was not to be harmful but, rather, would produce the outcomes of rehabilitation and reduction in recidivism to which the Government has committed itself. The Government has not given a response to these recommendations.

The Coalition is writing to you directly because the matters raised go beyond the portfolio responsibilities of either the Minister responsible for corrections or the Minister responsible for health. We are, of course, forwarding copies directly to them.

The facts are clear that the prison will be peopled overwhelmingly by people in poor mental health and where, in the words of the Senate Select Committee on mental health, a dual diagnosis of addiction and other mental disorders will be the expectation rather than the exception. It is also clear that how people are treated and other environmental factors are powerful determinants of people's mental health. The mental well-being of those in the prison will not be secured even by best practice mental health services. Indeed it is inhuman as well as a waste of those services if how the prison runs causes or aggravates mental health problems for the prison health service to treat.

The key recommendations that the Coalition is anxious to have the Government respond to are as follows:

- 1. A corrections board should be established with mental health expertise to be responsible for the prison's operational regime. At the very least this board should include the persons holding the positions of Director of Mental Health, ACT and Chief Psychiatrist, ACT and the Corrections Medical Officer.*

The Coalition is concerned to see that mental health considerations permeate the entire operation of the prison. All too often in Australian prisons decisions bearing

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on discipline and security are regarded as not the business of those with a particular interest in the well being of those detained. At the Coalition's forum at the beginning of December Professor Ogloff of Forensicare in Victoria reaffirmed the importance of breaking down this culture. "It is not just the building," he said. "The building is the last thing that matters. . . . You cannot have a new building without a new culture. So it's culture first and building second." He mentioned that environmental factors designed to make it difficult to commit suicide in prison can increase the risk that people will make a successful attempt upon release.

It is vital that discipline and security should not be placed in a black box. For this reason the Coalition proposed a Corrections Board with relevant mental health expertise that is responsible for the management of the prison.

2. *A comprehensive system of dynamic security should be introduced into the new prison involving:*

- \* *close interaction between custodial officers and detainees rather than relying on barriers; and*
- \* *a focus on meeting the needs of detainees with activities, services and practices.*

ACT Corrective Services acknowledges the merits of a system of "dynamic security" or "direct supervision" but there appears to be no commitment to introduce it comprehensively.

3. *Addiction should be regarded as the mental health problem that it is and should be managed as such.*

The ACT Correction's Drug, Alcohol and Tobacco Strategy does not do this. It is riddled with contradictions.

4. *Rather than giving top priority to making detainees drug free, priority should be given to people emerging from prison with the physical and mental capacity to take their place in society as responsible members who are capable of fulfilling their obligations both to those dependent on them and to the community at large.*

The Coalition commends the Government for funding a therapeutic community within the prison and for at least some follow-on support after leaving. It has to be accepted, though, that the many people who have the chronic relapsing condition that addiction is will not be able to overcome that condition or will relapse when faced with stresses facing them in the community.

5. *As a priority, all political parties should commit themselves to a corrections system that:*

- \* *reduces recidivism in the ACT community;*
- \* *rehabilitates those subject to it; and*
- \* *bases measures to achieve these outcomes on the best available evidence.*

6. *There must be put in place standing arrangements to monitor and evaluate the effectiveness of the prison by reference to what occurs to people after and not just on their release.*

The Coalition has had some discussion with Corrections on this issue which was raised in our letter to Mr Corbell on 30 April 2007. The Coalition believes that should be an overall statement of what outcomes the Government is intending to measure and in particular outcomes that may require surveys of people after they have left the control of Corrections. The prison is a huge investment. The community needs to know how effective it is and that it does not harm those detained. The very high rate in Australia of suicide of released prisoners shows all too often that the standard Australian prison is harmful.

7 *There should be whole of government planning to set in place a seamless set of measures in support of those detained to be taken within the prison and out into the community. These measures should include adequately resourced community services and, in particular, prearranged mental health support.*

The Coalition will be writing separately with details of its concern about want of adequate whole of government planning.

Attached is a printed copy of the summary of the Coalition's study. The full text is also available on the Coalition's website at [http://correctionscoalitionact.org.au/Forums/Recent/PrisonEnvironment\\_MentalHealth.pdf](http://correctionscoalitionact.org.au/Forums/Recent/PrisonEnvironment_MentalHealth.pdf). For convenience attached is the study's summary.

Yours sincerely,

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# HEALTHY OR HARMFUL? MENTAL HEALTH AND THE OPERATIONAL REGIME OF THE NEW ACT PRISON SUMMARY

*([http://correctionscoalitionact.org.au/Forums/Recent/PrisonEnvironment\\_MentalHealth.pdf](http://correctionscoalitionact.org.au/Forums/Recent/PrisonEnvironment_MentalHealth.pdf))*

It would make little sense to provide a first class medical team and a state of the art hospital to treat illnesses brought about by an unsanitary water supply, yet this is what so often passes for sensible action with prisons and mental health. Certainly, there needs to be a crisis support unit in the new prison and a separate forensic mental health facility for the ACT but above all the prison environment should not be unsanitary from a mental health point of view.

It is a prodigal waste of resources as well as being inhumane if the prison precipitates mental health crises, yet this is what the traditional prison environment does. Such an environment is characterised by seclusion and degrading and traumatising practices like frequent strip searching. Steps taken to put it out of the physical power of distressed people to take their own life are generally the opposite of satisfactory therapeutic practice. Suicide may be prevented by the confinement of a depressed person in a padded cell with no hanging points and under constant remote surveillance but the person's mental illness will probably be made worse and the likelihood increased of a successful suicide attempt after release.

This paper puts forward ways by which this counterproductiveness can be avoided. Mental health expertise needs to be brought into the design and operation of the prison regime. The regime should not reproduce well documented risk factors for poor mental health, factors like isolation and physical, sexual and emotional abuse. Rather, it should reflect the known protective factors like a sense of connectedness with the community, good physical health and access to support services. To develop, operate and monitor a healthy operational regime like this will require mental health expertise to be engaged in a formalised standing arrangement like a corrections board akin to the board of directors of a company.

At the same time, the system of “direct supervision” or “dynamic security” that ACT Corrections is talking of introducing, should be encouraged and implemented from day one. This system involves a close interaction between custodial officers and detainees rather than relying on barriers and control. It focuses on meeting the needs of detainees through, for example, programs of activities.

A healthy prison is also dependent on the adoption of a different mind set about drugs. A big majority of those in the new prison will be dependent on substances which will be combined with another mental disorder. Addiction is a chronic, relapsing mental health



condition and must be treated as such. The governing prison mind set that places a higher value on abstinence than on life and well being erects an oppressive operational regime in an attempt to stamp out the use of substances within the prison. Those steps which are presented as being in the best interests of detainees in fact greatly contribute to the typical unhealthy prison environment. Strip searches and restrictions on family visits are examples. A balanced drug policy with first class drug treatment will help reduce the frighteningly high overdose death rate of recently released prisoners.

The paper points out that it will be possible for the new ACT prison to fulfil its objectives only if political parties are committed to positive outcomes such as reduced recidivism and restorative justice. This, of course, means that the health of those who pass through the prison needs to be surveyed so that the success of the prison can be evaluated. The paper discusses what evaluation should involve in the area of mental health. Evaluation must be done by reference to the real world after release: so often, perceived gains of imprisonment quickly vanish because the traditional prison has reduced the capacity of those detained to make their way and fulfil their responsibilities in the world outside.

What does all this mean for victims? The paper points out in its final section that a healthy prison regime is essential if the government's commitment to restorative justice for the benefit of victims and the community is to be implemented in the context of the new prison. There will be less crime and thus fewer victims if the poor mental health of those sent to prison is improved and not further damaged by the prison experience. Improvement in mental health builds the capacity of people to function as responsible members of the community. So often the prison gate is a revolving door of mentally ill human beings sent out and returning from the community. It also must be remembered that people who offend are themselves typically the victims of crime. Imprisonment should not revictimise them as the prison regime so often does to women and men who have been the victim of childhood and other sexual abuse.